What you ask is what you get

A research about the different elements and outcomes of conventional- and action research in elderly care facilities

Social policy and Public Health: Research Internship and Thesis SPPH

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Summary

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H.1 Introduction

1.1 Elderly care policy developments

Elderly care is currently one of the largest expenses within the healthcare system in the Netherlands. Especially the increasing long-term care for elderly puts a lot of pressure on the healthcare finances in the Netherlands (CBS, 2013). With longer life expectancies, occurrence of chronic diseases and multimorbidity will increase, leading to more complex and expensive care demands (Van den Brink, Gerritsen, Voshaar & Koopmans, 2015; SER, 2012). Combined with the problematic employee deficits in the elderly care sector in the Netherlands, this problem becomes even more pressing (Kalkhoven & Aalst, 2018). In the future, residents of care homes are people with complex care needs, which means that elderly care facilities will have to adapt in order to keep providing quality care (Van den Brink et al., 2015).

The elderly care sector has been subject to substantial changes in policy that sought to retain the high quality care in elderly care facilities (Post, Luijk & Gusdorf, 2018). Consequently, from the beginning of this century, the elderly care policies of the national government emphasizes cost-containment and efficiency, for which privatization (commercialization) was seen as the best tool (Offereins & Have, 2016). This has led to developments such as fusions of elderly care organization and rigid care processes that were meant to increase efficiency. The new paradigm adopted by the government at that time was, and still partly is, centered around autonomy, self-reliance and self-responsibility. Therewith, the time for focussed attention and reflection on the daily practices were lost and, thereby, the sentiment arose that caregivers had no real contact with their clients (Offereins & Have, 2016).

1.2 Client at the heart of change

The impersonalization of elderly care has evoked considerable criticism from the elderly care sector (i.e. practitioners, managers and policy administrators), denoting the impersonal character of how the quality of care is evaluated. Subsequently, this has forced the government to comply in reframing the assessment of quality of care to a more client oriented system and has resulted in a recent revaluation in favour of a more person-centered elderly care, emphasizing the wishes of the client and caregivers (Post et al., 2018). Elderly and caregivers should have a considerable influence on how quality care is defined and the manner in which the care facility functions around this, giving them more autonomy over the day-to-day practices (ZonMw, 2017). Recent government policy projects such as *Waardigheid en trots* and *Nationaal programma ouderenzorg* (NPO) showcase this new focus on giving a voice to elderly and caregivers, which is used to move towards a more inclusive policy making.

However, there is still ample criticism on the extent to which the idea of *client first* is actualized. Governments and care facilities still struggle to create a client oriented environment and are still in the process of finding ways to make elderly care client-centered (Baur & Abma, 2015; Offereins & Have, 2016). There are many aspects to consider when moving towards a client-oriented elderly care. Primarily, it demands a complete new way of working within elderly care facilities, something caregivers are not yet accustomed to. New ways of working more client oriented is a process and requires experimentation (Van den Brink et al., 2015). The search for solutions to these new arising problems is an ongoing process and is still a turbulent part of the developments in elderly care facilities (Waardigheid en trots, 2018).

1.3 A 'new' research paradigm

Policy research has always been an integrative part of finding policy solutions for the problems in the elderly care sector and can be used to better understand the good- and bad practices of a more person-centered elderly care (Houppermans, van Hoesel & van Nispen tot Pannerden, 2015; Nies, 1992). Currently, there is a growing demand for research that is not only describes these practices, but also engages with them (Houppermans et al., 2015). Research should practically evolve the practices of person-centered care and should incorporate the same values that are now emphasised in the practices of elderly care facilities. This demands a more inclusive approach, in which the users of the eventual policy are given a voice, in order to come to more inclusive policy (Van Dierendonck, 2015). The idea behind this is that client-oriented policies are best to be shaped by client-based policy making

With this new emphasis on inclusive policy research, *action research* (AR) has become an increasingly popular research method in the elderly care sector (Baur & Abma, 2015). AR as a collaborative research approach aims at concurrently gaining insight into the practices and transforming those insights into real, direct interventions (action) with the inclusion of practitioners and (sometimes) clients in the research process (Hilary, 2017). This makes AR an attractive research approach for inclusively informing policy and developing the practices of person-centered care. However, popular critique on AR is that it is not able to generate valid and generalizable results, which is generally perceived to be necessary for policy making. Additionally, critique is given on the complexity of AR and its varying performance in practice (Toulmin, 1996). Nevertheless, AR is in popular demand with the government and other research financing parties, and is becoming a common practice in the elderly care. The question remains whether AR, as it is now executed in practice, has a real added value in the search for the demand of inclusively informing policy and understanding the practices of person-centered elderly care. How well is AR known and how clear are its benefits? How does it differ from other research methods?

This research aims to gain more insight into how AR differs from other research approaches and how it is currently executed in elderly care facilities. With this insight, recommendations can be given on the use of particular research approaches in elderly care facilities for policy making purposes.

H.2 Theoretical framework

2.1 Policy research

In order to gain insight into how policy research approaches differ, policy research and the various aspects of the different approaches have to be made explicit. In this study, research that is conducted to directly or indirectly inform policy, is referred to as *policy research* (Houppermans et al., 2015). There is a clear distinction between two features of research that are crucial for informing policy. On the one hand there is the need to generate knowledge that can be used to improve policies. On the other hand there is a need to ensure that new policies will resonate well with a given context, in this case the recent emphasis on person-centered care (Nies, 1992).

Policy research in the social domain mostly comprises of social research. The research conducted in elderly care facilities for policy purposes is seldom purely academic, however, the fundamental principles come from academic social disciplines (Nies, 1992). In the academic literature (e.g., Fernandes, 1993; Germonprez & Mathiassen, 2004) the majority of social research is generally referred to as *conventional research* (CR), especially when compared to AR. While this superficial comparison is of little use for determining the differences, this theoretical frame will provide a comprehensive overview of the many facets of both research approaches in order to give a sound comparison.

By using state of the art literature, ideal types of the research approaches have been constructed and are set forth in the following paragraphs. Both the theoretical conceptions about different types of policy research are explained, as well as empirical research on how the different kinds of policy research are currently executed in elderly care facilities. This framework is used as the theoretical basis for conducting the empirical research.

2.2 Conventional policy research

2.2.1 Fundaments of social research

Social research has a long history with various approaches of describing and understanding social reality. The term *conventional research* is curious, while there are so many different social research traditions (Bryman, 2008). It seems like this term does not do right to the pluriformity of social research. However, most of the social research approaches share fundamental philosophical ideas that shape their research practices. The majority of the conducted social research is based on the two most recognized social research traditions: *naturalism* (positivism) and *interpretivism* (Rosenberg, 2016). The first one, coming from the natural sciences, aims at finding universal laws in order to predict. The latter one, being a reaction to naturalism, emphasizes the subjective nature of social reality and the importance of meaning given by individuals and social groups (Rosenberg, 2016). Their differences are grounded in their *ontology* and *epistemology*; conceptions of *what is* and *how we can know what is* (Bryman, 2008; Rosenberg, 2016). Policy research has a background in both naturalist and interpretivist traditions, both approaches contributing to different aspects of knowledge needed for informing and making policy (Nies, 1992).

2.1.2 Purpose of social research

Although having a different ontology and epistemology, naturalism and interpretivism both serve a similar purpose. The purpose of social research and research in general, as set forth by the Cambridge dictionary (2019), can be understood as "a detailed study of a subject, especially in order to discover

(new) information or reach a (new) understanding". This definition portrays an emphasis on the generation of (new) knowledge. Both philosophical currents can be seen in this light, for they are primarily preoccupied with generating new ways of understanding social reality (Bryman, 2008; Rosenberg, 2016).

An important aspect of generating scientific knowledge, is the concept of *objectivity*. Objectivity in social research is based on the idea that social reality can be researched in a relative vacuum, where the influence of the researcher on the phenomenon must be kept to a minimum. Even though positivist and interpretivist social researchers disagree on the nature and extent of objectivity in research, it still plays a significant role in both traditions (Rosenberg, 2016; Bryman, 2008). Some CR approaches such as case studies and ethnography are more flexible towards the extent of objectivity, but still hold onto the idea of the independently gathering of data. Even with an interpretive approach the researcher seeks to understand the meaning given by respondents separate from his or her engagement in the social practice. With this, a separation between the one who researches and the researched object/subject is established. The researcher is the acting 'knower' and the social reality becomes 'the known'. The amount of independent research institutes that conduct or support research in the elderly care sector have proliferated over the years and produce a large amount of research reports with new insightful knowledge (e.g., Nivel, Vilans, ZonMw). Objective knowledge generation is a standard in elderly care policy research, which stems directly from the major social science traditions that have been discussed.

2.1.3 Social research design

In order to execute the research, a research design is needed that corresponds with the purpose of the research. As in many research domains, social research contains key elements and demands a solid procedure (Crotty, 1998). Besides the philosophical fundaments and the theoretical perspective (already established knowledge), *methodology* (argument for using methods) and *methods* (techniques and procedures) are the most important aspect of every research design (Crotty, 1998).

