

Industrial Action Research: AR the Norwegian way

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Abstract

This article explores how to promote inter-professional collaboration between health professionals and welfare professionals in a project organisation (the Inter-professional collaboration project IPC-project) aimed at work life inclusion for people with reduced work ability. Through a participative research design centred on a series of three workshops during a 6-month period, the project members explored how they could improve their practice and better support the users of the services. We frame this participatory research project in the Norwegian tradition of industrial action research (Kemmis & McTaggart, 2003), which focuses on broad participation and researcher supported organisational development including all members of the organisation in joint explorations of existing and desired practice, and where there is an intent of the organisation to implement the new practice. The article is based on the empirical work in a Masters' degree thesis submitted at the University of South-Eastern Norway.

Keywords: Action research, Industrial action research, Inter-professional collaboration, participatory research design

Industrial action research: the Norwegian tradition

Action research can be defined in many ways. One generally accepted definition state that "Action research is a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview" (Reason & Bradbury, 2001: 1).

The type of action research we present in this chapter is more specifically an organisational development project, such as described by Eden and Huxham: "Action research involves the researcher in working with members of an organisation over a matter which is of genuine

concern to them and in which there is an intent by the organisation members to take action based on the interventions.” (Eden & Huxham, 1996: 527).

The Norwegian tradition of enterprise development through action research stems back to the Industrial Democracy Programme (IDP) of the 1960s and 70s. IDP was a collaboration between the main Employers’ Organisation and the Labour Union, in collaboration with researchers, aimed at developing better and more democratic workplaces through AR interventions (Emery & Thorsrud, 1969, 1976; Qvale, 1976, 2002; Falkum et al., 1999; Gustavsen & Hunnius, 1981; Pålshaugen & Qvale, 2000). This use of an action research strategy to develop good and productive workplaces is very much the same approach Kemmis and McTaggart (2003) call *Industrial AR*. In spite of the background from the industrial sector, the approach from the IDP was transferred to public sector enterprises (Hilsen, 2008) and today we find such projects in both the private and public sector, as demonstrated by the project in this chapter. This focus on work life and improvement of workplaces to further both a good work environment and productivity through involving researchers in collaboration with the local participants, is at the centre of this Norwegian approach. Enterprise development through broad participation in this Norwegian tradition is based on tripartism (the formalised cooperation between employers, employees and the Government) and broad participation. The social partners at a national and strategic level initiated broad development programs (Gustavsen et al., 1998) that continued the industrial action research tradition from the IDP up to today.

This chapter describes an organisational development project based on broad participation and supported by action research. Our project is inspired by the industrial action research tradition. Even if our project lacks the framework of social partners, the research strategy, techniques and work forms are strongly related to this Norwegian tradition. Our insistence on the importance of broad participation, where all concerned participated in the workshops, is based on learning from this tradition. If you want to create real change in an organisation, you need to involve all those whose practice will change. Collaboration on developing new and better practice together sets aside different interests that participants may have. “Better practice” may be better for some while others would have like different results, or even things to stay as they were. It could have happened if, for example, the different participants had conflicting values and norms for their work, which fortunately did not happen in our case.

The national context for the development project

Norway has high labour force participation and low unemployment. Since 1970, labour force participation has increased substantially through women’s increased engagement in paid work. According to the Norwegian Government “Participation in the labour market gives individuals financial independence. Nothing is more effective in reducing poverty, raising living standards and improving quality of life. High labour supply also improves the ability to meet future welfare challenges” (The Norwegian Economy – Key Facts - Regjeringen.no).

Both the political parties and the social partners (employers' and employee's organisations) agree on labour market participation as an essential part of the Nordic Model and necessary for the continuation of the Norwegian welfare state model. By the Nordic Model, we refer to the economic and social policies common to the Nordic countries (Norway, Sweden, Denmark, Finland and Iceland). This includes institutionalised cooperation between the labour market parties (the social partners) through collective agreements and national programmes for enterprise development on a national level. Norway, as one of the Nordic countries, has a strong tradition of co-operation between the social partners and the Government, and is one of the few countries in the world that have explicit agreements on workplace development on a national level (Gustavsen, 1992).

