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Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Zur Verfügung gestellt in Kooperation mit / provided in cooperation with:

Rainer Hampp Verlag

Empfohlene Zitierung / Suggested Citation:

Albinsson, G., & Arnesson, K. (2010). How Critical Can You Be as an On-going Evaluator? *International Journal of Action Research*, 6(2-3), 256-287. <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-414115>

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How Critical Can You Be as an On-going Evaluator?

Gunilla Albinsson, Kerstin Arnesson

This article discusses experiences of on-going evaluation within a project funded by the EU Structural Funds. A question that is particularly illustrated is how we, as on-going evaluators, have handled the dilemma between closeness and involvement in the project in relation to distance and a critical approach. This dilemma is standard within action- and interactive research, and becomes particularly evident in a concrete reality within a project. The problem is important to illustrate, especially considering the fact that the on-going evaluation task is politically governed, that is, the EU requires that the customary evaluation be replaced with an on-going evaluation. Furthermore, on-going evaluation finds itself in a developmental phase, where discussions are carried on about how to define the concept, and also on how the role as an on-going evaluator should be worked out. A possible outcome of this could be that the on-going evaluation becomes far too uncritical, or critical, and with that cannot come up to expectations. In this article the assumption is that the task of the on-going evaluator is to follow the development in a project, vis-à-vis established goals, with the purpose of creating practice-relevant knowledge. We also discuss the balancing that exists between being supportive of progress, giving constructive criticism, and not being regarded as far too critical. After having worked in an innovative development project for two years, we have been strengthened in our understanding that the interactive research approach, concept usage, theoretical connection and methodological knowledge constitute imperative demands, in order to handle the changes between closeness and distance.

Key words: on-going evaluation, interactive research, criticism

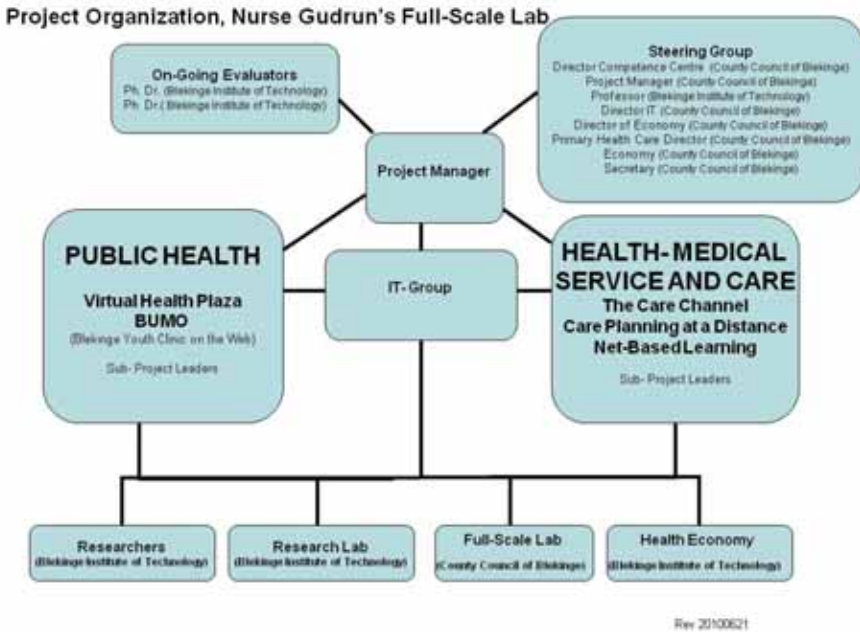
Introduction

The most important tools of the EU to reduce regional differences within and between the member states are the European Union Structural Funds. At present, Sweden finds itself in the third programme period, which means that during the period 2007-2013, and together with national co-funding, more than 30 billion SEK will be invested in different Structural Funds projects. These means will be used within the field of the regional growth programmes to develop regions, create employment and contribute to qualifications improvement. The prerequisite is that each region is itself responsible for creating the type of development that will lead to future prosperity (Brolin 2008).

The European Regional Development Fund has prioritized and granted support to the project “Nurse Gudrun’s Full-Scale Laboratory in Blekinge for IT in Nursing and Caring” (SGF) with a budget of 33 million SEK. The project period is from 2008 to 2011. The origin of the project is connected to the Swedish medical service guarantee, which makes demands on accessibility that the medical service has great difficulties in living up to. It is unrealistic to believe that these problems will be solved solely through increased resources. Through changed working methods, the patient should be able to receive support and assistance in other ways than through the personal meeting, without this jeopardizing good health care quality. For the project SGF, the basic idea is to increase the use and advantage of everyday technology for people and companies, and also to contribute to the development of more efficient community services through the application of existing technology. The overall purpose of the project is to “point out the combination between, on the one hand, the accessibility problem of health care and, on the other hand, the possibilities of the new service infrastructure, and in that way also point out the possibilities to society and the public sector, in general, and to the actors that work within this area, for example, industry and research” (Landstinget [The County Council] Blekinge 2008a).