A research design is commonly referred to as a standard procedure, which is often depicted in a research cycle (figure 1). This research cycle shows the (chronological) steps followed by the researcher in order to complete the research. The common research cycle, as distilled from Bryman (2008), start with the assessment of existing theory, after which the methodology is determined and is followed by the gathering- and analysis of data, which lead to the research result (outcome).
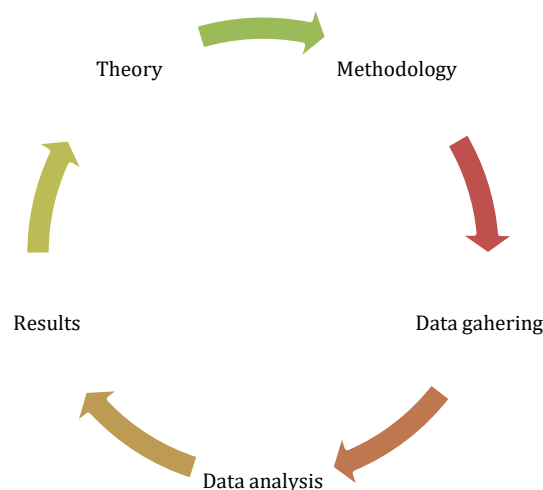
Methodology is determined according to what knowledge is to be generated. *Quantitative* (numerical data collection) and *qualitative* (linguistic data collection) methods can be employed for generating different kinds of knowledge. In the elderly care sector, it is often the case that both methods are applied in order to establish different ways of understanding the social reality (Nies, 1992). Instruments such as the 'Kwaliteitskader Verantwoorde Zorg Verpleging Verzorging Thuiszorg' (Kwaliteitskader VVT) and the 'Consumer Quality Index' (CQ-index) are exemplary of methods to extract different forms of knowledge, in a fairly 'objective' way (Centrum Klantervaring Zorg, 2011; Actiz, 2010). These instruments are frequently used to measure various components of the quality of care in elderly care facilities, by making use of both standardized surveys (quantitative) and interviews (quantitative/qualitative).

For CR, it is important to adhere to the linear process of the research cycle (Bryman, 2008; Crotty, 1998). This increases the consistency and the external controllability of the research, meaning that it is transparent how the research was conducted and makes it easier to repeat (Bryman, 2008; Hiles, 2008). The whole procedure is executed solely by the researcher, which again indicates the separation of the researcher from the researched object/subject, therewith increasing the objective character of the research and its corresponding knowledge output.

2.1.4 Assessing the quality of research

In order to determine the objective character of the generated knowledge, various quality standards such as *validity* and *reliability* are used (Bryman, 2008). Validity relates to the integrity of the generated knowledge and reliability refers to whether the research is executed consistently (Bryman, 2008). Validity and reliability therewith measure whether the procedures that were applied in the research lead to 'objective' results. When these standards are integrated in the research, this increases the credibility of the research (Jensen, 2008). There are different forms of validity, which address integrity of different aspects of the generated knowledge. For policy research it is not enough to only focus on internal validity (integrity). Of particular importance is also the *implementation validity*, which assures that results are actually usable for making or implementing new policies (Houppermans et al., 2015; Nies, 1992). This is measured by looking at whether the information of the research is complementary to the social context for which policy changes are to be implemented. A balance has to be established between these two forms of validity, which can be challenging because of their different starting points.

Quality standards are integrated and reflected on by the researcher, which make possible mistakes and biases initially only visible to the researcher (Bryman, 2008). This affects the transparency of the research in terms of internal controllability, especially when using qualitative methods (Bryman, 2008; Hiles, 2008). Additionally, it affects the credibility of the research in terms of adequacy and acceptability of the knowledge (Jensen, 2008). When the researcher is the sole evaluator of the knowledge he/she collects and eventually uses to create new insights, there is a higher chance of misinterpretation and false conclusions. Methods such as interviews and focus groups increase the adequacy and acceptability of the knowledge and the internal transparency of the research by the encouragement of participants to display their perspectives (Bindels, Baur, Cox, Heijing & Abma, 2014). However, these perspectives are independently interpreted by researcher. The more practical side of policy research such as the NPO, goes a step further by setting up practical experiments for improving elderly care together with elderly and practitioners. Practical research like this has a higher implementation validity, but lacks internal and external validity. The difference between the practical research and CR shows that finding a balance between different kinds of quality criteria, as referred to earlier, remains a challenge.

Another important quality criterion, are the ethical considerations. Tools such as anonymizations can be used to integrate confidentiality and thereby protect the autonomy of respondents (Bryman, 2008). Ethical considerations is reflected on by the researcher, but should be transparent for the participant, while it affects the participant. The risk-benefit ratio of participating in the research should be clear, which can be accomplished by using an *informed consent form* that informs the participant about the relevant aspects of the research and how the participant is protected.

2.1.5 Defining CR

Following from the literature, CR in this study is defined as those research designs that follow the tradition of one of the approaches to social scientific inquiry with the specific aim of extracting knowledge from the social reality to inform policy making. As has been shown in the previous sections, this is a very common approach to research in the elderly care sector. This conception of CR will be further used to make a comparison with AR.

2.3 Action research

In this paragraph a theoretical overview of AR will be provided, with special attention to its differences compared to CR.

2.3.1 Fundaments and purpose of AR

Although AR is as, if not more, pluriform as CR, in this section an overarching definition and purpose will be formulated based on the current literature. AR has a long history running through various disciplines with their own distinctive traditions, each accentuating a particular aspect of AR that will be described in the following sections (Brydon-Miller, Greenwood & Maguire, 2003). The overarching purpose of AR that can be distilled from the large body of literature, is that AR seeks to both generate valid knowledge about a problem that is relevant to the well-being of the people experiencing it, but also to use this knowledge to change the social conditions that are researched (Brydon-Miller et al., 2003; Greenwood & Levin, 1998; McNiff & Whitehead, 2002). Additionally, AR aims to empower the people in the social context by increasing their awareness of their ability to take control over their own situation and by creating new actionable knowledge, -insights and -know-how (Schuiling & Vermaak, 2017). The aspects of knowledge generation and implementation is historically more in line with the practical tradition of AR, while the empowering aspect is rooted in the critical tradition of AR (Masters, 1995). As we will see in the next paragraph, they are fundamentally very similar and are often used integratively in the current practice (Titchen, 2015). This description of AR as a combination of these two traditions is applicable to its current practices in elderly care facilities (Van Lieshout, Jacobs & Cardiff, 2017) and will be used throughout this research.

The philosophical foundation of this purpose is that of interpretivism, which has previously been defined as embracing a subjective ontology in which knowledge serves to make social reality intelligible instead of making predictive statements about it (Rosenberg, 2016). However, the application of the interpretivist view in AR differs from that of CR. AR goes a step further in embracing the subjectivity of social reality by discarding the separation between researcher, the research object/subject and the social context (Greenwood & Levin, 1998). This way AR takes on a more holistic view on reality by perceiving it rather as an interplay (Poonamallee, 2009). The separation between researcher and social reality is annihilated by the direct interference of the researcher in the social practice by implementing the generated knowledge (Van Lieshout et al., 2017). The researcher as an active changing influence in

the social reality that is researched is what fundamentally distinguishes AR from the interpretive science of CR. The expert is only separated to the extent that he/she does not act as an empty vessel and takes on the role of the outsider expert.

2.3.2 AR design

Regarding the research design of AR, the common purpose of AR is commonly pursued by conducting *collaborative research*, which is a conjunction of three elements: research, participation & action (Van Lieshout et al., 2017). First of all, the *research* elements refers to the generation of knowledge. Secondly, the *participation* element refers to a democratic principle wherein the research subject is involved in the research process as either participant or co-researcher. Participants are more involved in the practical execution of the action aspect in the research and co-researcher are involved in both the practical and designing aspect of the research. The level of participation by the subject is dependent on a range of contextual factors such as the competencies of researchers and practitioners and the culture of the organization, which need to be taken into account by the research initiators (Van Lieshout et al., 2017). Lastly, the *action* element is about putting the generated knowledge into action to improve the social conditions and reflect on the knowledge (Greenwood & Levin, 1998).

The starting point of AR is that the social practice is in constant flux. The social reality, of which the researcher is a part, is presumed to be subject to change. Therefore, the research design needs to be flexible towards this, while the knowledge that is generated is situated in this changing context (McNiff & Whitehead, 2002). In this sense, knowledge is not static, but changes and therefore needs to be continuously evaluated. According to change theories, change is non-linear but rather iterative, which means that every step builds on the previous one and can be re-assessed throughout the research (Burns, 2014), creating a continuously emergence of space for new possibilities (McNiff & Whitehead, 2002). This principle leads to AR having a flexible and cyclical research design (Van Lieshout et al., 2017, p.38). While the assumption is that social reality is continuously subject to change, AR does not make use of a predetermined research design, rather a *temporary design* (p.39). In addition, AR has a design that is multiple cyclical, which means that the cycle is completed multiple times (figure 2). The downside of such a research design is that it is very time consuming and demands a longer time to unfold.
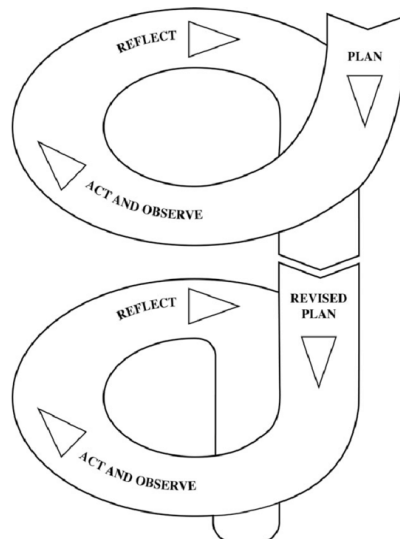

Figure 2 AR cycle (Kemmis & McTaggert, 2000)

The planning of the research, data gathering, the action and reflection on all these aspects, are all integrated in an iterative process. The action and reflection in the research process are prime aspects of what differentiates AR from CR. The action is running parallel to the research, contrarily to CR where action is taken in sequence - or not at all (Van Lieshout et al., 2017). The aspect of reflection is the last step of the process, as can be seen in the figure, and is applied to all other aspects of the research (Kemmis & McTaggert, 2000; Tripp, 2005).

