Managing Normative Criteria in Action Research

A reflexive analysis

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Abstract. A much revisited question within the field of Information Systems is how researchers can intervene in the context of large-scale, complex and heterogeneous information infrastructures, while ensuring impact on field settings. To explore this question, I draw upon my interventions and fieldwork experiences from an action research project in a healthcare infrastructural setting. I use these experiences as a basis for appraising the normative criteria for rigor and relevance that are enacted in IS action research literature. I argue that while these criteria originally had important contributions, there are also weaknesses with normative approaches. Specifically, these norms of action research leave relatively little space for understanding and managing emerging empirical uncertainties. These norms are important because they have implications not only on how we conduct action research in practice, but also on how we share research experiences, document and report research processes, and on how we use this literature for teaching and training purposes. Therefore, we need methodological perspectives more adequate to the varied experiences of empirical IS research. I propose replacing the normative frameworks found in some IS action research literature with a reflexive framework that encourages researchers to investigate critically how their methods are enacted and practiced in the field. The contribution of this paper lies in providing a reflexive analysis of the situated and emergent challenges encountered when handling action researcher's dual agenda of combining academic and practical contribution.

Keywords: Action research, information systems research, qualitative research methods, electronic medical record, electronic patient record, reflexive research, norms.

1 Introduction

At the heart of the field of Information Systems (IS) is the dedicated focus to Information Communication Technologies (ICTs). This focus has changed dramatically over the past decades, extending from small, standalone systems to large-scale information infrastructures, typically, composed of many complex, interdependent and heterogeneous information systems. This change has impacted both the IS field and the topics seen to be of relevance within it. Debates over theoretical boundaries of the IS community persist (Sawyer & Winter 2011), and there are recurring worries about the lack of unity of the field. While some IS scholars argue for the importance of adhering to specific norms in order to sharpen the field's identify (e.g., Mumford 2001), others advocate for greater diversity of theories and approaches (Sawyer and Winter 2011). Even so, it has been said that IS remains dominated by one approach, namely the positivistic approach (McKay & Marshall 2007).

The positivistic dominance necessarily entails a certain methodological rigidity, imposing challenges for qualitative research methods underpinned by interpretive and/or critical epistemologies (Davison & Martinson 2011). Thus, one recent debate addressed the question of whether IS has now reached a stage of 'methodological crisis.' In this debate, IS researchers were criticized for the narrowness of their methodological imagination (Myers 2011); a tendency, it was argued, that impoverishes research practice (Mathiassen 2002). This called for methodological and epistemological pluralism (Mingers 2001). The present paper aims to contribute to these discussions by arguing for the importance of critical reflections on existing methods and for the development of methodological perspectives more adequate to the varied experiences of empirical IS research.

In particular, this contribution focuses on action research, a method that has become popular across several fields. Within IS, we find a relatively well-established tradition of conducting action research projects that dates back to the 1970s (Baskerville, & Wood-Harper 1998). While there are different definitions and approaches to action research, they all share the fundamentally dual agenda of combining practical problem solving with the production of scientific knowledge (Baskerville & Myers 2004; Davison et al.. 2004). Thus, action research differs from other methods in several fundamental ways: it focuses on real-life practical problems (McKay & Marshall 2001), and it is based on intentional interventions aiming to facilitate a desirable change through collaboration with practitioners (Walsham 2006).

Action research has been largely accused by positivists for failing to conform to traditional standards for rigorous research, or for lacking practical relevance for practitioners (Benbasat & Zmud 1999). A considerable effort has been invested into addressing these critiques and arguing for the validity of action research as a scientific and rigorous method (Baskerville & Myers 2004). Yet, even as action research seems like a 'sensible' approach for a discipline with applied aspirations, like IS, (McKay & Marshall 2007), its use "accounts for less than one percent of all IS research" (Kock 2007, p. xxi). Several researchers have expressed concern about this situation, and various books and journal issues have been dedicated to promoting action research within IS (e.g., Baskerville & Myers 2004; Kock & Lau 2001). Some researchers have argued for reflective analyses not only of the *practice* of *problem solving* (interventions), but also of the use of *research methods* (e.g., McKay & Marshall 2001; 2007). Here I aim to contribute to this development

by scrutinizing critically my own research practice and my experiences of trying to fulfill the different criteria of IS action research.

To accomplish the aim of scrutinizing critically my methodological reflections, I offer an account of *research-in-practice,* which investigates the behind the scene *processes* of constructing IS action research in a healthcare infrastructural setting. I draw on a four-year research project (2004-2008) on the implementation of an electronic medical record (EMR) in a non-profit community health center in Canada. Specifically, I draw attention to the various methodological complexities and empirical uncertainties I encountered, as I was trying to juggle simultaneously the different needs of research and practice (Kock & Law 2001). Drawing upon reflexive methodologies, I began to systematically document these complexities. I use this data to critically reflect upon my own practice, assumptions, and the impact these had on the knowledge I was able to generate.

A great part of the IS action research literature is comprised of normative guidelines and criteria for how action research *ought to be* conducted (Bjørn & Boulus 2011). These criteria provide important contributions in terms of defining action research and establishing its credible scientific position within IS. However, now that action research has become an established and credible method, we can shift the focus toward how action research *is conducted in practice.* In light of my own experiences, I point to a few weaknesses with these criteria. I illustrate how some of these criteria rely upon an idealized and standardized understanding of research, which disables effective management of methodological complexities and emerging empirical uncertainties. Accordingly, this is an argument not for even more criteria, but rather for encouraging methodological reflections and exchange of experiences, and enabling a better understanding of how research "initiatives, strategies, and experiences [are] taken up and contested by others" (Simonsen 2009, pp. 124-125).

In short, this paper proposes a move from a normative framework—one that focuses on the creation of and adherence to strict criteria—to a reflexive framework—one that encourages researchers to investigate critically how their methods are enacted in the field. Thus, shifting the focus from creating or subscribing to norms, to adopting a practice orientation that focuses on how action research methods are used in practice. This reflexive framework focuses on sharing and exchanging rich empirical experiences form the field. Furthermore, while a normative framework tends to promote controlling or removing fieldwork uncertainties, a reflexive framework argues that uncertainties can be used to spark new insights and can be transformed into presumably fruitful interventions.