Twenty persons form part of the project organization. In addition, other actors are engaged to varying extents. Examples of these actors are employees within the health- and medical care, care services, patients, citizens, patient organizations and also industry.

Figure 1: SGF’s organizational structure



The project organizational structure is made up by the project owner, the steering group, the project leader and the sub-project leaders. The project organization also comprises a technology group, a project economist, a health economist, researchers and on-going evaluators. The project owner supports and makes demands on the steering group and also makes, together with the steering group, overall decisions. The steering group is responsible for the project being driven in line with the project directive and the project plan. Furthermore, this group must provide the project with necessary resources, actively support the project leader, and keep informed about the project and the world around in order to obtain a good basis for decision-making. The steering group consists of representatives of the management of the County Council of Blekinge. The steering-group members are both resource owners and project receivers.

The project leaders’ task is to operationally run the activities together with the sub-project leaders in the two sub-projects Public Health and Health- and Medical Service/Caring. The sub-project Public Health is divided into the

areas the Virtual Health Plaza and the Blekinge Youth Clinic on the Web, (BUMO). The project Health-, Medical Service and Care consists of the areas Care Channel, Care Planning at a Distance and Net-based Learning. Each area in the two sub-projects is lead by a sub-project leader carrying the main responsibility. These project leaders carried out different tests of image communication between care recipient/patient and care giver, with the purpose of developing care- and health services by means of information technology.

The IT group of the project consists of staff in charge of the full-scale laboratory of the County Council of Blekinge, and the research laboratory of Blekinge Institute of Technology. The task of the group is to build up testing environments and test innovative solutions. The project economist and the health economist together answer for the project economy and also contacts with the Swedish Agency for Economic and Regional Growth respecting calculations of the health-economic effects of the project. The researchers, finally, who are tied to the project, run research projects with the emphasis on applied health technology and public health.

With the purpose of aiding the dissemination of experiences and process support during and after the project period of three years, the European Commission has commissioned on-going evaluation instead of traditional evaluation. According to the Commission, the on-going evaluation should focus on aiding the dissemination of experiences and process support during and after the project period, something that separates it from traditional evaluation. The task of the on-going evaluation is to:

- Contribute to projects and programmes better heading towards their goals (the governing element of on-going evaluation separates it from traditional research).
- Document experiences and knowledge that arise from projects and programmes.
- Create learning and bring back knowledge from the innovative and ground-breaking elements in the projects.
- Create a public debate and learning around the Structural Funds Programs.

- Publish to create public debate (Tillväxtverket [Swedish Agency for Economic and Regional Growth] 2008a).

According to the project plan and the project directive for the SGF, the on-going evaluation should take place on a running basis through an external resource during the implementation of the project. This resource should, especially, follow up on how the project contributes to the strengthening of a developed information society, regional competitiveness and employment (Landstinget [The County Council] Blekinge 2008b; Tillväxtverket [Swedish Agency for Economic and Regional Growth] 2008b).

On-going evaluation within SGF

On-going evaluation and interactive research

Methodologically there are several points in common between on-going evaluation and interactive research. The interactive research approach is suitable when, as in our case, it was a question of following and having an influence on the development of a project running for several years. Participants and researchers are involved during the entire research process, something which provides conditions for dissemination and sustainable learning (Svensson et al. 2007). This would have been desirable also for the on-going evaluation, and would, in this case, have meant that the project application, budget, formulation of goals and planned activities could have been critically studied. Instead the on-going evaluator is involved when the application has been granted, and the project has begun.

Interactive research has its origin in the consensus-directed action research tradition. There are people who claim that the interactive research can be included in action research. Our assumption is, however, that there are several points of contacts, but also differences. Characteristic of both types of research is that they are practically directed, change is seen as an integral part of the research, the research is conducted as a cyclic process and the participants are central in the research process. Common for both is also that they are based on the hermeneutic knowledge ideal where a common-value system in the participants and researchers is emphasized. With that, there is dissociation from the positivist paradigm. The research also sets out from an overall

understanding of problems and should lead to both practical problem solving and theory development (Denscombe 2007; Hansson 2003). Putting practice in the centre during the entire research process, and seeing field work as something more than gathering empirical data, also constitutes a common trait. A dividing line is that action research focuses on action, while within the interactive research the dialogue and reflection constitute a greater element. The latter also emphasizes the importance of observing fundamental conflicts on both an individual and societal level.

Within the approach of interactive research, knowledge building and mutual learning between participants and researchers are central. Characteristic of the interactive research is also that it is difficult to plan and control, as it deals with meetings between people. It can thus not be described as a logical process from closeness to distance but is, rather, a matter of a continuous on-going pendulum swing (Svensson/Aagaard Nielsen 2006; Westlander 2006; Svensson et al. 2007).