2.3.3 Collaborative research methods

The most important aspect of the methodology in AR, is collaborative decision making that is integrated in all aspects of the research. This aspect ensures that the generated knowledge is credible for all that are involved (Greenwood & Levin, 1998). Collaborative decisions give ownership to all those involved in the research, which is crucial for the endurance of the implemented changes (McNiff & Whitehead, 2002). While the researcher is still an expert compared to the practitioners and may influence certain choices in the research process, it is even more important that the choices are taken collaboratively. Especially in elderly care facilities, the manner in which the relationship between researcher and practitioner is established is crucial for the success of AR (Bindels et al., 2014). The starting point for this is the acknowledgment of the difference in expertise and how to deploy them, in order to maintain an environment in which different knowledge-sets can be explored (Bindels et al., 2014). In essence, collaboration should be based on what is needed for the goal of the research.

The concrete methods that are used in this collaborative research range from all of the methods used in CR to more alternative methods such as mind-mapping, photovoice, photomapping and many other information gathering methods (Wang, 1999; Van Lieshout et al., 2017). It is not the particular method that is important in itself, but rather how it contributes to collective credible knowledge. Methods are chosen according to what is needed in the particular situation (Greenwood & Levin, 1998). In addition, the flexible research design demands an adequate and creative response to changes in the social practice, especially considering the methods. Sometimes a certain method does not work in a particular situation, so new ways of generating knowledge have to be adapted or developed (Titchen, 2015).

2.3.4 Merits of AR

Because of the different purposes of CR and AR, the quality of the research should be assessed differently. From the perspective of CR designs, ever-changing knowledge can never lead to an objective understanding of that knowledge (Morrison & Lilford, 2001). Action researchers would argue the differ: credible knowledge can only be generated when there is a true reflection on the changing character of the social reality and the non-duality of this reality and the researcher (Brydon-Miller et al., 2003; Greenwood & Levin, 1998; Hilary, 2010; McNiff & Whitehead, 2002). Moreover, AR has a holistic view on this reality, meaning that there is no static distinction between subjective experience and objective knowledge, these are both integrative parts of this reality (Poonamallee, 2009). According to some scholars, problems around internal-, external validity and reliability arise with the AR approach, because of the changing character of the knowledge that is generated (Morrison & Lilford, 2001). Conventional quality criteria of validity and reliability are focused on methods that aim to generate relatively stable and more generalizable knowledge. The focus of AR on improving the social practice and generating collective credible knowledge, asks for a different quality assessment (Greenwood & Levin, 1998). AR is to be judged on the extent to which the knowledge is supported by all collaborators and the extent to which the available knowledge in the social practice is accounted for. This can be referred to as *internal credibility*, which is the credibility of the knowledge shared by the collaborators

(Greenwood & Levin, 1998; Jensen, 2008). The conventional conception of 'objectiveness' that is lost by the subsuming of the researcher in the social practice and the influence he/she exercises, gives the opportunity to build trust with practitioners and gain access to a much wider variety of knowledge (Bindels, et al., 2014). This is considered one of the main strengths of AR that can only be considered valuable through a different quality assessment.

Underlying this strength, is the rigorous reporting and reflecting in AR, which is considered the 'real scientific strength' (McKernan, 1988; Van Lieshout et al., 2017). The advantages of the iterative process of AR, is that it allows researchers to test the generated knowledge in practice and reflect on it, thereby increasing the credibility on a collective level (Greenwood & Levin, 1998). Reflection throughout the process increases the transparency in terms of both the internal and external controllability of the research (Hiles, 2008). The reflection on the manner in which knowledge is generated and is represented throughout the research is accessible to all that are involved in the research. However, this does not mean that the research is as accessible for external parties as it is for the collaborators. In addition, the flexibility towards the changing social practice makes it very complex to replicate the research in another context, which also decreases the external credibility.

The merit of AR that is considered most different from CR, is its empowering potential. Firstly, assessing the social practice collaboratively makes practitioners aware of their own practice and enables them to critically reflect on it, thereby increasing their ability to take matters in their own hands (Inglis, 1997). Secondly, the iterative process makes them aware of how actions bring about change in a non-linear way (Burns, 2014). The empowering aspect of AR is something that manifests itself through all the other aspects of AR previously described, and can therefore be considered very particular to AR as compared to CR.

As in any research, AR is also judged by its ethical considerations, and the same standards of CR apply on AR. However, confidentiality and anonymization of information is limited, while it is a group process. The openness that AR requires makes it difficult to assure full protection of collaborators. In all other aspects AR can still consider the well-being of everyone involved (Greenwood & Levin, 1998).

2.3.5 Defining AR

AR in this research is defined as a collaborative research approach that emphasises reflexive practices and the improving of the social practice by implementation generated knowledge. As has been shown, AR differs in many aspects from CR, which will be shown in a structured manner in the following paragraph.

2.4 Comparing CR & AR

Based on the inquiry of CR and AR in the previous paragraphs, a comprehensive overview is given in table 1 and table 2. In the tables, the definition, practice and result of the categories for both research approaches are displayed. For the structured comparison of CR and AR, the following categories have been used: knowledge generation, credibility, transparency, flexibility, collaboration, ethics, empowerment and implementation of knowledge.

Table 1 CR overview

Aspect	CR	Practice	CR-output
Generation of knowledge	'Objectively'/ independently obtained by researcher.	Experiments, surveys, interviews, focus-groups, observations.	Testable & generalizable knowledge.
Cred.: validity & reliability	'Objectively' established by researcher.	Integrating validation techniques in methods. Linear research design.	Technically valid knowledge.
Cred.: adequacy & acceptability	Singular verification by researcher.	Interview techniques (verification), successive confirmation.	Fixed, verifiable representation of social reality.
Transp.: reflexivity	Relatively low and individualistic reflexivity.	Researcher assesses his/her influence on social reality.	Transparency about the results with regard to the relationship between researcher and subject.
Transp.: internal- & external controllability	Established by researcher.	Precise account of research process in succession.	Low internal- & high external controllability.
Flexibility	Prescribed research design.	Using predetermined methods in fixed sequence.	Reducible results and replicable.
Collaboration	None collaborative.	Researcher distances from social context.	'Objectively' obtained knowledge.
Ethical considerations	Accounted for by researcher.	Using standard regulations.	Clear account of ethical considerations.
Empowerment	Unlikely to be established.	Limited sharing of research results with respondents.	No or little empowerment.
Implementation of knowledge	None, or in sequence of the research.	Research report used for policies in social practice.	Uncertainty of impact of knowledge in social practice.

Table 2 AR overview

Aspect	AR	Practice	AR-output
Generation of knowledge	'Subjectively' obtained through collaborative effort.	Co-research: interviews, observations, discussions, reflection & interventions.	Practical knowledge usable for- and supported by the collaborators & action perspectives for other contexts.
Cred.: validity & reliability	Collaboratively established through action and reflection.	Iterative research design: re-assessing & implementing knowledge.	Collective credible knowledge & wide account of available knowledge.
Cred.: adequacy & acceptability	Continues collaborative verification.	Iterative research design.	More room to anticipate on change of social context & more precise account of knowledge.
Transp.: reflexivity	Relatively high and collaborative.	Collaborators reflect on all aspects of research.	Empowerment: raised self-awareness & critical reflection on practice.
Transp.: internal- & external controllability	Established by researcher and co-researchers.	Continuous sharing of information.	High internal- & low external controllability.
Flexibility	Iterative and responsive research design	Adapting methods and research sequence to social context.	More room to react to change of social context & more precise account of knowledge over time.
Collaboration	Partly or completely collaborative.	Some or all parts of the research are executed by initial researchers and practitioners.	Collaborative generated knowledge that has practical value & inclusive research process.
Ethical considerations	Complex because of research design.	Extensive ethical argumentation for all research aspects.	Varying clarity on ethical considerations.
Empowerment	Actively supported with collaborative design.	Intensively reflecting on social practice.	Self-awareness and ability to take matters in own hands.
Implementation of knowledge	During the research process.	Implementing the knowledge to test practical use.	Practical validation of knowledge and changing (enhancing) the social practice.

Undoubtedly, research approaches are not complete opposites and some aspects can overlap. For the sake of making a comparison, the differences are displayed in a strict manner, emphasising the extreme aspects of research. Some elements and outcomes seem to be overlapping, but this will have no effect on the empirical research. These schemes show that the same terms have different meanings for both research approaches. This does not mean that they are incomparable, on the contrary, they can be compared on their different implications the same terms and how this affects the practices and outcomes of the research.

2.5 Research Question

To research the differences between CR and AR in elderly care facilities, the following main question has been formulated:

How do the differences between CR and AR in elderly care facilities manifest themselves in relation to their research elements and -outcomes?

Several sub-questions where formulated to correctly answer all the aspects of the research question:

1. How do the elements of AR and CR in elderly care facilities differ?
2. How do the outcomes of AR and CR in elderly care facilities differ?
3. What is the relationship between the elements and the outcomes?

Expected is that the empirical research will show key differences between CR and AR and that the elements and outputs are interconnected. However, new insights might be gained on the extent to which CR and AR differ in elderly care facilities, and what external factors might be involved.

H.3 Relevance & interdisciplinarity

The societal relevance of this research can be indicated as generating useful insights and knowledge that can inform decisions on the usage of different policy research approaches. Especially the relevance of evaluating the currently popularized action research is a critical reflection that can be used to better understand its practices and make an informed decision about its applications in the elderly care sector. Actors such as policy makers, -advisors and researchers benefit from being more informed on this issue.

