Participatory Organizational Research: Examining Voice in the Co-production of Knowledge

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This paper advances participatory methods in management research. We propose the term participatory organizational research to describe this adjunct to action research. We illustrate the potential of the method to allow sometimes unheard organizational members to generate alternative perspectives that can offer the potential for the co-production of new forms of knowledge that are locally relevant. Participatory methods originate from work with marginalized groups and have been used more commonly in community and organizational development. The aim of such research is, generally, to change the social and organizational conditions within which participants operate by using their perspectives as active participants to develop alternative possibilities. As such, this research method has significant potential for management researchers in providing the means for unheard organizational members to voice their perspectives: a central component, we argue, in knowledge co-production. Based on a participatory study of care quality in elder care institutions, we examine in detail how participatory organizational research can enable voice and explore some of the structural limitations particularly in respect of research ethics.

Participatory organizational research (POR), as a type of intersubjective qualitative research, has much in common with other forms of action-oriented research (Cassell and Johnson, 2006; Cunliffe, 2011; Reason, 2006) and participatory approaches to action research have a long history (Fals Borda, 2001; Freire, 1972; Lewin, 1946; Reason and Bradbury, 2001). Debates continue about the relationship between participation, participatory methods and action research (see, for more detail, Brown and Tandon, 1983; Hall, 2005; Heller, 2004; Kindon, Pain and Kesby, 2007). On the whole, action research has an explicit orientation towards achieving social or organizational change at various levels through intense contact between researcher and community members researched (Brannick and Coghlan, 2007; Freire, 1972; Huxham and Vangen, 2003; Reason and Bradbury, 2001) and the results of mutual engagement are commonly referred to as having been co-produced (Gibbons et al., 1994; Gillard, Turner and Lovell, 2010; Hyde and Davies, 2004; Macaulay et al., 1999). In addition, POR is specifically concerned to enable less powerful members of organizations, those who may normally go

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unheard, to gain a voice, and methods tend to be fluid and adaptable in attempting to achieve this aim (Burns and Chantler, 2011; Gabriel, 2004; Maguire, 2001; Ross et al., 2005). However, in spite of long-standing concerns about asymmetrical power relations, mistreatment and democratic relationships in organization and management research, participatory methods have been used less frequently in business and management studies (Cassell and Johnson, 2006; Park, 1999).

Research in participatory traditions has addressed broad issues such as social policy (Arnstein, 1969), law (Campbell and Lewis, 1999), government and public services (Hayden and Benington, 2000), education (Freire, 1972), health (Donnison, 2009) and employment (Sinfield, 1981). Such research has been applied to organizations generally (see Harrison and Leitch, 2000; Mumby, 1988) and also specifically to produce research with the involvement of older people (Barnes and Bennett, 1998; Boaz and Hayden, 2002; Hayden and Boaz, 2000; Nolan, Davies and Grant, 2001). However, the experiences of older people in care homes providing nursing and/or residential care, and of mistreatment specifically, remains an under-researched area (for exceptions see Buzgová and Ivanová, 2009; Mowlam et al., 2007). Little is known about how participatory approaches might enable the voices of older people living in care homes to be better heard and what knowledge may be produced as a result. On the one hand, involving such people in research is argued to be advantageous in co-producing knowledge (Gillard, Turner and Lovell, 2010) while, on the other hand, it has been argued to be doing little to challenge the representation of older people as fragile, in terms of their vulnerabilities and potential to be abused. Ethical issues affecting their participation are far from simple (see for current debates Khanlou and Peter, 2005; Manzo and Brightbill, 2007; Piper and Simons, 2005; Wallwork, 2008) but formal ethical safeguards are in place for those people who are considered vulnerable such as older people in care homes.

In this paper, we examine in detail how POR can amplify the voices of older people who ordinarily are considered ‘vulnerable’ and often go unheard. We argue that POR is an important methodological vehicle in generating the co-production of alternative insights into organizational life. We build on previous work by elaborating use of participatory approaches in care home settings (Boaz and Hayden, 2002; Hayden and Benington, 2000; Martin and Boaz, 2000; Ross et al., 2005). The purposes of the paper are twofold. First, it develops existing work in this area by offering an empirical institution-based exemplar of research in organizations that are difficult to access, by presenting the early stages of a participatory study of care quality and mistreatment in care homes. Second, we elaborate three central issues for POR: mobilizing communities, activating participation and redefining context. These considerations illustrate the possibilities of this methodology to create communicative spaces that enable voice and also highlight some of the unintended consequences of doing so.