Our interest was focused on steering-group members, project owner, project leader, project co-ordinator, project economist and sub-project leaders, that is, those who made up the operative nucleus within SGF. Thus, employees within health- and medical services and care services, patients, citizens, patient organizations were excluded as were representatives from the industry. Their points of view and experiences have been caught by project participants and researchers within the framework of the different sub-projects.

This starting point implied that we established a relation to the participants of SGF, which comprised an acceptance of one another's role. Through a systematic dialogue, where reflection and the learning process were central, an interchange of knowledge took place, and our role was more concentrated on asking questions than providing answers. Our overall understanding and knowledge of theory in relation to the participant's view from within provided a reframing that made the knowledge building deeper. The ambition was to obtain a close, subject-subject relation, take over the actor's perspective, and understand the actor's thoughts and reality (cf. Cohen et al. 2007).

The interactive research embraces several different scientific methods (cf. Aagaard Nielsen/Steen Nielsen 2006). In order to follow the development in the project SGF towards the set goals, our aim was to alternate between

following the project activities near by at times, and on other occasions seek information on a more comprehensive level. The methods that we used were observation, semi-structured interviews/talks, analysis of content and learning seminars. At steering group meetings, sub-project meetings, seminars and information meetings, we took both an active and passive observer's role. Most closely, this role can be described as a continuum, from full participation to separation from the situation/interaction that was studied. The aspect that we intended to catch in our observations was the project carried out work towards the established product- and effect goals. Further, interaction patterns and power structures were observed. Field notes were taken, which meant that the content of the observations was written down in the most thorough way. The point of departure was that everything that took place was assessed as potentially important (cf. Cohen 2002; Patton 2002).

At the analysis of the observations it was made clear, for example, that the project participants communicated in an open manner, and that one listened to each other's viewpoints. However, it could be observed that the technical field of knowledge was given the greatest attention. Concerning our observations of the steering-group meetings, these showed that they had the character of information meetings. The members were often absent, something that meant that the chairperson and the project leader spent too much time at the meeting updating members. The consequence of this discontinuity was that important decisions of the project were delayed, or not made at all.

The semi-structured interviews were informal and flexible. The distinctive trait was that the focus was on the informant's experiences. At the interviews/talks, the themes of working methods, mandates, areas of responsibility, learning, the horizontal criteria and public debate formed the basis. All the members of the steering group, the project leader and the sub-project leaders were interviewed at their respective place of work, and the time period comprised 1-2 hours. The interviews resembled ordinary conversations, rather than interview situations with questions and answers. They were recorded on tape and transcribed to text, that is, they were written down in full (cf. Bryman 2008; Patton 2002). In addition to the described semi-structured interviews, continuous talks with the SGF project owner and project leaders were carried out.

The observations formed the basis of the semi-structured interviews/talks that were continuously carried out with the project owner, the project leader and sub-project leaders. The mode of procedure created conditions for us to catch the actor's point of view, thereby creating a dialogue, which constituted a basis for alternative interpretations to courses of events. Jointly we could identify the problems that existed within the project, find relevant explanations, seek solutions, and prioritize in order to drive the process forward. Through dialogues the degree of activity was, for example, identified as being too low in relation to the time schedule of SGF. Part of the explanation to this was technical problems, uncertainty regarding purchase of technical equipment and also insufficient technical support from the IT department in the County Council of Blekinge. Unclear decision paths within the County Council of Blekinge, insufficient knowledge about SGF, and difficulties in implementing the project in the work of the County Council, constituted further explanations of the fact that the project had been delayed with low activity as a result. An additional example was the uncertain co-funding that the project grappled with. The explanations here were that agreements were not kept and administrative routines were lacking. By introducing structures for monthly reporting in the different sub-projects and by actively checking up on agreements, the co-funding was improved, and thus the project finances were considerably improved.

The analysis of content constituted a complement to observations and semi-structured interviews/talks (cf. Cohen 2002; Patton 2002). The documents that were studied were the project application, project directives, memos, monthly letters, reports and interim reports to the Swedish Agency for Economic and Regional Growth. Our interactive research approach also included an initiation of seminars at an early stage of the project period, with the focus on sustainable learning, and on the horizontal criteria of equality, integration/plurality and environment. These seminars later evolved towards learning seminars, where the project participants' own stories and reflections were central. We considered our choice to use multiple methods as valuable, as it meant a closer association to the complex reality, in which it is often difficult to perceive what goes on under the surface, what is passing or what is lasting.