Regarding the academic relevance of this research, it can first of all be stated that this research is unique in the respect that it gives an in-depth comparison between CR and AR, both theoretically and empirically, something that is not available in the form that this research presents. Giving a clear overview of the difference can serve as a reference point for new comparative researcher and can contribute to the discussions on different research approaches. Secondly, there is little research on the current practices of AR in elderly care facilities in the Netherlands, at least not as specific as this research. General empirical literature on how to use AR in the healthcare sector is available, but very little is available on elderly care facilities in connection with the recent developments in the elderly care sector.

The interdisciplinary character of this research lies in the fact that it connects philosophical and social research knowledge with current developments in the elderly care sector. Research approaches transcend disciplines and are potentially useful for a range of different social disciplines.

H.4 Methodology

4.1 Research design & procedure

The differences of the elements and outcomes of AR and CR have been researched by doing a comparative case study. A comparative case study design was chosen because of the limited scope of this research, and the possibility to gain in-depth knowledge about the vast amount of aspects of both research approaches. Two comparable cases of research in elderly care facilities, one AR and one CR, were chosen from a body of the most current policy research reports. Due to the scope of this research and the limited availability of comparable cases, it was decided to assess two cases. This means that in this research, AR and CR (in the form of qualitative research) have been compared. Quantitative cases were found to be incomparable on the criteria that were maintained. The studies were chosen based on their representativeness of the research approaches. Comparability was evaluated along the following criteria (in order of importance): research design, research size and focus of the research. The context of the research was not included as a criteria, while there was no information available on this matter.

Research documents were analysed beforehand and semi-structured interviews were conducted when cases were chosen. Contact was made with the researchers and the directors of the elderly care facilities via e-mail and telephone. Researchers and several employees of the elderly care facilities were interviewed, with complete *informed consent form* (Appendix 4). These interviews where anonymised, transcribed and analysed in Atlas.ti. The coding in Atlas.ti was based on the theoretical scheme and the operationalization of theoretical concepts and was later complemented with codes arising from other topics discovered in the data (Appendix 5). This research was approved by the ethical committee of the university and all data has been stored according to the university prescribed procedures.

4.2 Methods

Within the comparative case study qualitative methods have been employed in order to gain in-depth information about how the studies were conducted and how this was experienced. Semi-structured interviews were chosen as the main method while this allows the researcher to assess the pre-assessed theoretical topics, as well as exploring other topics that have not been addressed by theory, keeping an open view on the issue (Bryman, 2008; Silverman, 2016). Quantitative methods such as a survey were deemed insufficient regarding the small sample of respondents and the vast amount of topics of a complex nature. By using interviews it was assured that these topics where well explained and that respondents were enabled to talk more elaborately.

4.3 Respondents

The respondents that were selected within the cases consisted of the researchers and practitioners from the facilities. The practitioner group was comprised of caregivers, team managers, project leaders and higher level management. These actors were identified in advance on the basis of what would theoretically give the most exhaustive information. Using the argumentation of *realist evaluation*, managers and researchers were identified as having more information on the outcomes and researchers and practitioners on the process (Pawson & Tilly, 1997). The group of practitioners consisted of people that were more or less involved with the conducted studies in order to obtain balanced (unbiased) information about the studies. In addition, experts were selected to gain information about the general practices of policy research in elderly care facilities. This was decided because of the limited relevant respondents in the cases and to give more general knowledge about the research practices. In total, two researchers, four middle managers, one (ex) director, one project leader, seven caregivers and three experts were interviewed, all independently. All names of individuals and organizations have been anonymized in this research.

4.4 Operationalization & execution

Research elements and -outcomes are operationalised according to the theoretical scheme. For each research design the same topics were addressed as displayed in table 1 and table 2, with the exception of the *research aim*. In addition, questions about the perceptions of those who were involved in the research were also integrated. So more objective and more subjective claims were both taken into consideration. The complete operationalisation of all the topics can be found in both the theoretical scheme and Appendix 1. The precise interview content and strategy can be found in Appendix 2 and Appendix 3.

4.5 Validity and reliability

Internal validity regards the extent to which the employed methods were able to find results that are in accordance with what was to be researched. The internal validity was increased by doing frequent re-checks during the interview with the use of repeating the statements for verification and the information from the research reports. The interviews were made understandable for all respondents. Complex topics were rephrased to be understandable, while retaining their initial meaning. The internal validity was decreased by the fact that participants with different knowledge sets were interviewed. The ability to express and draw from memory have been weak points of the validness of the results, but was minimized by asking respondents to indicate the certainty of their statements.

External validity regards the extent to which the found results are generalizable to a larger population. This is quite low in this study, while case study results are not easily generalizable to a larger population. However, it was increased by doing additional interviews with field experts, thereby gathering more general information on the issue.

Reliability refers to the extent to which the data is gathered consistently, making the research repeatable. Reliability was assured by using and sticking to the same theory based topics list for all the interviews. Interviews were conducted in comparable environments that were comfortable for respondents. During the research, notes were made regarding the process of data-gathering and -analysis and were included in a data-collection report, increasing the transparency of this research.

H.5 Results

In this chapter, the results of the empirical research are set forth. Research was conducted on the elements and outcomes of CR and AR in elderly care facilities by comparing two cases; one CR and one AR. In addition, more general information is given from the perspective of experts in the field of research. This has provided insights into how the research approaches as practiced in elderly care facilities relate to the preconceived theoretical conceptions (ideal types). The findings on the various elements and outcomes of the two studies are compared to the premeditated expectations and are complemented with other relevant aspects that were not accounted for previous to the research. Therewith, a nuanced image is given about the use and potential of the two research approaches in elderly care facilities.

5.1 Respondents

An overview of the characteristics of respondents that were interviewed is given in table 3. As has been mentioned earlier, this is all anonymized; real names of persons and organizations are changed.

Table 3: Respondents overview

Research approach	Function respondent
AR	Academic researcher
	Specialist manager
	Psychologist
	Department(s) manager
	Caregiver (collaborator)
	Caregiver (collaborator)
	Caregiver (uninvolved)
CR	Academic researcher
	Ex-director
	Project manager
	Team coach (participant)
	Team coach (non-participant)
	Caregiver (participant)
	Caregiver (partly participant)
	Caregiver (non-participant)
Experts	CR/AR practical specialist
	CR/AR methodology specialist
	CR/AR methodology specialist/ practical specialist
	AR specialist

5.2 Research elements and outputs

In this section the comparison of the elements and outputs of the two research designs are explained in relation to the theoretical expectations. For this, the same order of the operationalization is followed. Relationships between elements and outcomes have sometimes been written up deviating from the initial theoretical scheme, with regard to the new findings of the empirical research.

Purpose of research

The purpose was clearly distinctive for both studies. The CR study was focused on discovering mechanisms that could inform elderly care facility policies on a broader scale, while the AR study was focused on both draw lessons from a working method in a particular case and at the same time improving this working method in practice. Interestingly, the purpose of both studies was decided upon according to the practical social context. The CR study was initially intended as an AR study by the financers, but the researchers decided to do a conventional research because of the already fast changing practice. The added value that research could have in this particular context would not be to add another layer of changing the social practice, but rather learning from it and generating broader applicable knowledge (R8).

The purpose of the research has shown to be the fundament of every research and is therefore the starting point in the chain of research elements and outcomes.

Research design - flexibility

The research design of the CR and AR studies show large differences as expected, but also have more similarities than theory explains. The most obvious difference between the two research approaches is the extent of flexibility they incorporate in their design. AR demands a relatively flexible and iterative design in order to generate adequate knowledge that is collectively valid. The AR study showed that in order to get a comprehensive understanding of the social practice, the research design had to be adapted to this social practice. The study started with an assessment of the current state of affairs, but thereafter every next step was decided upon according to the new knowledge and change of the social practice that came forward, so not a predetermined design. The study showed that adapting to new discovered elements in the social practice proved to be very useful for pinpointing the problems that could be addressed. Especially in a complex social setting such as an elderly care facility, this gives the opportunity to get a better comprehension of the social practice. Using a predetermined set of methods would not have been able to adapt to the same extent. This does not mean, however, that there is an endless flexibility towards new impulses from the social practice. Eventually, a focus had to be decided upon in order to go more in-depth and translate knowledge into action.

The CR study on the other hand, needed fixed methods and a conventional research sequence in order to distil the mechanisms in a structured manner. However, the CR also showed an extent of flexibility towards the social practice. The researchers were dependent on the possibilities for employing the methods in the social practice and had to be flexible towards this in order to successfully conduct the research. This shows that it is unlikely that research is not influenced by the social practice that it studies.

A commonality that was found in both studies, was the initial focus of the studies. Both studies had a very clear topic/focus that was used as a start for the research. Especially for AR, this is surprising, but

also understandable. The idea that the focus of the research in AR only comes from the social practice is very unlikely, while research in elderly care facilities is commonly financed by another organization and demands a certain angle for the research. This initial focus can partly be changed with regard to new knowledge from the social practice, but is also maintained and gives direction to the research.

Knowledge generation
The manner of generating knowledge and the kind of knowledge that is generated in both studies is very different, but is influenced by the same internal and external factors. Internally, the research purpose and -design influenced the manner of extracting knowledge and the type of knowledge this generated. Externally, the social context influenced how knowledge could be extracted and what kind of knowledge was generated. As has been stated earlier, both studies had a purpose that resonates with the social context, which demanded a certain kind of knowledge to be generated. The social context of the CR demanded more 'objective' and generalizable knowledge, while the social context of the AR demanded practical collectively generated knowledge that could be used directly in the social practice. Although the CR case did generate knowledge that could potentially be used in practice and the AR case did generate results that may be more generally applicable, this has not been directly demonstrated in this research. In the CR case, it has been confirmed multiple times that the knowledge from the research has not been used in changing the social practice of the facility (R5, R8, R10 & R13).