I begin by presenting the theoretical framework, which is composed of three parts. First, a presentation of some of the key issues within the IS action research literature that initially guided my own research project. Second, an explanation of some of the complexities encountered when studying information infrastructures. Third, an introduction of the reflexive action research approach that I propose we adopt when studying information infrastructures. This leads to an analysis of the different roles I was required to enact within the project and the corresponding shifts in my research engagements. Finally, I use these insights to critically discuss the norms enacted within some of the action research literature and their implications for our research practice, for how we share, document and report research processes. Finally, discussing these criteria is important as these become part of what define the identity of IS action research,

and are used for deciding what should be included/excluded from the cannon of IS action research literature.

2   Theoretical framework

2.1   IS action research: Status and consequences

Within the IS field, we find several streams of action research (Lau 1997; Mumford 2001), reflecting a variety of perspectives including diverse conceptualizations of roles, interventions, and practices (Mathiassen 2002; Mårtensson & Lee 2004). These approaches have in common the fundamentally dual agenda of combining academic and practical contributions (Baskerville & Myers 2004; Davison et al.. 2004). The key purpose of action research is responding to local and practical concerns while generating practical knowledge useful to practitioners (Reason & Bradbury 2006). Thus, when conducting action research, the research focus is based on an 'immediate problematic situation' (Rapoport 1970); that is, an actual and practical problem of concern to the practitioners. It can, therefore, be said that, particular to action research, the practitioner's problem shapes the entire research focus and design. Furthermore, in action research, the researcher invites practitioners—not as passive informants but as collaborators—into the research project. Thus, contrary to other methods, the action researcher is explicitly and intentionally involved in the process of change (Walsham 2006). With its dual commitment to both research and practice it has been said that action research has different purposes, is based on different relationships with practitioners, and views knowledge as co-constructed by both the participants and the researcher (Reason & Bradbury 2006).

In spite of its relatively well-established history and its popularity in Europe, and particularly in Scandinavia, (Mathiassen & Nielsen 2008; Simonsen 2009), concerns have been raised about the weak position of action research within IS. This weakness has been attributed to several different reasons. It has been suggested that the low interest in this approach, is due to the lack of a comprehensive set of guidelines for *how to* conduct action research and criteria for evaluating its qualities (Lau 1997). This has led to a surging interest in explicating evaluation criteria (Kock 2007; Van de Ven 2007). It has also led to a greater focus not only on the *outcomes* or *findings* of such projects, but also on the *processes and practices* of action research itself (Kock 2007; Mathiassen & Nielsen 2008). Some scholars attribute the weak position of action research to new academic assessment systems, which favour publications for academics rather than for practitioners (Mathiassen & Nielsen 2008), while others attribute it to the fact that such projects are time consuming and risky, as well as personally demanding and challenging (Simonsen 2009).

Due to the specific nature of action research inquiry, the tension between research and action can be strong, as the researcher has to deal with simultaneously serving the two 'demanding masters' of 'research' and 'practice' (Kock & Law 2001). To guide action researchers and to ensure the application of an iterative and rigorous approach, Susman and Evered (1978) developed a cyclic model constituting of five steps: diagnosing, action planning, action taking, evaluating

and learning. This model (Susman & Evered 1978) is one of the most widely adopted in the social sciences, and it has been adapted and extended by various scholars (e.g., Davison et al. 2004).

Since conducting action research is complex, several IS researchers have taken an interest in specifying normative guidelines and criteria for how action research *ought* to be conducted. For instance, we find various articles with recommendations about how to organize, implement and document these research collaborations (Mathiassen 2002). Similarly, to assure the relevance and rigor of IS action research, Davison *et al* (2004) developed a list of five principles followed by another long list of 31 criteria. We also find different recommendations for avoiding or removing these empirical uncertainties and controlling the research project (Avison et al.. 2001; Davison et al. 2004). Mumford (2001), for example, emphasizes the importance of having a clear and agreed upon research agenda, asserting that there should be no ambiguity or uncertainty of the planned interventions (p. 20). While the researchers mentioned above acknowledge that the research may deviate from the initial agenda, it remains unclear for the researcher what to do in these situations. More importantly, reflections of these situations of deviations from normative guidelines are empirically and methodologically interesting, however, these are often lost or perhaps removed from the final publication. While these normative guidelines and criteria do not necessarily imply adherence of the IS action researcher, I will explain below how these have crucial implications on several levels. This includes: How we define epistemologically and evaluate action research; how we conduct action research in *practice*; how we *share research experiences, report and document* our research projects; and how we use this literature and these experiences for teaching and training purposes. Finally, these norms have influence not only on the individual researcher, but also on the identity of IS action research as these norm define what is included/excluded from the field.

The emphasis on fixed criteria found within some of the IS action research literature is inseparable from the paradigm of positivist social science. For example, Van de Ven (2007) emphasizes "the difficulties of meeting conventional scientific requirements of *internal* and *external validly*…Practitioner involvement may compromise the *independence* and *objectivity* [emphasis added] of the academic researcher" (p. 277). Other related recommendations can be found in Mumford (2001) who notes, "the action researcher will also want to protect her *academic neutrality* [emphasis added]" (p. 15). Such criteria emphasizing neutrality and objectivity assume that qualitative research can indeed be free from bias and that findings can be reproduced by another researcher. However, these assumptions and the traditional positivist criteria have been strongly challenged by various qualitative researchers, for example, interpretive and critical theorists (Heron & Reason 2001). Other recommendations that are based on the positivistic paradigm can be found in Davison et al., (2004) who advise IS action researchers, to "get 'close to the action' in order to gather rich data, but avoid 'going native,' whereby *objectivity* is sacrificed through *over-identification* [emphasis added] with the organisation and its members" (p. 71). Getting 'close to action' is indeed a prerequisite for action research since it is based on the premise that the researcher is explicitly and deliberately involved in the change process. However, given such a premise, how can the action researcher maintain an objective stance? How can the researcher be objective when action research is by definition participatory and collaborative? The positivist paradigm does not sit easily with the recognition of conflicting values upon which the action research tradition is premised.

The positivist inclinations of the above-mentioned formulations are evinced by their emphasis on protecting *objectivity* (Davison et al. 2004; Van de Ven 2007) and maintaining *academic neutrality* (Mumford 2001). Such accounts bring IS action research back to the very position that action research wanted initially to break from; namely, the view of the researcher as a detached spectator of a reality that exists independently of human observers (Susman & Evered 1978); a researcher that seeks to generate 'credible' and 'neutral' knowledge and searches for absolute 'objective' truth that is supposedly 'out there' in the 'real world.' Contrary to this view, action research acknowledges that the researcher always has an impact on the phenomena being studied. Furthermore, action researchers not only acknowledge their impact, but they actively and intentionally change the phenomenon being studied by using research as a tool for change (Reason & Bradbury 2006). Tracing its historical roots, action research is, for some researchers rooted in practices of organizational improvement, while for others it aims to create change and influence policy decisions (Reason & Bradbury 2006).