The interactive research approach can also be discussed from the concept of validity. Critical voices mean that when researchers and participants work close to each other the validity automatically becomes low, as the researcher becomes a part of the examined reality (cf. Svensson et al. 2007). The researcher's critical approach, the interactive role, the use of multiple methods and the pendulum swing between nearness and distance: all of this places special demands on the researcher's awareness. We consider that nearness and dialogue with the participants, where the research results are tested in reality, further strengthen validity. At the assessment of validity the researcher must, however, always take into consideration traditional rules.

The mission, role and responsibility of the on-going evaluation within SGF

The funding by the European Regional Development of the on-going evaluation mission entails independence in relation to the project. At the same one cannot disregard the fact that, implicitly, the researchers were expected to be loyal towards the project. As representatives of the university college it was a matter of course that good research would be conducted. The mission meant that the on-going evaluators would continuously follow the project development, and examine how the work was conducted in order to reach the goals. Other expectations that formed part of the mission were that we would perform critical studies, but also provide process support, supervision and advice on improvements to the project owner, the steering group and the project leaders.

In the autumn of 2008 the on-going evaluation within SGF was begun. During this period the process support to the project owner, steering group and project leaders was also formalized. We then chose a method of working that meant an alternation between closeness, which is, being part of the process, and distance during the analysis phase to then again be close at the feedback. The basis for on-going evaluation can also be put in relation to the interactive research approach, where a systematic, sustainable and mutual learning is the central matter.

Already at an early stage we realized that in order to create the systematic and sustainable learning the interplay and relation with project owner, steer-

ing group, project leader and sub-project leaders were of decisive importance. Implicit in the role as a critical examiner and process supporter was a built-in conflict. This dualism was something that the on-going evaluators as well as the project owner, project leader, steering group members, sub-project leaders and other project participants had to relate to.

The systematic learning meant that we, at each steering group meeting, communicated viewpoints concerning the development of the project, and how the work was conducted to obtain both the project goals and the result goals. An example of feedback that was given during the first year of the project was that the patient-oriented approach which is indicated in the project directive should be made clearer to a greater extent. An additional viewpoint was that the project budget should be analyzed at each steering group meeting, and that the steering group would prioritize matters concerning risk analysis. Concerning activities within the project, it was noted that these were not in phase with the timetable. The fourth viewpoint was about the project SGF in relation to the programme context and then especially the horizontal criteria. The on-going evaluators observed that these should be operationalized to a greater extent within the project. Further, the importance of developing a conscious strategy for implementing the project in the activities of health- and medical service and caring was pointed out. One recommendation was to develop a strategy for sustainable learning, where also a citizen perspective would be included (see Albinsson/Arnesson 2008).

After one year the on-going evaluation showed that within SGF there were several built-in difficulties that had to be met with awareness, knowledge and also active measures from the project owner, steering group and project leaders. The project was assessed to have a future, as information technology to a larger extent than at present ought to be introduced within nursing and caring. For the project to better steer towards its goal to increase patients' and citizens' accessibility to health- and medical service, the necessity of some radical changes was brought out. The most important ones were to make clear the areas of responsibility and mandate within the project, and to have the degree of activity increase significantly. An additional suggested measure was to reduce the number of sub-projects. The solution of technical problems and the creation of administrative routines for the co-funding

within the project were other measures that were suggested (see Albinsson/Arnesson 2009 a).

All in all, it may be noted that the feedback that the on-going evaluators gave during the first eighteen months of the SGF was extensive. Several of the suggestions given were taken care of. During the autumn of 2009 a new project leader was appointed and the constellation of the steering group became different. Further, the organizational structure was changed and seven sub-projects were reduced to two. Several different tests of technology solutions and activities were planned, and there was a clear positive spirit among the project participants. However, the problem with a too low degree of activity in relation to the project timetable remained. Considerable efforts were directed towards finding information technical solutions in the sub-projects (see Albinsson/Arnesson 2009 b).

How critical can you be as an on-going evaluator?

The interactive research within the project SGF was about us, in dialogue with the participants, building common and reflecting knowledge. The procedural learning was primarily focused on discussions on the project idea in relation to the set project- and result goals. Our reflections on the process support of the project led to the question of how critical one can be as an on-going evaluator. Our independent researcher's role in relation to the project meant that it, in principle, was possible to be as critical as one felt was needed. However, we saw this as unrealizable, and rather the on-going evaluator ought to develop a critical approach where human interaction, participation and mutual learning are in focus. For this to be obtained, special demands concerning how to deal with both closeness and distance are placed on the on-going evaluators.

The question of how critical you can be as an on-going evaluator may be referred to the knowledge that on-going evaluators should look for. The knowledge perspective that we adopted determined what empirical data material should be obtained, what would be important to observe, what problems were discovered and prioritized, and also what explanation we considered to be relevant. Together this made up the basic conditions for

providing forward-looking feedback. This meant that we in the process-focused, interactive on-going evaluation looked for interpreting, describing, action-gearred, but also value-based, ethical knowledge. Our affiliation to the academic context was seen as a condition, as it comprised both methodological and theoretical knowledge. This made possible perception and analysis of social contexts in a scientific manner. At the choice of scientific methods and the gathering of empirical data, methodological knowledge was invaluable. Another resource was there being two of us following the project. Through joint reflections we found the words for processes within the project.