In March 2016 the Norwegian Directorate of Health and the Labour and Welfare Directorate launched a joint strategy for closer cooperation between the field of work (department of Labour and Welfare (NAV)) and the field of health (health services) to support increased labour market participation. *Work for all* ("Arbeidslinja") is a Norwegian policy aimed at designing and coordinating welfare schemes to support work for all (Stortingsmelding nr. 35 (1994-1995)). Inter-professional cooperation between the health services and the public welfare agency (The Norwegian Labour and Welfare Administration (NAV)) was considered by the designers of "Work for all" to be the most important aspect for a comprehensive service enabling labour market participation for people with reduced health. Inter-professional collaboration (IPC) between health professionals and the welfare professionals can support better practice by better coordination between services provided. We understand inter-professional collaboration (IPC) to mean the collaboration between professionals within and across different agencies and organisations.

Presentation of the IPC-project: Developing better practice through action research

The case presented in this chapter is built on a Masters' degree project conducted from august 2017 until February 2018. Three workshops were conducted from September to November 2017, one each month.

The case emerged from a project starting in 2015 to develop a new model for collaboration between the hospital, community health service and the public welfare agency (NAV). The project aimed at work life inclusion for people with reduced health. A project group consisting of professionals from each service developed a model for collaboration and tested the model in action. The project group consists of six persons from the different services representing different professions, such as social worker, physiotherapist, occupational therapist, nurse and organizational adviser (IA-rådgiver). The project group can be seen as an organisation, consisting of a permanent set of professionals from different companies involved (i.e. hospital, community health service and NAV) working together over time in a stable project organisation.

The function of the project organisation was to enable work life inclusion for people with reduced health through an initial individual coaching session between one of the professionals and the client to clarify goals and possibilities. Based on this the client next met the other involved professionals to discuss possible actions. The client and the involved professionals then decided on what actions were needed and initiated those actions.

The project group had been working together for nearly two years when the study started. Tonny Kværne was one of the professionals participating in the project group. The project group wanted to find out what their common perception of the collaboration was and through an increased understanding and joint perception be able to develop this collaboration further. Kværne's Master of Health Promotion opened the possibility to investigate this question. This led to Kværne's formulation of the research question: How does a group of professionals from the health services and NAV perceive the synergy of their collaboration, and how can shared understanding of inter-professional collaboration improve practice? Action research was chosen as the research strategy. Through the three workshops, as described in figure 1, data was generated using different work forms and methods.

At the beginning of Workshop 1 the group defined a set of rules based on principles for good dialogue (Hannevig & Parker, 2012). Further the "now situation" was explored in terms of what, according to the participants, they were satisfied with and what challenges they experience for inter-professional collaboration. The discussions also used input from a questionnaire on collaboration (PINCOM) that the all the professionals in the project group had filled out prior to the workshop. The reason for using this questionnaire is described under Workshop 1. The results from the survey were presented and discussed by the group. Workshop 1 ended by prioritising areas for further work.

Four weeks later in Workshop 2 the professionals discussed the prioritised areas and new questions based on analysis of data from Workshop 1.

After another four weeks, the third workshop summed up learning from the process and discussed the need for further action.

The project group did their ordinary work in the between the workshops. As the workshops progressed, they referred to their work with clients as it came up, but the focus in the workshops were on the development of better inter-professional collaboration.

Data from each workshop was presented to the group and became the basis for the following workshops. The analyses of the data were used to choose methods and work-forms for the following workshop.

There are some clear limitations on the described action research process because it was part of a master program at a university. Tonny Kværne started the work early autumn and

submitted his master thesis the following February with Anne Inga Hilsen as his adviser. The organisation of the three workshops within a three-month period might not be ideal, but these were the time constraints we had to plan for. Also, ideally this work should be the result of a team of researchers, not a single person, but as a master student he had to do the actual work on his own. With more researchers involved, there would also obviously be a more extensive set of notes and documentation on what went on. These are constraints we sometimes have to accept, and, as this chapter shows, it is still possible to do worthwhile change work with limited time and other resources.

Workshop 1

What we did

The first workshop had two themes: a joint exploration of the “now situation”, what works and what are the challenges for inter-professional collaboration; and a discussion of direction for improvement (focus on further work). The discussions used input from a questionnaire, introduced by the researcher, on collaboration (PINCOM-Q) that the professionals in the project group had filled out prior to the workshop.