The extent to which the generated knowledge actually served the purpose of the research is much easier to identify with AR than with CR. While the knowledge generated in the AR has been practically implemented and have resulted in a change of the social practice, this is far more convincing than the potentially useful results of the CR. As expressed by R8:

"En ik weet dat [op] beide thema's dus acties uitgekomen [zijn] waar we echt wat mee hebben gedaan. Ik weet dat de manier van rapporteren over welke afspraken zijn gemaakt is veranderd. Waarbij we dat nu in het zorgplan van de bewoner zetten, zodat de kans dat dat gedragen wordt zo groot mogelijk is."

Credibility
Arguably the aspect of research that differs the most between CR and AR, is the manner in which credibility is evaluated. The interpretation of how knowledge can be seen as valid and reliable have shown to be different for both research designs.

Starting with the internal validity with regard to using standardized methods that adequately measure, the CR case indeed has a much more structured and clearly argued manner in going about this. Standard methods are also used in AR, but this is in the context of a more flexible application of them. Arguments for using them are not always decided beforehand, rather *in situ*. This flexible attitude towards the application of methods in AR gives more room to attune the use of methods to the social practice, and thereby making it possible to use a larger set of methods. This can be viewed as a very adequate manner of using methods to generate knowledge. Customizing methods to the social practice and, more specifically, to the organizational context, can be viewed as even more adequate and can only be attained with researchers being more subsumed in the social practice.

Another aspect that refers to the internal validity, is the ability of the researcher to independently gather data. Theory suggested that independency of the researcher would be very high with CR and very low with AR. However, the research found that also in the AR case there was a certain extent of independence of the researcher (R2, R3). This actually showed to be of added value for the AR case. Merging outsider and insider knowledge creates an interesting dynamic of multiple perspectives for

establishing knowledge about the social practice. However, the chances are with AR that the researcher becomes more subsumed in the social practice during the process, which again narrows the distance. In the CR, the independence was indeed very high.

One of the largest differences between the two cases was the re-assessing of knowledge during and after the research. The iterative design of the AR case showed that the reassessment of the generated knowledge indeed led to very adequate knowledge, which was confirmed by all collaborators from the AR case. In the CR case it was evident that the majority of respondents had no clear idea about how their knowledge was used, which makes it harder to establish the adequacy of the knowledge in the way AR assesses this.

With regard to reliability, the studies showed that CR and AR seek to have different kinds of consistency: CR seeks methodological consistency and AR seeks consistency of inclusive collaboration. This is very hard to compare and is very unique to both research approaches. Whether one or the other can be deemed more important, is completely dependent on the given social context in which the research is situated. It is clear that there are key differences in the merits of both designs and that they are hard to measure against each other's merits. Both approaches have clear standards as to how the knowledge and research can be evaluated on its credibility and should be viewed in their own right.

Transparency
Another large difference that was found between the cases, was the transparency of the studies with regard to their reflexive nature. The very intense reflecting in all stages of the research in the AR case, stood out compared to the CR case. The reflecting aspect of the AR led to very adequate knowledge and was greatly appreciated by all collaborators (R3, R5 & R8).

The CR case also had the intention of integrating a reflexive aspect, but while the researchers had more distance to the practice, the circumstances for reflecting were more limited and turned out to be slightly disappointing. This shows that reflexivity in research demands a research set-up that is more subsumed in the social practice, which AR is better in providing. In addition, it can be said that reflecting is only of added value when done more intensely than only sharing results afterwards.

The internal and external controllability have proven to be both higher in the AR case, which partly contradicts theory. Although the methodology of CR is easier to be externally controlled for CR through a research report, this is even easier to do with AR through the collaborators. Because the collaborating practitioners are well informed about most aspects of the research, this is easier to trace back and control for. Interestingly, however, people working in the organization that were not involved, were not at all informed about the research. Even though AR is a collaborative approach in an organization, this is restricted to the actual collaborators. Good reasons have been given for why it is not possible to share the research with everyone in the organization. Wanting to involve everyone in the research can actually be harmful to the organization and the care for the clients, taking too much of their time.

Implementation value
The direct implementation of generated knowledge is exemplary for AR and was very successful in the evaluated case. Not only did the implementation of knowledge lead positive changes in the social practice, it also provided another way of generating more adequate knowledge. Respondents mentioned the very clear added value of implementing the new knowledge about the working method in the elderly care facility, not only leading to the improvement of the working method, but also a broader support for it:

"Ja, dat stukje verantwoordelijkheid van het aanspreken en het breder laten dragen in het team, ja dat is er wel uitgekomen. We zijn daar meer bewust van geworden." (R3).

In the CR case, it is very hard to assess the implementation value of the generated knowledge. The mechanisms that have been laid bear with empirical and theoretical knowledge have not been implemented. An option to mitigate this is to add information about contextual factors, which was done in the final research report. This is, however, less convincing compared to the AR case.

Empowerment
As has been stated earlier, the reflecting aspect of the AR gave a lot of insight in the daily practices for the practitioners. Most of the collaborating practitioners mentioned a critical reflection on the social practice through the AR, leading to more self-awareness about their position and function. On the organizational level, changes towards more adaptive ability is hard to establish with a small scale AR like this. The changing character of the elderly care sector makes the empowering potential more unstable (R2). As for the CR case, empowerment is the only aspect that is completely absent. This was also not the purpose of that research, but still shows a clear difference in outcomes between the two research approaches.

Collaboration
Compared to theory, more nuance can be given on the extent to which collaboration takes place in both research approaches. The research showed that this is influenced by the organizational context, for example the hierarchical character of the organization, and what best serves the purpose of the research. As expected the collaboration in AR is very high and has shown to give a completely other dimension to the research. Collaborating practitioners were very satisfied with this aspect of the research, because it made them owner of what was researched. This had an influence on the manner in which the generated knowledge was used in practice, namely, taken more seriously. In the collaboration of AR, come together all other aspects of the research such as reflecting, implementing and making the research transparent. This way, collaboration can also be seen as the vessel in which validity can be established. In addition, it is worth mentioning that the collaboration in AR created an open environment that leads to more intimate results and therefore more broad knowledge. The only downside of collaborating is that the research becomes dependent on the effort of the practitioners, which in this case was of a varying nature.

Collaboration in AR also comes with a selection bias. Practitioners that are asked to collaborate already had a motivation for the particular subject and more affinity with changing the social practice. On the one hand this is very logical, on the other it can be questioned as to how AR can be used to include practitioners on a larger scale.

The type of collaboration was, as expected from theory, based on the distribution of expertise across the research process:

"De opdrachten lagen voornamelijk bij de verzorgende. Dus zij kwamen vervolgens met de inbreng en daar gingen we dan op door. Er waren een aantal thema's waar we de inbreng van de verzorgenden konden hangen. Dat vonden zij soms wat lastiger, maar we konden zo wel heel mooi vertalen naar de thema's. Zij brachten het eerst in de praktijk." (R3).

Ethics

Both cases can be evaluated as living up to the academic ethical standards. However, it has become clear that indeed for AR it is very difficult, if not impossible, to guarantee complete confidentiality. That being said, all of the collaborating practitioners emphasized that sensitive information was handled very carefully, as this is a precondition for a healthy collaboration.

Overall, the elements of the research designs are more connected than how they are depicted in the theoretical scheme. Most elements have more effects on the outcomes than predicted. The environment that is shaped wherein the knowledge is generated could not be more different. In the CR it is more on the side-line, in AR it is a very friendly and open environment.

5.3 Research in elderly care facilities

Here the knowledge retrieved from the perspective of experts is displayed as an addition to the results from the cases, in order to come to a more broad picture of the research designs in elderly care.

Regarding the specific research designs, there are some nuances that can be given considering the reality in which they are applied. AR is becoming more popular, but according to experts financiers are not familiar with the precise meaning of AR. Because of this, AR is demanded, but there is no clear idea of what is asked for. Doing concessions with AR has a negative effect on the output, not delivering useful results in both the CR and AR terms. CR can be pimped up with some of the aspects of AR, but it is taking a risk to call it AR, while this gives a wrong signal to the field. This also has an effect on the expectations different actors have of research. AR is not familiarized in the social practice it is applied to, so this can cause misinterpretation and false expectations. Therefore, managing these expectations based on a well-informed image of both research approaches is very important. Including practitioners in research is an intensive project and should not have a negative effect on the quality of care that is given. Elderly care facilities are particularly vulnerable for this, as has been shown in the cases.

In the end, the important question is: what do we want to get out of research? Do we really want to use it to change the practices in elderly care facilities, or is it merely used to show to others the good practices. What happens with research results is an important consideration in using it for policy purposes. This also includes looking at the cost-benefit ratio of applying a work-intensive approach such as AR. The idea should always be that the social practice benefits from it, whether it is changing the social practice or extracting knowledge from it without disturbing it. Research is conducted in a complex interconnected field of many actors that have different views on research and sometimes have self-interests that are not necessarily logically connected to the choice of research.

H.6 Conclusion

It can be concluded that clear differences appear between the two research approaches as expected from the literature. What became more evident from the empirical research, is the extent to which the elements and outcomes are connected; they are truly inextricably linked. The cases show that the application of certain elements have a large chance of leading to the preconceived outcomes. This shows the rigidness of both research approaches, and indicates the importance of understanding the various aspects of it. However, it is very hard to say to what extent the generated knowledge and, in the case of AR, the improved social practices are enduring. Especially with the continuous changes of the elderly care sector, research can lag behind events. Questions can be raised with regard to the effort that is put into the large amount of research and to what extent it actually informs policies.