To gather empirical data material meant in our case the usage of multiple time-consuming methods. This choice was based on us wanting to know as much as possible about the various project parts and the fact that the critical examination was entirely dependent on this. The analysis work and writing of reports were also extensive processes. The conditions for our on-going evaluation entailed, however, a built-in conflict. The demands from the project organization were a high degree of activity and participation on our side, something that had to be weighed against the fact that the resource allocation for the on-going evaluation of the project was rather modest.

The academic context can also be problematized in relation to the studied practice. This became clear after the collection of the empirical material. The analysis showed that there were obvious problems and tensions between project actors, something that resulted in the project not heading towards its set goals. To distance oneself from practice, and find theoretical models of explanation and understanding, then became a challenge. Here the concern was about moving the positions from closeness to distance. In a first step we tried to obtain this by seeking closeness and creating a continuously ongoing dialogue with the project actors. In this way we distanced ourselves from and re-examined the theories which we had internalized a long time ago. In the second step we left the practice which we, in part, were part of, and looked for theoretical explanations and understanding of social developments within SGF. However, this did not mean that we stopped following development processes, participating in meetings of different kinds or taking part in the project participants' experiences.

A theoretical perspective that can be adopted in reference to SGF is Bourdieu's theory of social fields. According to this theory, society consists of fields, each of them with their codes, rules and norms. A field is a fairly independent part of society charged with conflicts, power and competition for recognition and hegemony (Bourdieu 1992, 1993). According to Bourdieu, each field consists of a set of non-conscious partly embodied behavioural rules for the game that applies within the field. However, general laws exist for all fields; one of these is to act in accordance with the field-specific game notion and protect its value bases. A common trait is also that between the social fields there is a structure resemblance, homology, which means that actors within a certain field share the interests that are specific for the field and that there is a common belief, *doxa*, in regard to the focus of the field. In order to participate in the game, the actor needs to have capital, that is, resources that are practicable in the field. These are constituted by social capital, symbolic capital, comprising cultural capital, and economic capital. Another concept in Bourdieu's theory on social fields is the *habitus*, which refers to an individual's dispositions that have been acquired through learning and that facilitates or renders more difficult the establishment in a field. The *habitus* thus deals with the individual's living space and the structuring of the world, the way that the actor at each point of time sees it (Bourdieu 2002).

The fields that were embraced by the SGF were the fields of technology, health and medical care, together with the scientific field. Already at an early stage it was noted that those who represented the technical field took up a hegemonic position. In this field the symbolic capital was particularly valuable in the form of professional practice and also the distinction between usable/unusable technologies. Those within the project who represented information technology defended the value basis of this field and acted in accordance with what was expected from them. By using the field game rules a dominating position within the SGF was reached. Concretely, the hegemonic position was about possessing special knowledge on how technical problems and technical support would be solved. During the first project year, great efforts were put into finding technical solutions, which would match the specification of requirements within the various sub-projects. With the purpose of finding the ultimate and most updated information technology

for the project, the procurement process of technical equipment took a long time, and at several meetings the discussion on technical problems constituted a recurrent element.

The field of health- and medical care was represented by the project owner, the project leaders and other project participants. Also here the symbolic capital had a prominent position, but with the difference that the dualism between the patient in the centre and technical solutions was in focus. Also the economic capital played an important role for the funding of the project. Within the field there were conflicts, power and competition for a leading position. The field was governed by the overall purpose of the project, which was to point out the combination between on the one hand the accessibility problem of health- and medical care and, on the other hand, the possibilities of the new service infrastructure. Within the field, needs of technical solutions were formulated with their point of departure in the existing knowledge. In the interaction with the technical field, there then emerged a gap between the desired technical solutions and those that were possible to attain. A consequence of this was that the task of the technical field of presenting technical solutions did not match the needs of the health- and medical care. An additional consequence was that the field of health- and medical care took a position of dependence and a less prominent position within the project.

The field that researchers within the different sub-projects of the SGF and some steering group members found themselves in was the scientific field. A field-specific capital form was the symbolic capital of university power, that is, positions and administrative qualifications. Further, there was scientific capital of power, based on positions with decision authority in a steering group or research council. Prestige capital was another sphere of power, which was built up through conference participation and publications. The different resources embraced by this field were built up through competition for power over the direction of the research within the SGF.