Indeed, action research originated in part as a critique of positivist research. Therefore, it has been said that action research should be viewed as an expression of a new paradigm: the participatory paradigm. Furthermore, the idea of fitting the merits of action research into a conventional discourse about standardized criteria has been questioned (Reason & Bradbury 2006) and various action researchers have proposed different evaluation criteria that would be better adapted to the participatory paradigm (Heron & Reason 2001). This includes, for example, authentic participation/engagement, a criteria focusing on ensuring full and true engagement of each practitioner during the different stages of the research (Heron & Reason 2001). Another quality criterion is ensuring a concrete and practical outcome of the action researcher's work by asking pragmatic questions about the significance of the research and the value of the research outcomes (Reason & Bradbury 2006).

These normative criteria have implications not only on how we define and evaluate action research, but also, on how we conduct action research in *practice*. These normative criteria leave limited space for managing contextual adjustments and emergent unpredictable complexities. Given, however, that action research is an inherently emergent social activity and that it implies continuous alignment between the interests of researchers and practitioners, the requirement of having a clear agenda with no ambiguity can be next to impossible to meet in practice. The process of finding a shared language with the practitioners, translating the different and sometimes conflicting interests, and finding a shared mutual agenda (Rapoport 1970) is a complex one. It is not always easy to foresee precisely the kind of interventions that the researcher may engage in. The researcher may, for instance, propose to assist with the introduction of a new technology, or evaluate an existing technology. However, the exact meaning of 'assist' or 'evaluate' in practice remains open to interpretations and local circumstance. Furthermore, while the researcher may agree with the practitioners on particular focus and interventions, these agreements are not static, made once and for all; rather, these might change depending upon the local and situated circumstances across the organisation.

Situations of empirical uncertainties and deviations from the norms are often unavoidable and are not necessarily detrimental to doing good action research. Rather than viewing empirical uncertainties as random mishaps or hiding them behind sets of pre-defined criteria, it might therefore be more constructive to embrace these uncertainties and explore them as potential entry points for practical interventions and that can be utilized as knowledge making (Bjørn &

Boulus 2011). An illustration of this can be found in Zuiderent (2002), who demonstrates how reflecting upon the multiple fieldwork roles that were attributed to him proved to be highly informative, as these can be turned into an analytical strategy to sensitizing the fieldworker to the located and strategic multiplicity of a field site. Conducting action research involved managing complex relations with different actors. Thus, the ability of the action researcher to act is not simply and solely located within the research project or the researcher, but it is rather dependent upon complex relations existing in the network at particular times (Boulus-Rødje 2012). Adherence to these criteria is not always possible, thus rendering them less useful for managing empirical complexities. They close up many interesting empirical and methodological discussions about managing actual negotiations and shifting circumstances to help the project move toward making practical and research contribution.

As mentioned above, these criteria have implications on the way in which we document and report our research practice, and thereby, how we use these articles for sharing experiences, as well as for teaching and training purposes. Marshall and Mead (2005) argue that action research is under-utilized because descriptions of actual action research practice are rarely included in final publications. I argue further that descriptions of action research projects that *deviate from normative criteria* are even harder to find. There a, of course, a few exceptions can, for example, Meister and Gronski (2007), who share reflections from what they label as a 'failing action research'. It is, however, far easier to find articles that follow the norms and, for instance, use the cyclic model in order to structure their papers (e.g., Iversen et al.. 2004; Kohli & Hoadley 2007; Mårtenson & Lee 2004). Finding articles that discuss deviations from these models is a harder task. This might be due to the fact that researchers who try to report complex findings from action research projects are often met with the challenge of fitting the report to the genre and editorial requirements of leading IS journals (Mathiassen et al.. 2012).

This is not to say that this practice of reporting action research by applying the cyclic model is problematic; on the contrary, it reflects how the researchers show they followed iterative and rigorous approaches. However, it can be said that this cyclic model has now become a standard for, not only how to conduct action research, but also how to report it. It raises the question of what the researcher should do if her action research did not systematically follow these cyclic phases. These norms are important not only for conducting and reporting action research, but also because they are used for evaluating action research projects (e.g., Avison et al. 2001). My intention here is not to provide additional criteria and norms to be followed by the action researcher; rather, the intention is to encourage sharing research experiences and empirical challenges, and use these as a vehicle for investigating our own research practice and the norms inscribed in some of the IS action research literature. While acknowledging the important role these norms play, I raise the question whether it might be more fruitful to shift the focus towards how action research is conducted in practice. I argue that complexity of real-life-large-scale settings is not fully captured in its entirety and many action research projects fail to live up to its expectations.

2.2 The complexities of studying information infrastructures

Todays information technologies are becoming increasingly more complex, large-scale, and inter-dependent (Fitzpatrick & Ellingsen 2013). Researchers focusing on technologies and practices are increasingly presented with challenges related to the need to broaden the scope of settings and perspectives (Monteiro et al. 2013). Specifically, IS researchers are no longer dealing with collecting requirements and findings optimal technical designs of monolithic and stand-alone systems. Rather, IS researchers are struggling with the technological and organizational complexity that emerges from the heterogeneity of, and interconnectedness to, different modules/systems (e.g., supporting multiple purposes) that are dynamically evolving, the openness to different types of users, the interdependence of systems and actors, and the lack of control over existing systems and components (i.e., installed base). These have been labeled as information infrastructures, and they are characterized by their high level of complexity, heterogeneity, and inter-dependence on other systems (Hanseth et al. 1996).

Within IS, information infrastructures focus on connecting practices across different boundaries, providing shared resource among heterogeneous user groups, standardization, flexibility, etc. (Hanseth et. al. 1996; Monteiro et al 2012). The information infrastructure approach has travelled into the domain of healthcare IT, resulting among others, in two special issues. The first issue focuses on different aspects of information infrastructure (Bansler and Kensing 2010), and the second issue focuses on managing the interplay between the local and the global relations (Bjørn & Kensing 2013). One of the difficulties with infrastructures is that it is not easy to define clearly what is within and what is outside of a organization and/or a system's boundary. The nature of organizations has changed and we are no longer dealing with contained and clearly defined clusters of systems. Furthermore, these changes make it hard to define in advance how to plan and conduct research projects. Thus, the complexities brought about by information infrastructures, challenge existing research methodologies. Pollock and Williams (2010) discuss several methodological shortcomings of infrastructural studies and argue for multi-site and longitudinal studies. There is no predefined way to do it, however, these technological, social and organizational challenges continue to urge the need to acquire deeper understanding in how to study such complex information infrastructures.