Participatory organizational research

Participatory research traditions are rooted in South American and African emancipatory social movements that aspired to involve communities of people who were argued to have been marginalized or oppressed by social and economic processes of colonization (Hall, 2005; Selener, 1997). Hall (2001) envisaged participatory research as ‘an integrated three-pronged process of social investigation, education and action designed to support those with less power in their organisation or community settings’ (Hall, 2001, p. 171). Thus the main principles underlying participation emphasized the interests of marginal and silent communities and such studies depended upon the active participation of social actors from within such groups (see Brown and Tandon, 1983; Cassell and Johnson, 2006). Work in this tradition aspired to engage members of the research community as active participants in the research process as a whole (Hall, 1981). This was important, methodologically, as Reason argued; without the participation of certain groups ‘the necessary perspective and information [was] simply not available’ (Reason, 2006, p. 189). Participatory methods, deriving from the work of Freire (1972) with marginalized people in Brazil, were argued to bring about social development and also to improve living and working conditions (see for example Nelson and Prilleltensky, 2005). Such work was concerned with opening and forming communicative spaces for dialogue about issues that had not previously been made available, strengthening awareness in people of their own resources for
inquiry and supporting action to mobilize and organize for change (Fals Borda, 2001; Kemmis, 2001). For Freire, the aim of research was for participants to develop critical consciousness of the factors that served to limit them within their community so that they could act to challenge and change their own living conditions.

Three approaches to POR have been indicated (Cameron, 2007). The first has tended to view organizations as sites of oppression where certain groups were exploited; thus the focus of participatory research was to work with members of a community to challenge the effects of such organizations. The second has enabled organizations to produce recommendations to be acted upon for the good of the organization. In this approach, researchers operated as consultants to managers and sought the participation of people whose perspectives ordinarily would go unheard. Some authors were critical of this approach, as the research problem was usually defined by organizational elites commissioning the research and consequently the research process could mirror existing organizational hierarchies (Cassell and Johnson, 2006; Harrison and Leitch, 2000; Taylor, 2001). This second type could be seen as running counter to the principles of participatory research (Park, 1999) in that the discourse of participation offered a comforting ethos while obscuring relations of power and influence between elite interests and less powerful groups (see, for example, Taylor, 2001). The third was seeking to work directly with unheard organizational members and their representatives as active co-researchers, bringing diverse groups of people together across organizational boundaries and allowing networks of relationships to develop (Cameron, 2007; Hayden and Benington, 2000), so generating new forms of knowledge. This study adopted the third approach; it brought together older people living in care homes from independent, public and third sectors to examine the issue of care quality and mistreatment.

It has been argued that older people experience forms of marginalization and silencing when they are fitted into ‘batch-produced services’ such as care homes which generate geographical, social and economic marginalization (Barnes, 1997). In addition, cultural attitudes towards ageing shape the behaviour of both those caring (Bond et al., 2007) and those cared for. Older people in need of residential care, for example, are commonly accepted to be vulnerable. While there are problems that are more likely in older age, being described as ‘vulnerable’ purely because of the single characteristic of age has self-limiting effects. In particular, conflation of old age and effects of dementia have led older people to be judged to lack capacity to express their own views and to be excluded from research (Hubbard, Downs and Tester, 2003). Such interpretation has also negatively affected the care older people are given (Johnson et al., 2004). Equally these attitudes can lead to systems for protection that reduce rather than increase the potential for people to have a voice in decisions about their care. Strong provider interests are argued to have militated against providing services that are sufficiently sensitive to the needs and circumstances of the people they aim to serve (Barnes, 1997).

While existing literature has explored the involvement of older people as active researchers (e.g. Clough et al., 2006; Leamy and Clough, 2001; Ross et al., 2005) and has considered the perspectives of older people resident in care institutions (e.g. Edwards, 2003; Hubbard, Downs and Tester, 2003), Bowers et al. (2009) conclude that older people’s voices in the literature about care are ‘subdued’ or inferred from other representatives. A small but growing body of studies has suggested that participatory research with older people may allow some of the complex health and social problems faced by older people to be better understood and addressed (Blair and Minkle, 2009). Knowledge co-production is considered one of the key elements in developing new ways of forming and enacting social care policies (Barnes, 1997; Gaster, 1999). The potential for action grows in creating communicative spaces and more equal research relations, where older people themselves may gain some control over the production of knowledge about issues that directly affect them (Reed, Weiner and Cook, 2004).