The aspect of power can also be understood from Foucault's point of departure that power is present everywhere, as it is created in each moment, in each relation and in each relation of opposition between two or several points (Foucault 1980). Power thus exists in society, between individuals and in the

individuals. But it can still not be viewed as a human characteristic. The searchlight should therefore not be directed at the motives of those in power. Instead practices and effects on the people made subjects of the exercise of power should be studied. The analysis of power has its starting point in an ascending power analysis where micro power makes up the first part. Micro power is the power that is exercised over the human being as a physical being. This aspect consists of a countless number of small mechanisms, all with their own history, technology and practise. These mechanisms are extended and their character becomes more general. Gradually, they lead to global dominion forms.

Foucault also focuses on the relation between power and resistance, and defines power synonymously with resistance, a vector of power in the opposite direction than the original (Foucault 1982). Power is, thus, seen as a relation between forces where the relative strengths are seen as a relation of power. A force never exists separately but only in relation to other forces. Power should, therefore, be interpreted as a web of always strained and active relations and not as a privilege that somebody can be a possessor of. When Foucault explores the relations, forms and effects of power, the concepts of genealogy, archaeology and discourse are central. A genealogy takes its starting point in the relationship, origin and transformation of the phenomenon while the concept archaeology is applied at studies of the forms of the discourses and constitutes a supplement to the genealogy, which is more directed as the power-related origin of the discourses. With discourse Foucault refers to a regulated description, that is, statements, concepts, theses and theories about something. A discourse is thus a thought process that step by step builds up composite knowledge. The discourse exists through a discursive practice, for example the modes of procedure of the sciences to describe and express knowledge about their objects. According to Foucault, each object of knowledge is dependent upon the discourse and the discursive practice, but also upon the social reality. In this reality there is a continuous flow of power relations, which surround and condition the discourse. Power then means, according to this approach, a continuous struggle and not a making of a contract and the transfer or conquest of new areas (Foucault 1980).

Transferred to the SGF, this meant that power was expressed in different micro contexts, and thus existed in all interaction between the project participants, but also in the relation between project participants and patient/care recipient. These power relations formed relative strengths between different forces. One observable example of relative strengths was the power relation that existed between the County Council of Blekinge and the project SGF. Already at an early stage both project leader and project participants experienced that they did not receive sufficient support by the management of the County Council, something that was manifested in the fact that individual people in the managerial group were openly negative to the project. This resulted in the project leader having to go her own way in order to make visible and implement the project idea both internally and externally. Another example of relative strengths was the power relation that existed between active project participants within the SGF and the steering-group of the project. Within SGF there was a steering-group that answered for the project results being in line with the project directives, guaranteeing that the project kept to the project plan, giving active support to the project leader and keeping informed about the project and the surrounding world to obtain well-founded data for decision-making. Our interpretation is that the steering-group, during the first project year, did not take on this responsibility and did not anchor SGF at the managerial level of the County Council of Blekinge. In this power relation, the project leader had to make important decisions, which, if they would have been questioned by the steering-group or been erroneous, could have endangered her professional career. Furthermore, there was a relation of power between the project participants and the recipients of the tests and results of the project. The project participants were well aware of the importance of the anchoring of the project idea within nursing and caring services, where the interest and participation of the staff were decisive factors to obtain results. The power relation can also be understood from the angle that the engaged staff called attention to a lack of resources of time, and a negative attitude to IT-based health- and care services.

The power relations can also be understood from Foucault's ideas on discourses. Within the SGF the discourses signified that the project members' thoughts and actions were guided by their understanding reality from per-

spectives adherent to administration, nursing- and care, information technology and science, respectively. The discourses existed through discursive practices, where knowledge about the project was described and expressed in different ways. In the meeting between the different discursive practices, there was a friction that could be attributed to a continuously on-going power struggle. This can be interpreted as destructive for the work that was carried out within the project to reach the established goals. But the power struggle can also be seen as productive, as it contributed to the intensification of activities and the showing of results.

An important point made by Foucault is that he makes clear the resistance in relation to power. The resistance is formed by the very power and can never be anything that exists autonomously (Foucault 1980). The difficulty within the project to distribute suitable care and health services, by means of image communication between care recipient/patient and health care provider/health care centre, could be problematized from Foucault's thesis that power breeds resistance. The resistance at health care centres to try new technical solutions which at first were experienced as yet more tasks in an already strained work situation can, from this perspective, be comprehensible.

Further examples of resistance comprised the difficulties of SGF in getting resources from the Information and IT department of the County Council and the expressed direction of will from the Communication Director at the County Council, about not spreading the project externally before concrete results could be shown.

A further theoretical perspective is the theory of the social construction of reality represented by Berger and Luckman, with the theory focusing on everything that is counted as knowledge in a society. The questions are directed at the knowledge that surrounds us, that we take as given and that we hold as true. An important analytical point is made up of Berger and Luckman's reflections on the dialectical relation between objective, social structure and subjective, individual reality. Recurrent in their analysis are three overall themes; society is a human product, society is an objective reality and the human being is a social product (Berger/Luckman 1966).