2.3 Reflexive action research approach to studying information infrastructures

Given what is outlined above, current action research projects in large-scale infrastructural settings in the health care domain require different methodological approaches that are more adequate for capturing and dealing with these challenges. To investigate these complex action research projects, I develop a reflexive methodology, which promotes careful interpretations and reflections during the research process. In general, reflexive methodologies acknowledge the co-construction of research and results, which is consequent upon specific interactions between the researcher, her informants, the research setting and process, the empirical data and the modes of conceptualization used to analyse it. As Alvesson and Skoldberg (2000) explain, this calls for

the utmost "attention to the complex relationship between processes of knowledge production and the various contexts of such processes as well as the involvement of the knowledge producer" (p. 5). In particular, I have been inspired by autoethnography (Anderson 2006), which entails a critical and self-conscious stance to one's situated research engagements. Autoethnography is motivated by a wish to acquire a deeper understanding of oneself and others through an investigation of the researcher's personal experiences, perceptions and interpretations. Therefore, subjective experiences are brought to the forefront of the analysis and made an intrinsic part of research. Autoethnographers view themselves as involved in the construction of meanings in the worlds they investigate (Anderson 2006).

Such a reflexive investigation can help better understand the situated and emergent relations that are constructed between the researcher and the practitioners, the way in which these are sustained and the impact these have on the research project and findings. Such investigations can be fruitful as they unpack messy yet rich empirical research experiences, providing accounts of how researchers think and reflect in action, and how they deal with the various empirical fieldwork uncertainties. One of the challenges encountered when using autoethnography is that, focusing so much on subjective experiences can lead to self-absorption (Anderson 2006).

There are a number of approaches that place great emphasis on reflection and learning throughout research collaborations. Mathiassen (1998) has proposed 'reflective systems development' which mixes normative propositions with interpretive understandings of practice in support of professional development. His approach draws upon Donald Schön's (1983) analyses of how practitioners think and reflect in action, and it combines formal and interpretive modes of inquiry in order to stress the fundamental relation between research and practice. Another approach is first-person action research, which refers to the researcher's ability to develop a critical stance to/view of her own understandings and research practices (Kemmis & McTaggert 2003). Here, the action researcher is expected to be both situated and self-critical, which entails an ongoing work of critical reflection on the perspective and assumptions used to create knowledge (Reason & Bradbury 2006).

Such reflexive approaches entail a shift in focus when compared to action research premised on pre-defined principles (Davison et al.. 2004; Mumford 2001). Both approaches focus on having goals and aims, however, reflexive approaches might be said to embody a change from focusing on adhering to general criteria to focusing on how research projects unfold *in practice*. In short, they are premised on replacing general normative frameworks with various forms of reflexive approaches that encourages researchers to be attentive to how their own methods are enacted and practiced, as well as how that constructs the researcher and particular fields of possible intervention. Reflexive approaches imply a shift from viewing the researcher as a neutral observer—capable of mirroring in her representations an independent reality—into someone who is integrally attached the realities she is describing. The researcher has no option of standing outside the world she describes, because she is also an actor (among many others) that takes part in producing that reality (Alvesson & Skoldberg 2000). In this view, findings are co-constructed through an interactive process between the researcher and the field. Similarly, methodological criteria and norms are not simply passively applied to a reality; rather they have the capacity to enact and help produce particular realities. Thus, I aim to understand how research practices are formed and informed by norms, and use these insights to critically assess the status of IS action research.

Adding autoethnography to reflexive approaches should help the researcher be attentive to how she constructs and is being constructed by the field, and to the consequences and action research potentials in those constructions. By reflecting upon my experiences of enacting action research and being enacted as an action researcher over a four-year period, the remainder of this paper discusses how such a self-reflexive investigation into the emergent and situated nature of action research engagement can better help developing methodological perspective more adequate to the varied experience of empirical IS researcher. This way, I move away from formalizing action research expertise and from trying to fit into the methodological rigidity of positivism. Instead, I focus on unpacking and articulating this expertise and the varied experiences of empirical IS action research as it is conducted on the ground.

3   Methodology

3.1   Research setting

The project I took part in, was one component in a $3 million grant which brought together Canadian and international university researchers. All of these partnered with organisations to investigate the introduction of different technologies in the health sector. The project proposal emphasized that the researchers would work closely with health practitioners and other stakeholders to 'bridge the gap' between academic findings and real-world issues. Thus it aligned with the generic ideology of action research that focuses on the concerns of practitioners as much as on those of the researchers. Further, the project had the aim to communicate results to key decision and policy makers in order to inform the design of policies and systems. This also aligns with the action research philosophy, based on Lewin's notion of using research as a tool for change (Reason & Bradbury 2006). In the project, I held a research assistant (RA) position where I mainly worked under the supervision of the principal investigator (PI), together with the community partner, a non-profit clinic in Canada.

When I joined the project, the clinic was about to implement an EMR system to replace their paper charts. This was part of the federal government's health reform, whereby various provincial health authorities were given transition funds to support renewal initiatives in the primary health care sector. The implementations of EMRs was one of several other initiatives for establishing infrastructures for integrated electronic health records. The partnership with the clinic was established by the PI prior to my participation. It was based on the understanding that I would be provided with the possibility of investigating the introduction of the new EMR system and that I would in turn assist practitioners with issues arising during the implementation process. I thus found myself in an 'immediate problematic situation' (Rapoport 1970) where I was expected to 'intervene' by bringing theoretical insights into the practical concerns that were likely to arise in the transition process. For example, I would share recommendations found in the EMR-literature on how to handle particular problems encountered when introducing an EMR in a clinic. Using action research thus provided me with the generative opportunity to not

only study the transition to EMR, but also to participate and generate practical insights for the community partner. Thus, the dual agenda of combining theoretical and practical contributions (McKay & Marshall 2001; Baskerville & Myers 2004) formed the basis upon which the partnership with the clinic was established.

The partnership was based on an ethical framework (Rapoport 1970), which was established at the beginning of the engagement and was deliberately kept general and vague. While the aim was to study the implementation process and helping the clinic, how this would be done was left quite open. Based on my previous experience of conducting research about EMRs in healthcare in another country, I expected to be given the opportunity to interview and observe practitioners, in exchange for providing some form of technical support. The PI and I met with the executive director and the technical supporter who were our primary contacts from the clinic, in what might be described as several iterative cycles (Mumford 2001), the purpose of which was to gradually refine objectives and plan activities to be carried out.