Perception of Inter-Professional Collaboration Model Questionnaire (PINCOM-Q) is a questionnaire based on three sets of measures; *Individual measures* (Motivation, Role expectations, Personality style and Professional power), *Group measures* (Group Leadership, Communication, Coping and Social support) and *Organisational measures* (Organisational culture, Organisational aims, Organisational domain and Organisational environment). The Perception of Inter-Professional Collaboration Model (PINCOM) and the questionnaire (PINCOM-Q) were developed by A. Ødegård to investigate how different professions perceive inter-professional collaboration (<https://nexusipe.org/informing/resource-center/pincom-q-perception-interprofessional-collaboration-model-questionnaire>).

The participants in the IPC-project filled out PINCOM-Q and the result were presented and discussed. The following discussion focused on where the participants agree and where the individual answers vary. Variation in answers is an indicator of questions that need to be discussed further. This led to a discussion about what an organisation is, how someone can answer on the behalf of an organisation and how a single person can make a difference in an organisation. These following dialogues illustrates these questions:

“It was difficult to score the questions related to organisation.” (NAV representative 2).

“What was in your thoughts when answering the questions about organisation?” (Researcher/facilitator).

“It was difficult. Organisation. Thought about something outside the project, but it may have varied.” (NAV representative 2).

“It was confusing. The whole community?” (Community health service (CHS) representative).

"Inter-professional. Not sure if I thought about our group or in general." (Hospital representative).

"It was difficult answering the organisation part. Individual measures were easy. I thought of organisation as the organisation I represent (NAV)." (NAV representative 2)

The survey showed that the group members had difficulties answering the questions on the organisational level. It turned out that there were different understandings of which organisation to relate the questions to, their home organisation where they were formally employed, and their department/section within that organisation or the project group as an IPC-organisation. This caused a relevant and necessary discussion of roles and mandate for the project group. Without the survey results this discussion might not have happened, or at least not at this point in time.

The workshop ended by prioritising areas for further work, using stick it notes on wall posters in an open process where they all participated, first in putting up their suggestions and then grouping the suggestions under themes or headlines for further work. The themes identified were: Structure for collaboration, client focus, professions vs individuals, micro/macro level and what do we do when we collaborate (collaborative practice). The participants then selected one question as the most important: "What do we do when we collaborate?" The discussion identified three themes connected to collaborative practice: Individual or professional qualifications; User involvement in daily work; and Structures of collaboration (leadership, mandate).

Research design: why did we do it this way?

The first workshop used a survey-feedback method to open up the exploration of what a good inter-professional collaboration could entail. Surveys can be used in a positivist tradition, but surveys can also be part of a *survey feedback method* as in the OD tradition (Organisational development). Organisational Development (OD) "is a field of research, theory, and practice dedicated to expanding the knowledge and effectiveness of people to accomplish more successful organizational change and performance." ("Organizational Development Theory", Retrieved 2019-09-25.). OD emerged out of human relations studies from the 1930s and is often credited to Kurt Lewin and his work at Tavistock Institute of Human Relations.

Survey feedback methods have long been used as part of action research projects in Norway, where the intention is to facilitate organisational change (e.g. Skogstad & Bang, 1993). "Survey feedback is a process of collecting and feeding back data from an organization or department through the use of a questionnaire or survey. The data are analysed, fed back to organization members, and used by them to diagnose the organization and to develop interventions to improve it" (Cummings & Worley, 2009: 142). Within this use of surveys, it is a central understanding that the survey does not measure an "objective reality" but may be used to discover commonalities or discrepancies between the participants that need further

discussions. The survey can also introduce themes none of the participants considered beforehand and may thus create new dialogues.

As we discovered during workshop 1, the participants had overlooked the challenge of coming from separate “home-organisations” with varying mandates and decision-making latitude when it came to the work in the IPC-project. Without the survey, this might not have come up so early in the work and thus could have caused problems later. Realising that the organisation was an unclear concept allowed us to explore this question: did they speak on behalf on their “home-organisation” or the project organisation? And if they were speaking on behalf of their job in the project organisation, how could what they learned be transferred to the home-organisation?