In this POR study, we aimed to build on these earlier works and debates to locate the idea of older persons in care homes continuing to live as full citizens (Scourfield, 2007). In enacting this principle, we sought to develop relationships with older residents as co-producers of knowledge and to enable their voices to be better heard. We draw on two separate conceptualizations of voice from the literature. The first uses ‘voice’ to refer to the expression of first-hand experiences as proposed within narrative types of research (e.g. Gabriel,
2004) and the second uses ‘voice’ to refer to opportunities for input as expressed opinions to the decision-making process within the research itself (e.g. De Cremer and Van Heil, 2010). To achieve these aims for voice, POR requires researchers to focus on issues of control within the research process and to establish more mutual, democratic research relationships with participants. We examine here in detail the extent to which our attempts to develop such sets of conditions and relationships actually allowed the ‘expression of voice’ and the ‘input of voice’ in the co-production of knowledge.

The research problem – the mistreatment of older people in care homes

Mistreatment of older people is a global problem (Global Action on Aging, 2012) and there is increasing evidence of the prevalence of generally poor quality care of older people (Cooper, Selwood and Livingston, 2008; Mowlam et al., 2007). Yet, there has been only limited research into elder abuse in care homes (Hawes, 2003) mainly focused on the prevalence of mistreatment. Methods used in these studies have included secondary data analysis, surveys and structured interviewing designed to record the types of mistreatment and the frequency with which they occurred. However, prevalence studies have been criticized for their dependence on poor definitions, being based on local survey data projected to entire populations, using unclear or inadequate measures and for offering incomplete professional accounts (see, for example, Bonnie and Wallace, 2003). Moreover, attempts to resolve these problems and to improve definitions, prevalence and reporting have distracted attention from an examination of why and how these phenomena occur. Few studies on this subject have included perspectives of those involved. Consequently the voices of people who live and work in care homes have been mainly marginalized and silenced in research (Hawes, 2003). A small number of studies draw upon the views of care workers, relatives and doctors (see Buzgová and Ivanová, 2009; Teeri, Leino-Kilpi and Välimäki, 2006) rather than residents.

Mistreatment of older people in care homes has commonly been understood to result from errant individuals or poor managerial practices (Killett et al., 2012). By contrast, an interview study of residents living in a care home providing nursing care suggested that work routines prevented older people from voicing their needs whilst also limiting the ability of staff to provide the level and quality of care they aspired to (Teeri, Leino-Kilpi and Välimäki, 2006). Such findings suggested that residents and care staff were subject to and constrained by institutional practices restricting potential to care and be cared for. Consequently there have been calls for research on mistreatment to draw upon the perspectives of the people involved (Bonnie and Wallace, 2003). This study sought to address the gap by using POR methods to actively involve residents, their relatives and the staff to explore mistreatment of older people in care homes.

For the purposes of this paper, we focus on the design phase of the study (mobilization of members of the ‘elder care community’, activating participation, exploration of the context) and the participation of older people to examine how participation evolved in the early stages of the study and to examine voice in the co-production of knowledge. This focus on the early stages of the study illustrates some of the challenges in researching difficult to access organizations. Care homes may be difficult to access because of formal ethical constraints and hard-pressed staff with little time, limited further by caution in engaging with research about sensitive topics such as mistreatment (Bonnie and Wallace, 2003).

Mobilizing members of the ‘elder care community’

The POR process began during the development of the research proposal and before applying for

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1By mistreatment we mean physical abuse, psychological abuse, financial abuse, active and passive neglect.

2By ‘elder care community’ we mean the individuals, groups and organizations who are affected by, or have a direct interest in, issues of care quality and mistreatment of older people living in care home settings.