3.2   Data collection and analysis

For this purpose, I kept a fieldwork journal where I wrote ongoing tales from the field (van Maanen 1988) and reflective memos about the methodological complexities of my research engagement. These memos where different from the field notes about the actual EMR technology. Latour (2005) describes such memos as notebooks for feelings from the field where one documents the transformation one undergoes by conducting the research, the experiences, reactions and surprises one encounters in the field, etc. These fieldwork journals were dedicated to documenting the different interactions I had with the practitioners, different incidents I encountered, their responses and reactions, and my experiences and interpretation of these incidents. Initially, I wrote in the fieldwork journal each time I encountered methodological complexities (e.g., misinterpretation of my roles in the field). As these intensified during a period of time, I began writing memos in my fieldwork journal each time I interacted with the practitioners (e.g., conducting an interview, observation, email exchange). In order to enable me to trace the trajectory of my relationship with the community partner, I had to become more systematic and document reflexively the different responses and reactions more often. This was particularly important due to the high amount organizational changes occurring in the middle of the research project. It was, therefore, increasingly more important for me to keep track of the various changes and challenges.

During the four-years research project, I conducted extensive fieldwork, spending a high amount of time at the clinic. I conducted interviews with 16 health care personnel 22 patients, 1 decision maker and 1 IT vendor. I also conducted 10 observation sessions (29 h), participated in more than 10 formal and informal meetings (range 1 to 2.5 h) with the health care personnel and the vendor, I attended four seminars (9 h each) organized by the vendor and the health authority, participated in three EMR training sessions (4.25 h), and collected and analysed documents (internal documents, policy documents and media coverage). I also functioned as a super-user providing technical support to the clinic, I became an active member of an EMR-committee and attended 29 EMR-meetings (range 1-2 h).

To analyze these memos, I draw upon a data-driven inductive approach (Glasser & Strauss 1967), whereby I used low-level categories, meaning grounded codes, which emerged from the memos. These codes reflected the topics repeated across the memos. They included, for example, 'misunderstandings/miscommunications', 'multiple roles of the researcher', 'actions/activities of the researcher', 'organizational/internal conflicts', 'staff replacement', etc. Analyzing these memos allowed me to trace the different types of engagement I had with my action research partners, including the multiple roles and positions I enacted in different contexts, and how these configured my opportunities for intervention. These memos also allowed me to trace how my views about action research evolved as I gradually became more critical and circumspect. Even so, the empirical uncertainties are deliberately brought to the forefront of the present analysis, not to reflect any inherent weaknesses of action research or to illustrate what might be viewed as its 'failure', but rather to provide insights that offer a different entry point for enhancing and conceptualizing interventions. It is worth mentioning that the research project was completed successfully, maintaining a good relationship with the community partner and contributing to both research and practice.

4   Enacting feasible research roles and positions

To examine my research experiences during the four years of the project, I have selected particular events that were important to my roles and positions in the field, and that influenced my interventions. The chronological order of the events is preserved in order to convey and maintain the relationship between the different events, making it clear which incident led to what. I use the description of the different fieldwork experiences as a basis for critically appraising the criteria that are enacted in IS action research. But first, a few words about my project.

The actual implementation of the EMR system within the clinic was delayed. Therefore, my primary contacts thought it would be helpful to obtain information about the experiences of other clinics that had implemented the same system. I interviewed staff from different clinics and generated a short report, summarizing the main challenges and containing a short section with recommendations and lessons learned. Later, my primary contacts were interested in informing the patients about the impending changes. The clinic also wanted to obtain information about patients' views on the EMR system. Thus, I interviewed patients and created a brief report on their expectations and concerns. Subsequently, I created educational material for patients in order to address the concerns mentioned in the interviews.

A few months later, the PI and I asked for a meeting with our primary contacts to discuss these reports. I was also interested in the prospective plans for my tasks and I reminded the clinic of my interest in interviewing staffers. As it turned out the executive director was very busy, so the technical supporter at the clinic proposed to hold the meeting without her presence. During this meeting, I explained the importance of conducting interviews and observations of clinic staff. Aiming to offer something in return, the PI suggested that I could also function as a 'super-user' who would provide technical support to physicians in the charting room. Later on, I also attended a few training sessions provided by the vendor.

Thus far, I felt that the research engagement was gradually improving. My primary contacts kept me updated, forwarded me news and updates from the health authority, and invited me to participate in meetings with the vendor and seminars organised by the provincial health authority. Already at the first seminar, the executive director had introduced me to the vendor and to people from the health authority. Somewhat proudly, she introduced me as *their* researcher, and she took the time to carefully explain *our* research activities. Also, a quick glance at my nametag confirmed my affiliation with the clinic. I viewed the close collaboration with the clinic as part of building trust. On various occasions, my primary contacts from the clinic asked me to contact the health authority in order to investigate problematic issues and voice their concerns. I used whatever opportunities I had, at seminars, meetings, or interviews to raise the concerns and questions of the community partner with the vendor or health authorities. In these settings, I thus mediated between the clinic and the health authority, the vendor, and other clinics. In brief, I was sent to exchange and transform knowledge among the different social groups, and translate their different interests.

Meanwhile, the technical supporter asked me to become a member of the EMR committee, which was established to discuss challenges and provide support. The implementation of the EMR was not an implementation of an individual tool. The EMR itself is partially a shared infrastructure that depends upon other tools and systems, which together constitutes the infrastructure required for a functional patient record. At the same time, the infrastructure of the EMR needed to be integrated with the existing and complex information infrastructure that was already in place and which was composed of divers systems and practices. I was happy to adopt the role of a member of the EMR committee and viewed the invitation to attend the EMR meetings as a way to enhance my access to the field. Indeed, the EMR meetings provided me with indirect access to the data I was looking for regarding the EMR implementation.

Up to this point, the various sub-projects were conducted both *for* and together *with* the community partner *on* other research subjects (i.e., patients and health care practitioners from other clinics). However, I also wanted to conduct research *about the community partner's clinic* and study *their* adaptation of the EMR system. After all, this was the initial plan and the reason for my engagement in the project. Although this 'immediate problematic situation' (Rapoport 1970) evolved throughout the project, the premise upon which the partnership was established was nevertheless that I would study the clinic itself. The shift in the focus toward the clinic implied that I had to abandon some of the multiple roles I have occupied (i.e., 'EMR consultant,' 'super-user,' a member of the EMR committee), to reclaim the role of the 'researcher.' This also implied a shift in my position, moving from being the one answering questions and solving technical problems, to being the one asking questions and observing practices. Abandoning the multiple roles became even more challenging in light of the socio-technical changes taking place in the clinic.