Workshop 2

What we did

The second workshop took place about a month later and included all (the same) participants from the project group.

Following up on the themes from the first workshop, workshop 2 focused largely on user (client) involvement in the daily work of the health and work-related services provided by the project group. User-orientation of public services has long been on the agenda in Norway, and user-involvement is considered a means to promote user-adapted services. The users of these particular services are patients with non-specific diagnoses (mainly muscular-skeletal and psychiatric conditions) with absenteeism of more than one month where return to work is the main objective.

User involvement became one of the main themes in all workshops, as exemplified by these comments:

“The intention has been to take care of the clients’ needs through the structure and organisation of the collaboration.”

“The clients’ autonomy is important. He/she decides if or how much he/or she should be involved.”

“We have not asked the clients about their experience. We have to evaluate it.”

“Should we involve the clients even more? In the development of the collaboration? We want to evaluate if we are acting the way we say we are acting.”

These comments express a wish to involve the clients more but is also reflects a delayed insight that the clients probably should have been involved from the beginning. There seems to be an existing understanding in the different organisations (health and welfare) that inter-professional collaboration is something the professionals do, and the clients are not involved. The group agreed that the user is strongly involved in the daily work and the process involving each individual, but this is not the case when investigating inter-professional collaboration in

general. Is there a lack of knowledge on how to involve the users among the professionals, especially on the organisational level and when creating new services?

Tellingly, no users were invited to the workshops, and in hindsight, it is easy to see that the users should be involved in the whole process.

The second part of the workshop focused on the three research questions formulated by the researcher as part of his Masters' thesis. The main question was: *What does a group of professionals from the health service and NAV see as the benefits of their collaboration?* This main question can be broken down in three sub questions: How can the inter-professional collaboration support creativity, holistic approach and good practice; How can the needs of the clients best be served through IPC; and what are the societal benefits of IPC?

These questions had to some extent been answered in the first part of the workshop, but the researcher led a focused discussion of the three sub questions, partly summing up what had already been said and partly adding new arguments and conclusions.

Research design: why did we do it this way?

Action research can be described as cycles of action and reflection (Coghlan & Brannick, 2014). Each cycle consists of *Diagnosing, Planning action, Taking action* and *Evaluating action*, and each cycle forms the basis for the next cycle following the same pattern. Central to action research are the three elements of "action, research and participation" (Greenwood & Levin, 2007: 5). The participation of the different professionals working together in the inter-professional project included everybody who worked there except the project manager (who was unable to participate from practical reasons). As she could not be part of the workshops, the researcher discussed the results from the workshops with her between workshops. In this way, her input was also included in the process although she was not available during the actual workshops.

To explore and develop better collaborative practice, participation from the professionals were necessary. They are the people who does the practical collaboration and they know what promotes or hinders the collaboration. By being fully partners in the research process they contribute with their knowledge, they explore new ideas together and decide on which direction to follow.

Through the three workshops we explored the problem ("how can we promote inter-professional collaboration?") (diagnosing), selected themes as a basis for action (planning action) and evaluated the results (evaluating action). The actual action took place between workshops and consisted of their daily practice improved by the results of the workshops. As they were gaining insight and a better understanding of what inter-professional collaboration entailed, their daily collaboration improved as they came to a better understanding of the value of the collaboration to improve services to the clients. This resulted in better coordination of services and improved collaboration around the needs of the clients. The

participative research method contributed to their understanding of the importance of not solving problems on behalf of others, but rather the necessity of involving them in the problem solving.

A quote from workshop 2 illustrates this:

“We are meeting the clients individually and he/she participates in the team meetings. The client decides how much he wants to participate. The client is always on our minds and participates in action”.

Organisational development in this tradition, as presented initially, is based on the principles of broad participation, - the members of the organisation must be involved in the development work. Broad participation is essential to develop new local practises based on local knowledge and competencies. There is a Scandinavian expression saying, “only the wearer knows where the shoe pinches”, meaning that you have to experience the situation to know what the problem is. In action research, this local knowledge is vital to the development of better practice. Broad participation is important to problem solving in organisations because it broadens the pool of knowledge and competencies behind decision-making, and also because it ensures broad support of the measures and initiatives taken. Participation is both a democratic value, and as such is a good in and of itself and is a practical means to develop good practice.