The social reality within the SGF was interpreted from this perspective as both real, objective and as a construction by the actors. Knowledge development could be comprehended both from a structural and individual perspective. The actors within the SGF were the project owner, steering group, project leaders, sub-project leaders, researchers, doctoral candidates, staff within health- and medical service and care together with patients, care recipients and citizens.

From an individual perspective, social meetings within the SGF involved the actors representing different competences and institutions. At direct face-to-face meetings the interaction began by the actors putting labels on each other and creating typificatory schemes. By way of introduction, this categorization contained typifications such as sex and age, to after that develop from the knowledge of the actor's competence and roles. These roles placed the actors in relation to each other at different status levels. The typification facilitated the interaction and the actor's actions could be habitualized, which meant that she/he could act habitually without due consideration or reflection, as long as everybody acted according to this scheme.

According to Berger and Luckman the interaction is affected by the actors' relevance structure (Berger/Luckman 1966). One part of the relevance structure consisted of a supply of common knowledge, but the actors also had specific knowledge supplies that were related to competence and professional role. By means of the language, the common experiences were objectified and made accessible to everyone within the language community. When individuals did not fully share the relevance structure, they did not have access to the role-specific language either. They then had to use attention and effort to try to understand each other. Specific knowledge was influential when the actors chose what was communicable to whom. Some actors within the SGF had access to the specific technical knowledge and language, while others had knowledge specific to health- and medical service and/or science. A condition for SGF reaching the goal of increased accessibility was that these actors would understand each other's role-specific linguistic usage, and that they together would develop IT services. The actors who were knowledgeable about health- and medical service often emphasized their shortcom-

ings when it came to understanding technology, at which the technicians agreed. However, a reverse reasoning never took place.

An interpretation based on Berger and Luckman is that the different existing relevance structures formed the basis of the creation of competing sub-universes, that is, perspectives of SGF. The technical sub-universe was the dominating one where the carriers had the preferential right of interpretation and more power compared to others, when it came to having an influence on the development within SGF. The actors who shared this perspective saw SGF in a special way, and had their own goals for their participation. This might be an explanation to why the project focus was moved from being centred on patients/citizens to a concentration on information technology. The shifting can be comprehended when one considers that the project owner, steering group and project leaders had failed to incorporate competing sub-universes in the dominant one, something that had been established in the plan and the directive of the project.

The structural perspective meant that the project SGF, as seen from the perspective of Berger and Luckman, can be related to legitimization of knowledge and the organization of society. The knowledge development within SGF was legitimized at all four legitimization levels. At the lowest level, concepts like illness, health, patient, citizen, accessibility, limited resources, operating system, computer, Web camera and TV were found. At the next level there were elementary theoretical theses whose contents and message conveyed moral normative foundations within SGF. The third level contains theories and concepts that are used when the general knowledge supply is insufficient. Here theories of caring science, technoscience, sociology, economy together with organization theories were found. Symbolic universes make up the fourth level, which then consists of collected theoretical basic assumptions that are integrated by them being incorporated in a comprehensive universe of signification. Swedish health- and medical service and care are permeated with a humanistic outlook on people, an outlook that must be incorporated into SGF. The organization of society dealt with the idea that the institution of health- and medical service and care constituted a part of the Swedish welfare politics where, among other things, laws and regulations are established. This meant that, for example, the Health and

Medical Service Act and also the national IT strategy affected the activities of SGF.

The County Council of Blekinge was a co-funder of SGF. The project was ranged within the hierarchy of the county council and was affected by politicians, civil servants and staff. The difficulty of steering SGF forward towards established goals could, partly, be based on the relation to the County Council of Blekinge and its structure. This resulted in the actors continuously being confronted with both explicit and implicit power structures, which they did not understand or could not handle. To strengthen the position of SGF within the hierarchy of the County Council of Blekinge, the majority of the members in the steering group were directors within the county council. These were both resource owners and project recipients. When they did not prioritize the steering group meetings or alternatively sent substitutes, the effect of an imagined strategy did not take place. The project SGF ran during a period when the County Council of Blekinge was grappling with a large financial deficit, and was thus affected by economic conditions both on a national and a local level.