During this period, the clinic implemented multiple changes simultaneously. Along with the various technical changes (implementation of a new software), there were also organisational changes (e.g., implementation of a project aimed at decreasing the number of appointments booked). In addition, several staffers were replaced within a short four-months period, and several substitutes replaced physicians who were on summer vacation and many of these were neither familiar with the clinic's work practices nor the EMR system. These factors increased the

complexity of maintaining the partnership, and influenced the context of the research project in general as well as my role in particular. A more dramatic change in the nature of the engagement occurred when the executive director—who was my primary contact and with whom the PI had negotiated access to the field site—retired. The brief overlapping period in which the outgoing and the incoming executive directors were both present was challenging.

While the outgoing executive director still saw me as an 'EMR consultant' and asked me to create a protocol documenting changes in work practices, the incoming director asked me to evaluate the efficiency of existing practices. Furthermore, the office manager thought I was documenting policies and procedures and one of the physicians thought I was recording and evaluating patient interactions. Changes in staffing, as well as community partner circumstances came to bear both on what interventions were possible and how I was perceived. Even a simple task such as communicating information to the clinic staff, became very demanding. I had to manage unstable communication channels, which led to mixed interpretations and expectations, and at times, defensive reactions. For example, the secretaries with whom I had establish close relationship, started suddenly to behave differently as if I was monitoring their practices. In one incident the secretary asked whether I would report a workaround to the new executive director.

In attempt to clarify the situation, I created flyers describing 'what I do' (the project that I conducted with the clinic), and 'what I do *not* do' (I do not monitor practice and/or measure performances), and these were posted on the walls in the clinic. I also asked the new executive director whether I could join one of their general medical meetings in order to be re-introduced to all staff, to ensure that they were all aware of my role and the research project. This meeting was hectic and fully booked with agenda items, which meant that there was no time for additional items, thus the executive director introduced me (instead of letting me introduce myself). She told the staff that I am a researcher from the university who has been working with them for more than a year and a half, 'keeping an eye' on them and inspecting their practices. Surprised by this introduction, I immediately corrected her, explaining that I am not *monitoring* or judging any practice, but I am rather here in order to *learn* about and better understand their practices.

In this context, I found myself trapped between organisational conflicts and internal political issues at the clinic. This was now my second summer with an RA position enabling me to conduct fieldwork on a full-time basis. After a long delay, I finally managed to have a proper formal meeting with the new executive director who had been in the clinic for approximately a year. There, I attempted to clarify my previous relationship with the clinic, and I reminded her of our initial research agreement. It was only then that it became clear to me that the new director had been spending a large amount of time familiarizing herself with her new environment that and she had little time or extra energy for our collaboration. I also learnt that she was actually not familiar with the previous research projects that I had conducted *with* and *for* the clinic (i.e., the patients' project and the study of other clinics in the province). It was also then that I learnt that the new executive director was struggling with gaining a position of respect in the clinic and was therefore using me to gain greater authority by monitoring the practices of her staff.

Not being able to arrange formal meetings with the executive directors also meant that I was unable to interview the staff about their experiences with the EMR system. Around that time I managed to maintain access to the field site by participating in the EMR meetings, but these

meetings were not attended by everyone and the discussions were only about problematic issues. In order to make knowledge claims about the introduction of the EMR technology within this clinic, I needed to hear the voices of the other staff members, and hear about their varied experiences. This was how I explained to the executive director the importance of having access to the field. In this context, I stepped back into the role of the academic researcher and explained to the director the importance of having representative sampling of the various healthcare practitioners, ensuring the selection of a suitable size and a heterogeneous population (Hammersley & Atkinson 1995, p. 136). I explained to the new executive director that it was important for me to collect balanced accounts from various informants, and to verify the data I previously collected in order to be able to make accountable knowledge claims about the impact of the EMR on the clinic. This meeting with the new executive director was very helpful in clarifying misunderstandings and miscommunications, and I was given full access to the clinical staff. After the meeting, I was able to complete the second round of in-depth interviews, and collected the empirical data I needed to validate and verify the previously collected data.

5   Enacting criteria and managing deviations

In an attempt to deal with these challenges described above, I consulted the IS action research literature upon which I was trained. I found that existing discussions of IS action research tended to obscure the complexities of emergent research practices by emphasising normative guidelines. While these guidelines and norms are important, they leave relatively little space for understanding and managing empirical uncertainties. I, therefore, created a fieldwork journal (Van Maanen 1988) documenting systematically and reflexively the many changes and my experiences of what was happening in the field site. It is then that I noticed more clearly and explicitly that the focus of the community partner drifted away from the initial inquiry focusing on studying the EMR at the clinic, towards exploring other clinics' experience with EMR adaptation, investigating decisions taken by the health authority, and introducing the EMR to patients. These reflexive accounts, memos, helped me trace and link the different interactions and reactions (Latour 2005). Furthermore they helped me see more clearly how the many different roles I occupied shaped my autonomy and intervention space. At times, the different roles conflicted; other times, my affiliation with certain groups caused staff to withhold information. Therefore, I developed different practical strategies to work around these problematic situations. I described above how I tried to avoid the sudden suspicion of the secretaries that I was monitoring their work, I created flyers that were posted in the clinic, and requested to be re-introduced to them in one of their meetings in order to clarify my position. By embracing empirical uncertainties, I was able to use these as knowledge providers and turn them into practical strategies for dealing with challenges I encountered in the field (Bjørn & Boulus 2011; Boulus-Rødje 2012).