3Relatives, care workers and managers were involved in panel group meetings. However, we focus largely on the participation of residents for the purpose of this paper.
funding. Views were sought from different stakeholders, including older people living in care homes and their relatives and friends, people employed to provide care (care assistants, nurses, care managers), care home owners, organizations with regulatory and protective roles and organizations and groups representing older people and carers. The research proposal took account of advice and suggestions given by these groups. For example, participation of older people was subsequently sought in three ways: as expert consultants who advised on the focus, design and findings of the research (panel members); as older people who, together with the academic researchers, collected and analysed data (peer researchers); and as key informants with unique perspectives about their care and treatment within a sample of care homes (research participants). Older people, for the purpose of the study, were defined in two ways. In the UK care home provision is usually aimed at people aged 65 and over and the average age of residents is 85 years (Darton et al., 2012). Thus we defined older people as residents aged 65 or over. The older people who participated in data collection and analysis (peer researchers) were from a broader group to include those aged over 60 and self-defined as having an interest in the care of older people.

The study involved a review of the literature into institutional mistreatment summarized and discussed with panel members. This was designed to enable panel members to voice their experiences of care quality and mistreatment and, in so doing, to contribute in defining the research problem and the design of the subsequent study: comparative case studies of eight care homes undertaken with academic and peer researchers. Data were analysed thematically and findings were developed with input from panel group members and peer researchers. The study took place over a 30-month period starting in 2009. Older people who became peer researchers learnt about carrying out interviews and observations, maintaining confidentiality and about thematic data analysis. This training took the form of discursive small group meetings involving sessions on the use of semi-structured interview guides, role-playing interviews, using digital audio recording equipment and thematic analysis of interview transcripts. Peer researchers also shaped the continued support they received in undertaking the research.

Activating participation of unheard organizational members

Following the principles for POR outlined earlier, a priority was to create a communicative space (Kemmis, 2001) where people could voice their opinions and then question and reframe issues of care quality and mistreatment. In this space, the development of critical discussion was facilitated through which redefinition of the context could begin. This was methodologically important, as new definitions afford the opportunity to challenge existing knowledge and practices (Mumby, 1988). In seeking to achieve the creation of such a space, older people in care homes were invited to become members of the panel group, to discuss their perspectives on the research problem and to advise on the research design and implementation of the study. Panel groups met in a range of places including university premises and care homes. It was important to consider the physical, social and temporal environment so as to allow people with a range of physical and sensory constraints to communicate effectively and to enable discourse and meaning to develop. Older people living in residential care met with the members of the research team but without care staff present. The first panel meeting involved both residents and people who had relatives living in residential care, but subsequent panel meetings for each of these groups were held separately in order to develop the space for residents’ discussion.

However, as older people in care homes were perceived to be vulnerable, they were protected from potential researcher harms by ethical procedures. Academic research in UK health services is governed by a national system of research governance and ethical approval by local research ethics committees before engaging older residents in research. These ethical review boards check, among other things, that fully informed consent is documented for any participant. Where participants are judged to be vulnerable, application must be made to a specialist ethics committee. The review process works on the basis that research can be planned at the outset and follows a fairly predictable pattern (Manzo and Brightbill, 2007). However, POR seeks to mitigate power differences and, in seeking to share control with participants, aims to involve participants in developing the research. In this case, we argued to the specialist ethical review board that panel members
were expert advisors in the research rather than research participants. The chair of the specialist ethical review board acknowledged that the position of expert advisors within a study was a grey area. He agreed that the panel members would be acting as ‘collaborators’ and could therefore be involved prior to gaining ethical approval for the case study research. This was an important breakthrough as people resident in care homes could then be involved in the decision-making processes to define the research problem and finalize the research proposal to be taken forward for ethical review and implementation.

Recruitment of older people as panel members involved preparing written information leaflets and seeking advice from authorities such as Age UK, tapping into existing networks (e.g. older people’s forums) and creating networks of our own. It also involved establishing contact, sharing information and extended dialogue with potential panel members. Some people heard about the research or saw leaflets and contacted us. Members of the panel were self-selecting from within these groups and included five older people living in residential care homes (all aged 85 years or older) and four relatives of residents living in nursing homes.

In the following section we illustrate how, through the discussions that ensued at the panel group meetings, dominant discourses of old age were disrupted, initial assumptions about care quality were challenged and subsequent research activities were shaped.