The application of a certain approach is best predicated by the needs of the social practice in order for it to be adequate. Because of the sometimes hectic character of the daily affairs in elderly care facilities, attention should be given to what the added value is of a certain research approach. There is a high demand for AR, but rather than assuming that this the proper research to conduct, the many requirements of the social context should be taken into consideration. AR has a unique process and produces outcomes that many research approaches have no capability of. However, it is also very demanding of the social context and is not suited for any given situation. As has been shown, elderly care facilities that are in the process of fast changes, will probably not benefit as much from AR as facilities that seek for new ways to improve their practices. Expectations for research should be clear for the initiating parties, but more so for the ones undergoing or engaging in it.

H.7 Discussion

The evident question that arises when evaluating this research is: why did I choose a conventional research design instead of AR, for which I take a fair interest in. Despite the obvious reasons like time constraints and resources, the aim of this research actually fits better with conventional research methods. Which is an additional support of my findings that inform about when to use a certain research approach.

While this research only assessed two cases, it would be interesting to do a similar research on a larger scale. This way a more general knowledge could be generated on the nationwide use of AR in elderly care facilities compared to other research approaches. However, something that puts this research and possible subsequent research in a sensitive place, is the fact that this is again another research of which the added value to elderly care sector is questionable. Doing research on research approaches is something that is very remote from the social practices.

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Appendix 1: Operationalization

Main concept	Sub-concepts	Topic	Sub-topic	Source
<u>Research element</u>	Research aim	- Purpose of the research (general goal). - Type of research outcome.		Rosenberberg (2016); Bryman (2008); Brydon-Miller et al., (2003) Greenwood & Levin (1998); McNiff & Whitehead, (2002).
	Knowledge generation	- Why certain methods were chosen in order to obtain knowledge a certain way. - Context in which knowledge was obtained.	● Use of methods during the research process. ● Type of setting where knowledge was generated.	Crotty (1998); Van Lieshout et al. (2017); Greenwood & Levin (1998); McNiff & Whitehead (2002); Wang (1999).
	Credibility	- Validity: How the knowledge was validated throughout the research process. - Reliability: How the knowledge was kept reliable. - Adequacy: To what extent the knowledge is kept close to the ideas of respondents. - Acceptability: How the knowledge was kept acceptable.	● Whether the researcher used standard methods and techniques for ensuring validity ● Whether the research was executed consistently. ● Extent of fixed or iterative design. ● Extent to which knowledge was re-assessed.	Crotty (1998), Bryman (2008), Houpermans et al. (2015)
	Transparency	- If, why and how transparency in the form of reflexivity was established. - If, why and how transparency in the	● What is reflected on during the research. ● To what extent the involved people were able to reflect during the research.	Hiles (2008); Van Lieshout et al., (2017); Kemmis & McTaggert

		- form of internal controllability was established. - If, why and how transparency in the form of external controllability was established.	● What and how much was shared during the research process. ● Extent to which social environment was informed about research progress. ● Extent to which a clear account was given about the research (process).	(2000); Tripp (2005)
	Flexibility	- If, why and how flexibility was integrated/perceived.	● Extent of prescribed research design. ● Extent of changes in research sequence. ● Response to change in the social context.	Crotty (1998); Bryman (2008); Van Lieshout et al., (2017); Kemmis & McTaggert (2000); Tripp (2005)
	Collaboration	- If, why and how collaboration in the research process was integrated.	● The extent to which the research subjects were able to participate in the research. ● Type of collaboration	Bindels et al. (2014); Greenwood & Levin (1998); McNiff & Whitehead (2002)
	Ethics	- Whether ethical issues were considered.	● Respondent selection ● Risk-benefit ratio ● Informed consent: predictability ● Confidentiality ● Well-being	Bryman (2008); Greenwood & Levin (1998)
Research Output	Knowledge generation	- What kind of knowledge was generated. - Whether the knowledge served the purpose of the research.		Bryman (2008); Schuiling & Vermaak (2017)
	Credibility	- The extent to which and how knowledge is (perceived as) valid. - The extent to which and how knowledge is (perceived as) reliable. - The extent to which and how knowledge is (perceived as) adequate. - The extent to which knowledge is (perceived as) acceptable.	● Whether researcher was able to independently gather and interpret data. ● Whether researcher measured what was intended to be measured. ● Whether data was evenly collected among respondents. ● Extent to which knowledge was able to evolve over time or was acquired at a single moment. ● Whether research results are perceived as	Rosenberg (2016); Bryman (2008); Greenwood & Levin (1998); Jensen (2008)

			acceptable: moral use of knowledge.	
	Transparency	- The output of the extent of reflexivity. - The output of the extent of internal controllability. - The output of the extent of external controllability.	● The extent of raised self-awareness. ● The extent of awareness of different actors their position in the research process (relative to each other). ● The extent to which different actors where kept up to date about the research progress. ● The extent to which the results were reported in a transparent way.	Bryman (2008); Hiles (2008); Van Lieshout et al., (2017); Kemmis & McTaggert (2000); Tripp (2005)
	Implementation value	- Practical validation and use of generated knowledge.	● If, when and how knowledge was implemented. ● Extent to which the knowledge can be integrated in daily practices. ● Extent to which knowledge was used to change social practice(s).	Nies (1992), Houpermans et al. (2015)
	Flexibility	- Effect of more/less flexible design	● Adequacy of knowledge over time. ● Reactiveness to social change. ● Experience of a more/less flexible design.	McKernan (1988); Van Lieshout et al. (2017)
	Collaboration	- The extent to which respondents are satisfied with the extent of collaboration.		Bindels et al. (2014)
	Empowerment	- If, why and how empowerment was stimulated/established.	● Raised self-awareness. ● Reflecting (critically) on social practice. ● Ability to take control over daily practices. ● Ability to adapt to social- and organizational changes.	Schuiling & Vermaak (2017); Van Lieshout et al. (2017)
	Ethics	- Whether research was perceived as ethical.	● Perceived autonomy/confidentiality. ● Perceived transparency/honesty during research.	Bryman (2008)

Appendix 2 Topics list 1 (non-researcher)

Introductie

Korte uitleg onderzoek. Waarvoor doe je dit onderzoek. Waarom prikkelt dit onderwerp je?

Informed consent.

In [jaartal] heeft hier in [verzorgings-/verpleeghuis] een onderzoek plaatsgevonden naar [onderwerp] en hier wil ik u graag een aantal vragen over stellen.

Algemene vragen

Allereerst wil ik u graag een aantal algemene vragen stellen

- *Algemene informatie respondent*
    - Wat is uw achtergrond binnen deze organisatie?
    - Wat was uw rol binnen de organisatie ten tijde van het onderzoek?
    - Wat is uw huidige rol binnen de organisatie?

- *Informatie onderzoek algemeen*
    - In welke mate bent u op de hoogte (geweest) van het onderzoek?
    - In welke mate was u betrokken bij het onderzoek?
    - Vanaf wanneer werd u betrokken bij het onderzoek?

Onderzoeksvragen

Ik ga u vragen stellen over de verschillende onderdelen van het onderzoek. In mijn onderzoek probeer ik zoveel mogelijk onderwerpen te behandelen die te maken hebben met het gedane onderzoek. Het kan zo zijn dat u over sommige onderwerpen weinig tot niets weet, dit is absoluut niet erg! Om deze reden zal ik per onderwerp eerst een algemene vraag stellen om te kijken of u hier iets over weet. Ik ben vooral geïnteresseerd in uw ervaring, dus u bent vrij om vanuit uw eigen ervaring spreken. Als u voorbeelden kunt noemen is dit altijd mooi meegenomen. Ten slotte wil ik vooraf aangeven dat ik in een aantal vragen eventueel vraag naar kennis. Hiermee bedoel ik de informatie die is opgehaald door de onderzoekers bij [casus]. Als iets wat ik verteld heb niet duidelijk is, geef het dan gerust aan!

Het interview is opgedeeld in de volgende drie onderwerpen: de opzet onderzoek, de uitvoering onderzoek & de invloed (impact) van het onderzoek. Binnen deze onderwerpen zijn er een aantal deelonderwerpen.

Onderzoeksopzet
- *Doel van het onderzoek (element + uitkomst)*
    - Wat was naar uw idee het doel van het onderzoek?

- - ■ Wat was volgens u de beoogde uitkomst?
  - ○ In hoeverre vindt u dat deze uitkomst is behaald?
  - ○ Weet u wie er allemaal betrokken waren in de aanloop van het onderzoek?

- *Flexibiliteit*
  - ○ In hoeverre was de onderzoeksopzet van te voren bepaald?
  - ○ In hoeverre is het onderzoek gewijzigd aan de hand van omstandigheden in de praktijk?

Uitvoering van het onderzoek
- *Samenwerking*
  - ○ In hoeverre is er sprake geweest van samenwerking met de de mensen op de locatie?
  - ○ Waar bestond deze samenwerking uit?
  - ○ Hoe inclusief was deze samenwerking (wie kon er allemaal aan meedoen)?

- *Kennisvergaring (element + uitkomst)*
  - ○ Was u op de hoogte van welke methode/methodes (aanpakken) er zijn gebruikt voor dit onderzoek?
  - ○ Wat voor soort kennis heeft dit onderzoek volgens u opgeleverd (diepgaand, oppervlakkig, generiek, specifiek, praktisch, bruikbaar)?
  - ○ In hoeverre heeft deze kennis volgens u bijgedragen aan het doel van het onderzoek?