The literature on ethnography offers various insights on negotiating access and the shifting roles of the researchers. Negotiating access is not simply a matter of negotiating physical presence. It is a complex task, and in some situations, initial negotiations for access might persist through the data collection process (Hammersley & Atkinson 1995). It has, therefore, been said that the negotiation process itself can generate important knowledge about the field (e.g., which

topics are open for investigation) (Hammersley & Atkinson 1995). It has also been emphasized that we should distinguish between 'gaining access' (formal access to the field) and 'gaining acceptance' (also called the problem of 'rapport') (Randall et al. 2007, p. 176). Discussions about challenges related to access and shifting roles can also be found within some of the IS action research literature. But, many of these discussions within IS tend to explain away the challenges by pointing to factors related to the researcher and/or the research project. If we take into account that relations are contextual and emergent, it would be simplistic to link the inability to manage the research agenda and deal with fieldwork problems solely to the researcher. After all, the (in)ability of the action researcher to act is dependent upon and distributed across complex relations existing at a particular moment in time. In other words, the researcher is never solely acting on their own, independent of the network and actors surrounding her (Boulus-Rødje 2012). I have demonstrated in my case how the issue was not lack of criteria to be followed, but rather the many different emergent changes to the network of relations. Thus, although we find discussions about challenges within the IS action research literature, these tend to be obscured by the narrow focus on fulfilling norms. Therefore, I propose moving to reflexive approaches, as these can better capture the emergent and situated complexities encountered when conducting action research.

As illustrated above, replacing a normative framework with a reflexive one, helped me not only trace how the different roles I occupied shaped my autonomy for interventions, but it also help me develop practical strategies to dealing with the different emergent challenges. Furthermore, a reflexive framework which calls for attention to the process of knowledge production (Alvesson & Skoldberg 2000) made me aware of how the different interactions and reactions I was encountering in the field, had impact not only on my access to the field, but also on the kind of data I was able to collect. Adopting a critical and self-conscious stance (Anderson 2006), I requested a meeting with the new executive director explaining the importance of having a representative sample (Hammersley & Atkinson 1995, p. 136) of the various healthcare practitioners, and verifying the data collected in order to be able to make accountable knowledge claims about the impact of the EMR on the clinic. Finally, applying a reflexive framework also implies broadening the focus from single actors, the collective production— the conditions—through which actors, roles and interventions come to exist (Boulus-Rødje 2012).

The challenging aspect with static criteria and norms is that little is known about what to do in situations when the criteria cannot be fulfilled. For example, the importance of implementing all the phases of the cyclic model has been emphasized by several IS action researchers (Davison et al. 2004; Mathiassen 2002). In my case, I tried to conduct several meetings with both executive directors to summarize the findings from completed projects and to plan new projects, but since the outgoing director was training her replacement and due to the several other organisational and technical changes that were taking place during the same time period, this turned out to be a fairly challenging task. The previous executive director was busy wrapping up her work before leaving the clinic and the new director was busy familiarizing herself and gaining stature within the clinic. My inability to meet with them meant that they received different information about my position and role in the field, and that they therefore communicated different things to the staff. Thus, I was unable to fulfill the last phase of the iterative cyclic model where I had hoped to together with the community partner reflect upon the outcomes of my research (e.g., the reports summarizing the patient's study and the study of other clinics). The IS action

research literature mentioned at the outset of the paper emphasizes the importance of justifying deviation from the initial research plan (Davison et al. 2004). However, it comes short in providing sufficient methodological tools to understand and deal with these deviations in practice.

To increase the attention paid to not only *practice* but also the *research process* itself, McKay & Marshall (2001) propose to modify the cyclic model into a model of iterative spirals—or two interlinked double-loops—which include a *problem solving* cycle and a *research interest* cycle. In their recent work, McKay and Marshall (2007) propose a conceptual model to help with the challenge of being driven by two masters: research and practice. The problem solving cycle focuses on the practical aspects (and interventions) that are involved in the process of improving the organisational problem. The research cycle, on the other hand, focuses on activities that are involved in the process of researching the empirical phenomena. This includes, for example, conducting a literature review about the research topic, clarifying issues in the research domain, selecting perspectives relevant to the research area, formulating a research question, planning the research design, etc. While this model of analytically distinguishing between research and practice/action is useful, the research cycle seem to place great focus on the *research domain*—the *empirical phenomena*—risking neglecting the research *methodology* used for conducting the research and studying the particular phenomena. A focus on the research methodology would encourage the researcher to reflect upon various issues, for example, her experiences from fieldwork, her roles and their impact on the way in which she is perceived, how she collected the empirical data and based her knowledge claims, etc. Applied to my case, McKay and Marshall's (2007) problem solving cycle would focus on the practical interventions I conducted to help the clinic implement an EMR system (e.g., assisting with reconfiguration of the system and the existing work practices), and the *research interest cycle* would focus on *the research domain* of healthcare IT and the empirical phenomena studied (the implementation of EMR systems). But it would also be useful with a focus on *the way in which I enacted the action research methodology*. This focus would include issues, such as, challenges with balancing multiple roles and interventions, shifting or drifting focus, ensuring balanced accounts of informants, dealing with socio-technical issues, managing political issues and internal conflicts within the organization, ensuring data is verified and valid, etc.

It should be noted that the separation between 'action' (e.g., preparation of training materials, functioning as a super-user) and 'research' (e.g., interviews, observation) found both in the IS action research literature and in the proposal above is not an ontological claim, but rather an analytical stance. It is made for an analytical purpose in order to force action researchers to be reflexive and pay distinct attention to the ways in which their methods are enacted in the field. After all, the commitment to action which is at the heart of action research plays a central role in generating research insight in such a manner that 'action' and 'research' become two sides of the same coin. By adopting different roles within the field and by making themselves subject to the social orders present, the researchers gain insight from this firsthand experience that would be much less accessible from observational approaches. As illustrated in the case above, the challenges I encountered when trying to repair the relations with the community partner arose from the fact that I was trying to maintain a quasi-independent role in the face of organizational and managerial changes. It is precisely these kinds of challenges that accompany action research and demand reflexive analysis into ways of dealing with such challenges.

Some IS scholars emphasize the importance of having a clear research agenda with clearly pre-defined interventions at the outset of the research project (Mumford 2001). Similarly, the importance of carefully negotiating the initial terms of the research collaboration (Van de Ven 2007, p. 277), as well as determining the control structures in the early phases of the research project has also been emphasized (Avison et al. 2001). While these recommendations may be useful, they may be rather ambitious and difficult to fulfil during the *early stages of the research* since the researcher often lacks in-depth knowledge about the community partner, their locally situated control structures and organisational dynamics. In my empirical case, I had general knowledge about the *formal* control structures in the clinic but I knew little about how these were enacted *in practice*. For example, I learned that, in this particular organisation, physicians had often times greater degree of control and space for decision making than the executive director. Such a fine-tuned understanding of the local situated organisational structures is particularly important within action research because of the strong dependency that this type of research has on the practitioners and on how practice evolves (Mathiassen 2002). However, local organisational dynamics and structures cannot so easily be detected at the outset of the research engagement.