Towards redefining the context: older people, vulnerability and care provision

As noted earlier, one dominant representation of older people, especially those needing residential care, has been of vulnerable and passive potential victims of abuse (Hussein, Manthorpe and Penhale, 2007). Hence, older people have tended not to have a voice in decisions about research that concerns them, and their perspectives on living in care homes have largely gone unheard. A review of existing research into failures in the care of older people in residential care homes was presented to the panel group for discussion. Panel members were able to cast new light on the entrenched problem of mistreatment; for example, they explained that what prevented residents from talking about mistreatment was fear of their care home being closed down. This was important as closing a home was a frequent outcome of inquiries into widespread abuse. At the same time they challenged the focus on mistreatment as it did not represent their experiences: ‘I don’t recognize what I read about in the papers’. The notion of ‘respectful care’ that was presented as a possible marker of good care quality was also questioned by panel members. They suggested that ‘respect is a cold word’ and in contrast what was deemed to be of greater value to them was a friendly, more informal atmosphere.

The following extract from panel meeting notes indicates the value placed on friendly relationships:

Having friendly relationships with staff was seen as an important component of dignity. Members said that good care also includes ordinary chat about everyday things. At one resident’s home, we were told that staff bring in their children and grandchildren to see residents and also bring in their pets. This helped the home to feel like an extended family. Having made clear that the nature of relationships with staff was important, members also highlighted the benefits of having the home staffed by people who the residents know well. (September 2009)

Panel members also valued opportunities to share some of the responsibility for the day to day running of the home. One panel member said that ‘respect goes both ways. Staff go on holiday and get sick too. Holidays can be covered, but when staff get sick then there is a brick missing from the wall.’ The argument was that residents had a role to play when there were staff shortages, to make sure the immediate gap was filled.

These interactions illustrated something of how older people were resisting being positioned as passive, vulnerable or victims. Contrary to popular representations, older people expressed a more agentic existence. In addition, they viewed relationships with staff to be of key importance to the quality of their day to day life in the home, in a much more dynamic way than had previously been suggested. Moreover, the discussion presented discourses that challenged forms of knowing that tended to view people through fixed categories of ‘abuser’ or ‘victims’.

By contrast, POR allowed multiple voices to be expressed and, with this, multiple identities of residents to emerge (e.g. older residents saw
themselves as cared for by staff, yet also as a carer, friend and helper to staff). Therefore a methodological strength of POR was the availability of inter-subjectivities and the interdependent nature of organizational life (Bradbury and Bergmann Lichtenstein, 2000). Developing a space that permitted older residents to discuss issues of mistreatment exemplified the interdependent nature of life in care homes. Indeed, there was considerable potential to challenge how mistreatment was understood, not only by creating communicative spaces and means by which people’s voices could be heard, but also by seeking to create more equal research relations whereby older people themselves had some control over the production of knowledge about issues that affected them directly (Reed, Weiner and Cook, 2004). POR is underpinned by a commitment to creating more mutual research relations (Reason, 2006). Incorporating the role of expert advisors into the research design created new social positions from within which it became more possible for marginalized members of organizations to become better heard.

Possibilities of POR: evolving research design and poly-vocal accounts

A further advantage of POR is that it helps to ensure that locally relevant research knowledge is developed from relevant data (Blair and Minkle, 2009). The panel members advised on research design and data collection for the case study research. They recommended that researchers spent time with residents in the care homes before inviting their participation in the research. They emphasized the importance of remembering that care homes are complex settings that are simultaneously homes and workplaces and contain both public and private spaces. Care homes are sites of business with multiple concerns for care quality, cash flow and, in most cases, profit margins. In addition, a consequence of undertaking POR is the construction of care homes as sites for research, bringing new sets of relationships and dynamics for all those involved. Nonetheless panel members were clear in their view that care homes were first and foremost a home and therefore establishing relationships with residents should be a priority. All panel members agreed that making observations throughout the night time as well as in the day was important as ‘the home is a very different place at night’ due to lighter footfall into the home, the absence of the manager and fewer staff numbers. In the view of some members these differences lead to variation in care quality such as residents experiencing longer waiting times for help. These contributions reflected the organizational and social practices important to residents. Collectively their views drew attention to the quality of relationships residents had with other people and their ability to have a say in their care and in the running of the home.