- *Kwaliteit van kennis (element + uitkomst) (gevoelig voor onderzoekers)*
  - ○ *Validiteit*
    - ■ In hoeverre waren de methodes (aanpakken) volgens u geschikt om de kennis op te halen die nodig was (voor het doel van het onderzoek)?
    - ■ In hoeverre was er een scheiding tussen onderzoeker en werknemers bij het ophalen van kennis?
  - ○ *Betrouwbaarheid*
    - ■ In hoeverre werd kennis bij iedereen hetzelfde opgehaald (dezelfde bevraging)?
    - ■ In hoeverre werden de verschillende onderdelen van het onderzoek telkens hetzelfde uitgevoerd?
  - ○ *Accuraatheid*
    - ■ In welke mate was er sprake van herbeoordeling (evaluatie) van de (tussentijds) opgehaalde kennis?
      - ● Hoe werd dit gedaan?
      - ● In hoeverre ontwikkelde/veranderde de kennis hierdoor?
    - ■ In welke mate is de kennis die is opgehaald correct gerepresenteerd (vanuit het perspectief van de participanten)?
  - ○ *Aanvaardbaarheid*
    - ■ In hoeverre mate vindt u dat de onderzoeksuitkomsten fatsoenlijk (moreel verantwoord) zijn?

- *Transparantie*

- - *Reflexiviteit*
    - In welke mate was er sprake van gesprekken (reflectie) over de kennis tijdens het onderzoek?
      - Waar ging dit over?
      - Wie was hierbij betrokken?
  - *Interne controleerbaarheid*
    - In hoeverre was het mogelijk (voor o.a. het personeel) om op de hoogte te blijven van de voortgang van het onderzoek?
    - In hoeverre was het na afloop duidelijk binnen de organisatie op welke manier het onderzoek heeft plaatsgevonden voor niet betrokkenen?
  - *Externe controleerbaarheid*
    - In hoeverre was het na afloop duidelijk buiten de organisatie op welke manier het onderzoek heeft plaatsgevonden?

Impact van het onderzoek
- *Implementatiewaarde van kennis (uitkomst)*
  - In hoeverre wordt de opgehaalde kennis nu gebruikt in de praktijk?
    - Op welke manier?

- *Transparantie (uitkomst)*
  - *Reflexiviteit*
    - In hoeverre denkt u dat het onderzoek heeft bijgedragen aan meer zelfkennis voor de mensen op deze locatie?
    - In hoeverre denkt u dat het onderzoek heeft gezorgd voor meer besef van de relatie tussen mensen op de werkvloer?

- *Empowerment*
  - In hoeverre denkt u dat het onderzoek heeft geleid tot het beter begrijpen (kritisch evalueren) van de alledaagse gang van zaken?
  - In hoeverre denkt u dat het onderzoek heeft bijgedragen aan het versterken van de mate waarin werknemers controle hebben over hun dagelijks bezigheden?
  - In hoeverre denkt u dat het onderzoek eraan heeft bijgedragen dat werknemers beter om kunnen gaan met verandering in de praktijk?
  - In hoeverre denkt u dat het onderzoek eraan heeft bijgedragen dat de organisatie om kan gaan met verandering in de praktijk?

- *Ethische aspecten*
  - In hoeverre vindt u dat het onderzoek eerlijk en netjes is uitgevoerd?
    - Is iedereen op de hoogte gebracht van mogelijke risico's voor het meedoen aan onderzoek?
    - In hoeverre is er naar uw mening respectvol omgegaan met de werknemers?

Appendix 2 Topics list 2 (researcher)

Introductie

Korte uitleg onderzoek. Waarvoor doe je dit onderzoek. Waarom prikkelt dit onderwerp je?

Informed consent.

In [jaartal] heeft hier in [verzorgings-/verpleeghuis] een onderzoek plaatsgevonden naar [onderwerp] en hier wil ik u graag een aantal vragen over stellen.

Algemene vragen

Allereerst wil ik u graag een aantal algemene vragen stellen
- *Algemene informatie respondent*
  - Kunt u kort wat vertellen over uw achtergrond in het kader van het onderzoek?

- *Informatie onderzoek algemeen*
  - Kunt u kort uw rol omschrijven binnen het onderzoek?

Onderzoeksvragen

Ik ga u vragen stellen over de verschillende onderdelen van het onderzoek. In mijn onderzoek probeer ik zoveel mogelijk onderwerpen te behandelen die te maken hebben met het gedane onderzoek. Het kan zo zijn dat u over sommige onderwerpen weinig tot niets weet, dit is absoluut niet erg! Om deze reden zal ik per onderwerp eerst een algemene vraag stellen om te kijken of u hier iets over weet. Ik ben vooral geïnteresseerd in uw ervaring, dus u bent vrij om vanuit uw eigen ervaring spreken. Als u voorbeelden kunt noemen is dit altijd mooi meegenomen. Ten slotte wil ik vooraf aangeven dat ik in een aantal vragen eventueel vraag naar kennis. Hiermee bedoel ik de informatie die is opgehaald door de onderzoekers bij [casus]. Als iets wat ik verteld heb niet duidelijk is, geef het dan gerust aan!

Het interview is opgedeeld in de volgende drie onderwerpen: de opzet onderzoek, de uitvoering onderzoek & de invloed (impact) van het onderzoek. Binnen deze onderwerpen zijn er een aantal deelonderwerpen.

Onderzoeksopzet

- *Doel van het onderzoek (element + uitkomst)*
    - Wat was naar uw idee het doel van het onderzoek?
        - Wat was volgens u de beoogde uitkomst?
    - In hoeverre vindt u dat deze uitkomst is behaald?
    - Wie waren er allemaal betrokken in de aanloop van het onderzoek?

- *Flexibiliteit*
    - In hoeverre was de onderzoeksopzet van te voren bepaald?
    - In hoeverre werd er afgeweken van de vooraf bepaalde onderzoeksopzet?
    - In hoeverre is het onderzoek gewijzigd aan de hand van omstandigheden in de praktijk?
    - In hoeverre was er sprake van een ontwikkeling/verandering van kennis door het onderzoek heen?

Uitvoering van het onderzoek

- *Samenwerking*
    - In hoeverre is er sprake geweest van samenwerking met de mensen op de locatie?
    - Waarom is er gekozen voor wel/geen samenwerking?
    - Waar bestond deze samenwerking uit?
    - Hoe inclusief was deze samenwerking (wie kon er allemaal aan meedoen)?

- *Kennisvergaring (element + uitkomst)*
    - Welke methode(s) zijn gebruikt in dit onderzoek?
    - Waarom zijn specifiek deze methode(s) gebruikt?
    - Wat voor soort kennis hebben deze methodes volgens u opgeleverd (diepgaand, oppervlakkig, generiek, specifiek, praktisch, bruikbaar)?
    - In hoeverre heeft de context van deze setting invloed gehad op hoe kennis is opgehaald?

- *Kwaliteit van kennis (element + uitkomst) (gevoelig voor onderzoekers)*
    - *Validiteit*
        - Waren de methodes volgens u geschikt om de kennis op te halen die nodig was voor het onderzoeksdoel?
        - In hoeverre heeft u als onderzoeker de kennis onafhankelijk opgehaald?
        - In hoeverre heeft u als onderzoeker de kennis onafhankelijk geïnterpreteerd?
        - In hoeverre is volgens u de kennis die is opgehaald volledig genoeg geweest om de onderzoeksdoelstelling te behalen?
    - *Betrouwbaarheid*
        - In hoeverre vindt u dat het onderzoek consistent is uitgevoerd (dezelfde werkwijze)?
    - *Accuraatheid*
        - In welke mate was er sprake van herbeoordeling van de (tussentijds) opgehaalde kennis (informatie)?

- ● Hoe werd dit gedaan?
        - ■ In welke mate is de kennis die is opgehaald correct gerepresenteerd (vanuit het perspectief van de participanten/respondenten)?
      - ○ *Aanvaardbaarheid*
        - ■ In hoeverre mate vindt u dat de onderzoeksuitkomsten fatsoenlijk (moreel verantwoord) zijn?

- ● *Transparantie (gevoelig voor onderzoekers)*
    - ○ *Reflexiviteit*
        - ■ In welke mate was er sprake van reflectie/reflecteren tijdens het onderzoek?
        - ■ Waar werd op gereflecteerd?
        - ■ Door wie werd er gereflecteerd?
    - ○ *Interne controleerbaarheid*
        - ■ In hoeverre was het mogelijk (voor o.a. het personeel) om op de hoogte te blijven van de voortgang van het onderzoek?
        - ■ In hoeverre was het na afloop duidelijk binnen de organisatie op welke manier het onderzoek heeft plaatsgevonden voor niet betrokkenen?
    - ○ *Externe controleerbaarheid*
        - ■ In hoeverre was het na afloop duidelijk buiten de organisatie op welke manier het onderzoek heeft plaatsgevonden?

Impact van het onderzoek

- ● *Implementatiewaarde van kennis (uitkomst)*
    - ○ In hoeverre heeft het implementeren van de kennis geleid tot verandering in de praktijk?
    - ○ In welke mate is deze kennis implementeerbaar in een andere context?