Secondly organisational development needs to be organised, that is it needs structures for cooperation outside the demands of daily work tasks. Work organisations have structures for planning the work and performing it. Organisational development requires time and space outside the everyday tasks. Pålshaugen (1998) talks about the *development organisation* as an “internal public sphere”, i.e. a forum within the organisation that allow local participants to explore their problem situation outside everyday roles and responsibilities. The distinction between tasks belonging to the work organisation and the development organisation can be described as follows:

“Operational tasks, all of which are tasks that are carried out in the enterprises’ chain of value creation. That is to say, all those tasks that - however indirectly - have to be carried out to get the enterprises’ products out to the customer/market. Developmental tasks, all of which are tasks that must be carried out in order to improve the conditions for the tasks that have to be carried out in the chain of value creation, that is to say, the operational tasks” (Pålshaugen, 1998: 58).

This “internal public sphere” is not exempt from power differentials, but cooperation is agreed within mutually accepted boundaries. In the IPC-project the power differential is not between management and labour, as it was in the Industrial Democracy Programme, but between the different professionals and their different home organisations (health services and public welfare agency/NAV). For example, health service professionals might be more concerned

with individual health issues while the main goal of the welfare agency professionals were on the client's ability to return to work in spite of health problems. To explore how a group of professionals from the health service and NAV can improve inter-professional collaboration, each participant must be willing to meet the others on an equal standing, not pulling rank on the basis of profession or place in the mother organisations.

Through dialogue in the workshops the participants had come to a wider understanding of their own role and that of the others. As one participant said: "The dynamic in the group has changed. At the beginning each of us wanted to promote their own profession, it is not like that now." Another said: "When I started in the collaboration, I was someone working for NAV, now I am John (myself)."

Workshop 3

What we did

The third (and last) workshop had three themes: What have we learned from this process; How to develop better practice; and Plans for further action.

Reflection on action is an essential element of action research, and joint exploration of lessons learned from the project was a useful and necessary part of workshop three. Each participant reflected individually first and then shared with the group. Through this two-steps dialogue (first individual reflection, then sharing with the other participants in a group), the participants ended up deciding on the shared values of meeting the clients with friendliness, openness and respect. Given these shared values, inter-professional collaboration was made easier. Collaboration creates knowledge. The specific knowledge of each professional and knowledge through sharing are combined in the collaboration. As one participant said: "Knowledge about each other's profession is useful". Unless they actually come together and share knowledge, the participants had only vague ideas of on what knowledge base the other professions acted.

This collaboration is necessary to help the clients and is a clear improvement on former practice, where the clients had to visit the professionals individually in each of their offices. The group is very clear that this improved collaboration only happens when the professionals meet in new joint forums and with the full participation of the clients in developing solutions. Although fruitful, both these discussions lacked some of the engagement from workshop 2. The participants were more eager to discuss further action. Several of the participants reported that they were finished discussing values and would rather be discussing what to do now.

During discussions in the workshop, the participants agreed on the following actions:

- The home organisations (health service and public welfare agency/NAV) needed more and better information on what the IPC-project actually did and how.

- The IPC-project needed to reach more potential clients and inform about the services offered
- The IPC-project needed a more formalised organisation with a defined leader.

Although they had a project manager, the longer the project organisation existed, the more important they found it to have a confirmed employed manager with managerial responsibilities and power. This was especially important in the relationship between the project organisation and the home-organisations where the professionals were employed. If conflicts of interest appeared, such as on time-use in the project, the project manager needed to have the same formal standing as the line managers to not be overrun. These suggestions defined the direction for further work. A plan for action was created and written down.

The main question of the inquiry was: "How can we develop better IPC between Health service and NAV?" A culture of dialogue was developed in collaboration between the professionals. As described previously, the participants agreed on "rules" for dialogue. These rules are inspired by Gustavsen's definition of democratic dialogue (Gustavsen, 1990). According to Hilsen and Brøgger (2005: 18): "Democratic dialogue is a set of principles that ensures that all participants have a voice in the joint development process. Democratic dialogue does not eradicate power differences but sets out rules that make cooperation between different partners with different interests and power bases possible". This new culture of dialogue allowed a joint development of a new understanding of the importance of also including the clients in the dialogue as the next step.