Suggestions made by panel members about the design of the case study research included areas for attention which, they argued, had greater potential to indicate shortcomings in care. For example, regardless of whether hoists were available to staff, researchers were advised to note whether and how they were used. The suggestion was that where equipment was available it should not be assumed that it was being used correctly. Panel members were of the view that the way equipment was used would indicate care quality more generally. For example, it would be important to note whether residents were active in decision making about the use of equipment. The use of hoists, it seems, forms just one site where conflicting interests were played out. Residents, for example, voiced their dislike for being hoisted as it caused physical discomfort and was undignified, while relatives argued that the equipment protected older people from falls. In contrast, staff were supposed to use hoists to protect themselves from injury and managers provided hoists to protect from litigation. Similar conflicts of interest applied to feeding, personal hygiene and toileting. Voicing these interests revealed poly-vocal perspectives about care quality.

These contributions from panel members provided the beginnings of a residents’ vision for how life in a care home ought to be: friendliness, sensitive use of equipment, opportunities for information and involvement in the running of the home and open management style with managers easily accessible to residents. These accounts provided insights into how people living in care homes viewed their own living conditions and their ideas about which practices ought to change or be retained. According to Park (1999) it is the recognition of the need to change one’s own conditions that drives the participatory research process forward.
Interestingly, issues of mistreatment were questioned and resisted by panel members. Indeed, they defended the relationships they had with staff. They related their fears of having a home closed down as a result of investigations into mistreatment and this was clearly identified as a limiting factor. Relatives were more vocal in naming abuse, describing what this may look like, e.g. residents remaining soiled for long periods of time, and pointing to how, in their experience, poor care practices were entrenched within daily routines. The perspectives of care workers were also sought on this issue. In the ensuing discussion, care workers redefined abuse and neglect as ‘mistakes’: ‘mistakes will always be made; the point is to learn from them’.

In summary, POR made use of communicative spaces in which critical conversations could take place. POR allowed for the identification of multiple perspectives about care quality and mistreatment within care homes: residents’ desire for relational experiences such as friendliness, relatives’ concern with safety and protection and care workers’ focus on avoiding individual blame and learning from mistakes. Thus POR enabled the voices of people who usually go unheard to be expressed. The process allowed the elaboration of differential interests affecting care quality.

Unintended consequences of POR

Of the three means of participation, panel members, peer researchers and research participants recruited from people living in the homes studied, the research participant role was the most problematic in participative terms and a hierarchy of relationships developed. Whereas panel members had been afforded the status of expert advisors, research participants had to give signed informed consent after reading information documents and prior to participation. Consequently, it was difficult to implement the advice of panel members about building relationships with residents. Ethical procedures presuppose that the researched are, to varying extents, vulnerable and passive participants (Wallwork, 2008). Therefore, protocols are necessary to reduce harm and ensure participants’ rights are protected. In this way, ethical procedures and protocols, in the context of this study at least, tended to replicate and reinforce, rather than offer alternatives to constructions of older people as passive subjects of research, assumed to be dependent and vulnerable. Formal signed consent seemed to restrict the ability of older people living in care homes to participate freely. Some residents were reluctant to sign forms. Moreover, the process itself served to reinforce existing power imbalances. Several residents gave their verbal consent to take part in the study during conversations at the care homes, yet declined to give their written consent because they did not wish to read and/or sign the documents. In these instances residents did not become participants in the research and their stories of life in the care home remained ‘unused’. Yet interactions and conversations involving the researcher and the person continued, often driven by a resident’s interest in the topic of care and mistreatment. This highlights a dilemma for POR in seeking mutual research relations and the participation of less powerful groups, as some residents clearly viewed themselves to be participating when they spoke about residential care. Although these members of the ‘elder care community’ were able to express their voice in the context of conversations held with the researcher, the ethical process, while ultimately protecting research participants’ rights, simultaneously prevented these voices from becoming heard within the research.

A paper process is commonly used whereby potential participants are asked to read and sign documents as part of the ethical requirements for a study (Piper and Simons, 2005). For some people, acts of reading and signing documents resemble semi-legal practices and are intimidating. Due to ethical stipulations, any person who declines to engage with this process cannot become a participant in the research. Fulfilling the ethical requirements of the study can therefore have the unintentional impact of constraining voice and the development of more egalitarian relationships.

However, ethical review boards appear to be taking a thoughtful approach to evaluating proposals for POR (Khanlou and Peter, 2005; Manzo and Brightbill, 2007) as was the case for this study. We have been able to report back to the ethics board on unintended consequences of these protective mechanisms and the ethics committee remains open to reasonable suggested alternatives that afford both protection and opportunity to participate, such as digital recording of verbal consent. They recognized that the research raised complex ethical issues, and that
care quality was an important issue. This particular board’s approach, therefore, allows scope for evolution of POR methods.