- ● *Transparantie (uitkomst)*
    - ○ *Reflexiviteit*
        - ■ In hoeverre denkt u dat het onderzoek heeft bijgedragen aan meer zelfkennis voor de mensen op deze locatie?
        - ■ In hoeverre denkt u dat het onderzoek heeft gezorgd voor meer besef van de relatie tussen mensen op de werkvloer?
- ● *Empowerment*
    - ○ In hoeverre denkt u dat het onderzoek heeft geleid tot het beter begrijpen (kritisch evalueren) van de alledaagse gang van zaken?
    - ○ In hoeverre denkt u dat het onderzoek heeft bijgedragen aan het versterken van de mate waarin werknemers controle hebben over hun dagelijks bezigheden?
    - ○ In hoeverre denkt u dat het onderzoek eraan heeft bijgedragen dat werknemers beter om kunnen gaan met verandering in de praktijk?
    - ○ In hoeverre denkt u dat het onderzoek eraan heeft bijgedragen dat de organisatie om kan gaan met verandering in de praktijk?

- ● *Ethische aspecten*
    - ○ In hoeverre vindt u dat het onderzoek ethisch is uitgevoerd?

- Hoe is dit gegarandeerd?

Controle vragen per onderwerp (operationalisering volgorde)

Doel onderzoek
In hoeverre was u op de hoogte van het doel van het onderzoek?

Flexibiliteit/Ethiek
In hoeverre was u op de hoogte van de opzet van het onderzoek?

Samenwerking
In hoeverre bent u op de hoogte van de samenwerking met mensen van [casus] tijdens het onderzoek?

Kennisvergaring(/Waarde van kennis/Samenwerking)
In hoeverre bent u op de hoogte van de manier waarop kennis (informatie) is verzameld gedurende het onderzoek?

Waarde van kennis
In hoeverre bent u op de hoogte van de kwaliteit van de kennis (informatie) die is opgehaald?

Transparantie (element)
In hoeverre bent u op de hoogte van de verdere uitvoering van het onderzoek?

Implementatie (Transparantie (uitkomst)*/Empowerment)*
In hoeverre bent u op de hoogte van de invloed (impact) die het onderzoek heeft gehad op de praktijk?

Transparantie (uitkomst)*/Empowerment*
In hoeverre bent u op de hoogte van de invloed die het onderzoek heeft gehad op u als persoon en de andere werknemers?

Ethiek
In hoeverre bent u op de hoogte van de manier waarop de onderzoekers omgingen met de mensen bij [casus] en de informatie die zij hebben gegeven?

Appendix 4 Informed consent form

Het onderzoek

Het onderzoek waar u aan meewerkt betreft een masterscriptie onderzoek. De masterstudent doet dit onderzoek ter voltooiing van zijn masteropleiding. In dit onderzoek worden twee onderzoeksaanpakken binnen de ouderenzorg vergeleken: actieonderzoek en regulier onderzoek. Het doel hiervan is om te ontdekken wat in de praktijk precies de verschillen zijn en zodoende advies te kunnen geven over wanneer een bepaalde onderzoeksaanpak het beste kan worden gebruikt. Hiervoor zijn twee zorginstellingen benaderd, een waar actieonderzoek heeft plaatsgevonden en een waar regulier onderzoek heeft plaatsgevonden. De onderzoeker haalt informatie op bij de zorginstellingen en de onderzoekers om te onderzoeken hoe de onderzoeken zijn verlopen en hoe dit ervaren is door betrokkenen en niet-betrokkenen. Dit wordt gedaan middels een-op-een interviews, waarbij verschillende relevante onderwerpen worden bevraagd.

Belangrijke informatie

Als wetenschappelijke onderzoeker heb ik de plicht om het welzijn te waarborgen van de mensen die meewerken aan mijn onderzoek. Dit betekent dat ik als onderzoek secuur moet omgaan met de persoonsgegevens en de kennis die met mij wordt gedeeld door deze personen. Binnen het onderzoek wordt er dan ook volledige anonimiteit gegarandeerd, zowel in de schriftelijke rapportage van het onderzoek als in andere communicatie van het onderzoek.

Alle data die wordt verzameld door de onderzoeker wordt in een veilige digitale omgeving (server van de universiteit) opgeslagen gedurende het onderzoek. De data blijft nog enkele tijd opgeslagen in deze veilige omgeving nadat het onderzoek is afgerond, zodat het onderzoek kan worden beoordeeld op correctheid. Er is een kans dat het volledige onderzoek wordt gepubliceerd nadat het is afgerond. Voordat het onderzoek wordt gepubliceerd zullen eerst alle betrokken mensen op de hoogte worden gesteld.

Verklaring informed consent

Ik verklaar hierbij op voor mij duidelijke wijze, mondeling en schriftelijk, te zijn ingelicht over de aard, methode en doel van het onderzoek. Mijn vragen zijn naar tevredenheid beantwoord. De schriftelijke informatie, behorende bij deze verklaring, is mij overhandigd.
Ik stem geheel vrijwillig in met deelname aan het onderzoek. Ik behoud daarbij het recht deze instemming weer in te trekken zonder dat ik daarvoor een reden voor hoef op te geven.

Naam: ....

Datum : ...... / .... / ....

Handtekening: ....

Ik verklaar hierbij dat ik deze deelnemer volledig heb geïnformeerd over het genoemde onderzoek. Als er tijdens het onderzoek informatie bekend wordt die de toestemming van de deelnemer zou kunnen beïnvloeden, dan breng ik hem/haar daarvan tijdig op de hoogte.

Naam onderzoeker:..

Datum: ...... / ...... / ....

Handtekening: ....

Appendix 5 Code tree

1 RESEARCH AIM
1.1 Purpose of research
1.1.1 Purpose: informed
1.1.2 Purpose: uninformed
1.2 Type research outcome
1.2.1 Consequence of focus
1.2.2 Discrepency expectations

2 KNOWLEDGE GENERATION - ELEMENT
2.1 Choice methods
2.2 Knowledge generation setting

3 CREDIBILITY - ELEMENT
3.1 Validity
3.1.1 Val.: standard methods and techniques
3.1.1.1 Alternative method
3.1.1.2 Limitation methods
3.1.2 Val.: research design
3.1.2.1 fixed design
3.1.2.2 iterative design
3.1.2.2.1 Complexity iterative design
3.1.2.2.1 Time consuming
3.2 Reliability: consistency of execution
3.3 Adeqaucy: re-assesment knowledge
3.4 Acceptibility: morally acceptable

4 TRANSPARANCY - ELEMENT
4.1 Reflexivity
4.1.1 Reflexivity: what is reflected on
4.1.2 Reflexivity: extent reflection practitioners
4.2 Internal controllability
4.2.1 Int. contr.: sharing of information
4.2.2 Int. contr.: extent social environment informed

4.3 External controllability: clear account of research

5 FLEXIBILITY - ELEMENT
5.1 Extent prescribed research design
5.2 Extent changes research sequence
5.3 Response to social context
6 COLLABORATION - ELEMENT
6.1 Extent ability participation
6.2 Type of collaboration

7 ETHICS - ELEMENT
7.1 Respondent selection
7.2 Risk-benefit ratio
7.3 Informed consent
7.3.1 Inf. cons.: positive
7.3.2 Inf. cons.: negative
7.4 Confidentiality
7.4.1 Conf.: positive
7.4.2 Conf.: negative
7.5 Well being respondents
7.6 Complexity ethics

8 KNOWLEDGE GENERATION - OUTPUT
8.1 Kind of knowledge
8.2 Extent of serving purpose

9 CREDIBILITY - OUTPUT
9.1 Validity
9.1.1 Val.: adequacy methods
9.1.2 Val.: independence researchers
9.2 Reliability
9.2.1 Rel.: evenly collected
9.2.2 Rel.: extent evolvement knowledge

10 IMPLEMENTATION VALUE - OUTPUT
10.1 Implementation of knowledge
10.1.1 Impl.: how implemented
10.1.2 Impl.: when implemented
10.1.3 Impl.: positive
10.1.4 Impl.: negative
10.2 Integration in daily practice
10.2.1 Integr.: positive
10.2.2 Integr.: negative
10.3 Changing social practice
10.3.1: Chang. soc. pract.: positive
10.3.2 Chang. soc. pract.: negative
10.3.3 Chang. soc. pract: no change

11 FLEXIBILITY - OUTPUT
11.1 Adequacy knowledge
11.2 Reactiveness to social environment
11.3 Experience of research design

12 COLLABORATION
12.1 Satisfaction with collaboration
12.1.1 Sat. coll.: positive
12.1.2 Sat. coll.: negative

13 EMPOWERMENT
13.1 Raised self-awareness
13.2 Critical reflection on social practice
13.3 Increased control daily practice
13.4 Increased adaptive ability
13.4.1 Ad. ab.: individual
13.4.2 Ad. ab.: organization

14 ETHICS - OUTPUT
14.1 Perceived autonomy
14.2 Perceived confidentiality
14.3 Perceived transparency/honesty

15 RESEARCH APPROACH
15.1 CR
15.2 AR
15.2.1 Current AR
15.3 CR v.s AR
15.4 Case study
16.3 Complexity collaboration

20 GENERAL INFORMATION
20.1 Function in organization participant
20.2 Function in the research participant
20.3 Extent of involvement participant
20.3 Moment of involvement participant

Ability researcher
Def. elderly care sector
Def. practitioner practice preference
Effect of personal research
Extent satisfaction result
Financers uninformed AR
Importance ownership
Importance transparency
Limitation process
Limitation scope research
Motivated practitioners
Organization context
Organization focus
Ownership research participants
Personal expectation practitioner
Personal interest respondent
Politics
Practice oriented research
Practice v.s research
Reason doing AR
Reason doing CR
Reason focus
Reason for not sharing information
Reason less involvement

Reason participating
Reason purpose research
Reason uninformed
Required abilities AR
Required context AR
Research result
Satisfaction process
Self reflection practitioners
Seperation researcher
Social context
Social context for research
Social context: open
Systeemwereld
Uncertain
Uncertainty on causality
Use of research in elderly care sector