Furthermore, it is often challenging to determine at the outset of the research project the nature of engagement since at this stage it is difficult to predict precisely which opportunities for interventions the socio-technical change will bring about. In other words, at the beginning of a project, the researcher and the community partner cannot predict exactly how the 'immediate problematic situation' (Rapoport 1970)—which brought them together—will unfold in practice and which intervention possibilities it will bring about. In my case, the research partnership was based on an 'immediate problematic situation' whereby the community partner was about to introduce a new EMR system. The project was formulated within an action research framework with an explicit commitment to improving practice (Mathiassen 2002) by helping the clinic with issues that may arise during the adaptation process. Thus, there was a general idea about the research approach that would be drawn upon and potential interventions that may be of relevance (e.g., providing technical support). But the initial research agenda upon which the partnership was based, did not include a very strict or detailed elaboration of the interventions that the researcher would conduct. It was only when the partnership and engagement were enacted that the possibilities for more concrete interventions emerged. Throughout the research process, different events began taking place offering various possibilities for interventions. For example, the health authority and the IT vendor began organizing seminars which provided me with the opportunity to represent the clinic and voice their concerns. The clinic established an EMR committee which enabled me to follow very closely with the adaptation and configuration processes of the technology and the situated work practices. Neither these events, nor the roles and interventions associated with these could be predicted in advance.

Finally, the challenge in fulfilling the above criterion is that it does not take into account the complex and *emerging* nature of action research engagement whereby unforeseen events may arise along the research project. In my case, certain factors were already in place at the beginning of the research (e.g., the rather unclear research agenda upon which the research partnership was based), but there were also various emergent and unforeseen events (e.g., organisational, managerial and technical changes). This emergent nature provides little support in structuring the research process as it is difficult to predict and, not the least, control, the research focus, the

data collection, and the findings. This emergent nature of action research makes it challenging to fulfill such ambitious criteria of having a pre-defined and rigid research agenda as it is based to some degree on an idealized view of research partnerships that can be fully predicted and planned in advance.

It has been argued that action research can be used as a tool to improve the relevance of academic research in healthcare (Kohli & Hoadley 2007). However, given the complexities discussed above related to the nature of action research, current projects within the health care domain require different methodological approaches that are more adequate for capturing these challenges. Braa et al. (2004) argue that to share experiences and provide valuable lessons from earlier action research projects, we should shift the focus form single organizations to networks, as it enable us to study how learning, experiences and local competences travel across networks. Given that many of the current research projects within health care are conducted in large-scale infrastructural settings (Fitzpatrick & Ellingsen 2013) and given the emergent nature of action research collaboration, I suggest adopting a reflexive approach as it can provide a platform for taking empirical complexities seriously and provide fruitful insights into actual research practices.

6   Concluding remarks

In this paper, I used my fieldwork experiences to provide a critical appraisal of some of the criteria and norms within IS action research. I investigated these criteria and pointed out their weaknesses in terms of providing relatively little space for understanding and managing empirical uncertainties. These norms are often based on assumptions and ideals of smooth and unproblematic relations between the researcher and the community partner. These problematic aspects led me to propose the need to rethink IS action research. If we wish to encourage wider use of action research within the IS discipline, we should open up the space for reflexive explorations of complex and emergent engagement. Thus, rather than subscribing to idealized pre-defined criteria and norms, I argue that we should focus on how action research is actually conducted in practice, and broaden our discussions to include reflections and exchange of experiences related to methodological issues and complexities encountered when conducting IS action research.

It is noteworthy to say that positivistic and normative stances can also acknowledge empirical challenges such as, for example, shifting circumstances in the field. But the difference lies in what they do with them and the way in which they explain how these challenges arose. Both positivistic and normative stances focus on providing rigid criteria to be followed, thus leaving little space for understanding and managing empirical challenges. Both stances imply a narrow focus on ways to shy away challenges, rather than use them as a source for educational purposes. Furthermore, a positivistic stance implies, among other things, the ability to predict and pre-define research projects, thus implicitly implying that empirical challenges can be avoided if a research project is planned properly, if an objective stance is maintained by the researcher; etc. (Van de Ven (2007, Davison et al.. 2004). I have illustrated in this paper how this view is problematic and it neglects the contextual, situated and emergent nature of IS action research projects. I have also illustrated how the researcher is not solely acting on their own, but rather

depends on multiple actors and resources existing in the research project network at different moments in time.

The nature of action research engagements is complex and there is a need for an investigation that would move beyond normative frameworks towards which the action researcher is expected to subscribe. Instead, I propose a reflexive approach that explicitly encourages researchers to investigate how methods are enacted in the field. This echoes a relatively recent development amongst IS action researchers who call for greater attention to the *method* of action research, the research *process* itself and how it is *practiced* (Kock 2007; Mathiassen & Nielsen 2008; McKay & Marshall 2001 2007; Simonsen 2009). Following a reflexive approach implies an acknowledgement that the researcher is not passively representing or mirroring an independent reality, but that in the process of describing the reality, the researcher is also constructing it (Alvesson & Skjöldberg 2000). Similarly, methodological criteria and norms are not something that are passively applied to describe an independent reality; rather, these have the capacity to enact and help producing social realities. Looking at the IS action research literature, most of the articles describe what can be labeled as 'successful research projects,' while relatively few articles describe projects that were less successful and/or projects that 'failed.' However, so-called 'failing projects' can be immensely educational and informative. Investigating critically what kind of realities our action research methods are enacting, we see that there is a risk of enacting idealized realities and descriptions of projects where complexities and uncertainties are stripped away from the final publications, and strategies for dealing with complexities on the ground are undocumented and therefore unnoticed.

These norms are important not only because they become de-facto standard way of doing action research, but also because they become representational of research practices in our discipline. They provide specific configurations of both the research project and the action researcher as they establish particular positions and capacities that become considered as acceptable action research. However, if these criteria for action research are narrowly and strictly defined, IS researchers may continue to avoid stating explicitly the type of their research engagement (Mathiassen & Nielsen 2008), or simply label their action research project as a 'case study' (Simonsen 2009) or 'experiment' (Mathiassen 2002) by default. In other words, if the criteria of action research remain exclusively strict and narrow, a number of action research projects may go unnoticed, as they may not be labeled explicitly as 'action research'. It is perhaps now time to shift our focus from normative to reflexive frameworks that focus on how action research methods are enacted in practice. Sharing actual and concrete experiences from the field can be valuable for other researchers who face similar situations and encounter methodological complexities.

7   Acknowledgment

8 References

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