Acting on this new understanding of inter-professional collaboration, the participants had already begun meeting the clients as a group (instead of sequentially). Most of the clients managed to develop a plan for return to work together with both the professionals from health services and public welfare agency at the same time. Several clients have changed jobs after being in such joint meetings with the professionals. This model for collaboration is now a part of the follow-up procedure for people on sick leave in the municipalities.

These results demonstrate the possibility of developing new and better practice through dialogue and joint explorations within an action research design.

Research design: why did we do it this way

This workshop used the same techniques and work forms as the previous workshops, which is two-step dialogues and open prioritising processes through use of sticky notes and open discussions. This ensured that all conclusions and results were shared during the workshop, rather than something the researcher arrived at after leaving the group. The conventional social scientist is exclusively responsible for analysis and conclusions based on data gathered. For the action researcher the principles of broad participation and cogeneration of knowledge are central. In this project, this happened in the dialogical settings of the workshops.

At the same time the researcher and the local participants may have varying interests in the different phases of the process. While the researcher may be more interested in documenting the new knowledge generated through the process, the local participants may be more interested in the improved practice or new action resulting from the process. Action research often has an ideal of joint writing, although few seem actually to achieve it. Some examples of co-written reports are Trist and Bamforth's coal-mine study (Trist & Bamforth, 1951) and Greenwood and Gonzalez' Mondragon study (Greenwood et al., 1990), while others have unsuccessfully tried to invite the local participants to contribute in the writing up of the project (as discussed in Hauge, 2011).

As the researcher in the IPC-project was using the project as the basis for his Masters' thesis (Kværne, 2018), it was accepted from the beginning that he would be the one to write about the project. To be true to the ideal of action research it was therefore even more important that all results and conclusions were discussed with the participants during the workshops, as they were.

Changing practice by changing the dialogue

How can we claim that the project changed practice? What kind of new practice emerged during the six months of this fairly short action research project? There are mainly two types of results, one type concerning practical outcomes from the project and one type concerning methodology. What happened to the IPC team and what did we learn from the research strategy, work forms and techniques used?

From the practical outcome perspective, a result is changed practice vis-à-vis the clients. Instead of letting the client meet each professional sequentially, the clients would now meet a group of professionals who collaborating on developing solutions and plans for return to work for and with the client. As each profession has different knowledge, different approaches and access to different services, by collaborating closely around the client, they were better able to develop functional plans to help the client to return to work. Also, this joint collaboration around the client requires a well-functioning inter-professional collaboration between the professionals from the health service and the public welfare agency/NAV. Through joint explorations during the workshops, the participants had arrived at a better understanding of the contribution of each profession, and of how they could collaborate on helping the clients to return to work.

Action research is a research approach based on bringing participants together in dialogical processes. By changing the way they talk about collaboration and their joint goals for the IPC-project, they have changed the premises for the same collaboration. Whatever changes the dialogue changes practice. As a participant summed it up: "Sounds like we have to change "me" to "us"."

From the methodological perspective, the research strategy, work forms and techniques used, proved their usefulness in bringing about this changed dialogue. Participants were able to explore mutually defined themes in a process where everybody were heard and participated. Broad participation promotes local ownership of results and actions decided on, and as such is one of the advantages of action research.

In spite of these positive results, there were some obvious shortcomings to this approach given by the requirements of a Masters´ degree. The time restraints made this a very “compressed” project. Under other conditions we would have preferred to space the workshops over (at least) a full year. This type of action research projects would normally give the participants time to try out and establish new solutions and practices before the next cycle of action and reflection. In our project the whole process was confined to one semester, and this obviously posed some challenges. At the same time the project was a valuable demonstration that action research projects *can* be done as part of a Masters´ degree.

A Master’s degree is a learning experience and students try out methods and research approaches to learn from it. Action research should be one of these options if the project lends itself to it. When an organisation or group wants to participate in developing new knowledge and new practice “in the pursuit of worthwhile human purposes” (Reason & Bradbury, 2001: 1), action research is a valid and valuable research strategy, and should also be so for students aiming for a Masters´ degree.

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