**Examining voice in the co-production of knowledge**

Through the use of an empirical, institution-based exemplar we have examined the potential of POR to amplify voice in the co-production of knowledge and have examined in detail how POR offers management researchers a method to work with sometimes unheard organizational members. In this particular case it involved the creation of new communicative spaces where people were brought together to talk about issues that might otherwise have gone unexplored (Kemmis, 2001). Situating the panel groups in the broader ‘elder care community’, rather than within one care home organization, was methodologically important in creating conditions and relationships that were not directly distorted by existing power relationships within institutional care settings (Park, 1999). Within these spaces researchers facilitated the development of critical conversations where issues affecting organizational members, and older residents specifically, were discussed directly. POR created the role of expert advisor which allowed people with experiential first-hand knowledge of life in care institutions to voice their perspectives (Reason and Bradbury, 2001). However, far from being fully mutual and democratic, POR remains ‘an aspiration not a possibility’ (Reason, 2006, p. 198), and whilst older people were encouraged to elaborate their experience they were also mindful of potential adverse consequences of doing so.

Of three participatory roles in POR, expert advisors, peer researchers and research participants, research participants remained disadvantaged to some extent. Whilst ethical review boards supported the creation of new social positions from which sometimes unheard organizational members could critique and refine research plans, through the roles of peer researcher and panel member, ethical procedures and protocols, intended to protect participants, also served to limit and exclude participation. This highlighted the necessity for careful consideration about the construction of membership and mobilization of a POR community: members’ roles are designed within the confines of particular studies and these affect the authority accorded to various voices within the social positions that result.

The co-production of knowledge, with people whose experience can be difficult to access, was advanced through the conjunction of opportunities for both expression and input: expression of experiential knowledge alongside input into the decision-making process about research design and conduct. Old people, in this case, were accorded greater authority in co-producing knowledge and evolving research design. In addition, the involvement of panel members as expert advisors strengthened social positioning and activated authority in concrete ways. There were also some advantages of this method in producing new insights into problem definition (Gillard, Turner and Lovell, 2010). Through POR, panel members could directly contest dominant ideas and understandings of service quality and mistreatment. Thus POR appeared to have allowed people who usually go unheard in organizations both opportunities and authority to participate in the co-production of knowledge.

POR methods offered an important adjunct to action research as they drew attention to particular sets of competing interests and to their effects. The creation of more mutual research relations engendered alternative insights into how ‘unheard’ organizational members were contributing to everyday running of organizations in ways perhaps previously unanticipated. POR moves towards achieving its emancipatory intentions when people become seen as whole beings with a history rather than being defined by one feature. The poly-vocality of competing interests included organizational members whose voices have been subjugated to the interests of more powerful groups (Maguire, 2001; Mumby, 1988; Ross et al., 2005). These competing interests cast a different light on organizational priorities and illuminated how dominant discourses can shape the conceptualization of existing problems (Hayden and Benington, 2000; Taylor, 2001).

The paradox remains for this type of study, which, by definition, seeks the participation of marginalized members of organizations, that it may unintentionally contribute to the problems it aims to address (see, for example, Reason and
Bradbury, 2001). Whilst participants contested the notion of ‘vulnerability’ thereby forcing a fuller picture of their experiences in the world, this type of research could easily recreate existing dynamics. In seeking to challenge existing power hierarchies and shift the dynamics of existing role relationships, care had also to be taken to attend to the ways in which POR may be creating new hierarchies of knowledge and expertise. Different status was, in effect, afforded to panel members, peer researchers and research participants. Inadvertently, in this way the research replicated extant organizational hierarchies. Some people had more freedom and autonomy to participate in the research than others. These unintentional consequences simultaneously revealed institutional features and recreated them.

POR involved a relational co-production of knowledge (Cunliffe, 2011). It generated poly-vocal perspectives reflecting the particular interests of different people involved (Reason, 2006). Rather than producing one coherent account, POR exemplifies a poly-vocal dialogue between members of marginal and more powerful groups drawn from within a community or organization. In this way POR methods, within certain limits, may offer the potential to unsettle dominant discourses and give rise to alternative versions of, and visions for, organizational life.

References


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