The analysis of SGF, as seen from three theoretic approaches, contributed valuable insights into the problems and tensions that existed within the project. At a structural level the resistance to the project idea stood out with clarity, which resulted in a delay of comprehension and access to the activities of the health- and medical service. Furthermore, it was not easy to find working methods and assignment of responsibilities in the steering group of the project. To change underlying structures is both difficult and time-consuming. The theoretical analysis brought concepts and theories which contributed to understanding and awareness of the processes that took place within the project. Between actors within the project there were conflicts, which derived from competences, different discursive practices but also from the hierarchical structure of the health- and medical service. One interpretation is that the everyday communication between the project participants was good. At meetings and conferences the participants often expressed the idea of there being candour and that the working climate was encouraging and creative. At interviews/talk it came out, however, that almost all project participants watched with growing alarm that the project did not keep time-

frames, that technical solutions were not tested and that the insight into the different sub-projects was small. This is a reflection of the fact that the apparently good communication camouflaged the oppositions and tensions that existed between the different actors of the projects. The social constructivist perspective contributed tools that helped us to view knowledge as something that is created in a social context, in a dialectical relation between individual and structure. In all knowledge development there is an aspect of power that can be referred to how the individual relates to herself and others. Taken further, this development is about empowerment, that is, about strengthening the individual's notions of herself and her attitude to other people. With this approach to knowledge it became central to take a listening approach to the participants, at the same time as it meant challenging and re-examining knowledge about image communication between care recipient/patient and care giver/health care centre, and delivery of suitable care- and health services in relation to this. Our closeness to theories and scientific thinking created a view from without that needs to be weighed against the project participants' view from within. The challenge of on-going evaluation was then a matter of bridging over these two views and creating conditions for alternative ways of thinking and new practices.

The question of how critical an on-going evaluator can be must also be put in relation to there being a built-in conflict in the role as critical examiner and process supporter. The experience was that our role within the project was perceived as positive and trustful but also obstructing, negative and controlling. The latter became especially clear when the on-going evaluators suggested extensive changes concerning the organization, degree of activities and technical solutions of the project. To question may be understood as negative and disturbing, but can through common reflections lead to new solutions. As on-going evaluators it then became important to bring back viewpoints in a forward-looking manner and in dialogue with the persons involved in the project. There was also an obvious risk that we would take a too uncritical approach. Were we understood as far too influenced by the project owner and project leaders' view on the project and thereby becoming their messengers? In our regular talks with these parties reflections and analyses were examined before being discussed in the steering group and

with the sub-project leaders. A good relation to the project owner and project leaders was seen as an imperative condition for process support and reflexive learning. Our experiences are, however, that closeness and consensus must be problematized. As researchers it is important not to become part of the social room and cognitive structures of the practice to a too high extent. The capacity to remain critical to the context that is to be examined will then be lost. One reflection that can however be made is that closeness and participation in the project activities was a condition to carry out the mission as on-going evaluator. Still, this participation did not occur automatically, something that can be exemplified by us on several occasions being "forgotten" on send lists before meetings, and that certain information was selected. Seen from the project participants' perspective this acting became comprehensible as an altogether too big insight would threaten the image of "best practice", which was the desired image to convey.

The on-going evaluators' possibilities to question matters can also be seen in relief against the expansive learning that deals with common reflection leading to new solutions. The objective of the project to, within existing resources, introduce information technology into nursing and caring meant a conflict between old, ingrained routines and new needs. To within the project find forms for reflection and development was by us viewed as a challenge. The learning seminar became a forum for knowledge formation and common learning, both for us and the project participants. The basis of these seminars was an interactive research approach. Learning seminars were held on six occasions. The seminar group that was founded consisted of six persons; the project leader, the project economist, the project co-ordinator and sub-project leaders. The purpose of these gatherings was to obtain an overall view of the project, and lift the problem areas that the seminar group wanted to study closer and reflect over in particular. The group prepared by making written reflections over a concrete situation or a phenomenon within the project that had generated an action and a concrete experience. The described situation was illustrated in six steps:

1. Description of a concrete situation. Question: What happens?

2. Observation, reflection and analysis of the concrete situation. Questions: What methods are used? What happens? Why does this happen? What does it mean?
3. Abstraction, generalization and assessment of the concrete situation. Questions: What conclusions can be made? What have I learnt?
4. Revision of the situation with new information as the basis. Question: What have I learnt?
5. Revision of action in the light of what has been learnt. Questions: How can I use what I have learnt? How can I learn from my mistakes? How can my own perspective be developed by means of theory and analysis?
6. New concrete situation.

Before each learning seminar, the reflection reports were sent out to the group members and to the on-going evaluators. This made it possible for the participants to prepare and take part of the problem areas that would be discussed at the seminar. The purpose was to create a permissive climate and interplay between reflection over concrete actions and theoretical connections. The on-going evaluator's role was to create a structure for the discussions that took place at the same time as it was important to be permissive and sensitive. The role also comprised putting words on a process and functioning as sounding board for how a strategy for sustainable learning can be built up within an EU project. Our ambition was to problematize, criticize and disturb with the purpose of promoting reflection and new thinking in the seminar participants. In order to make our meetings forward-looking, commitment, an open climate and the will to learn from each other, came to have vital importance. At the learning seminars we took on different roles. One of us answered for the documentation and concluding theory connection, a role that was close to the go-along method, that is, non-participatory observation. The other on-going evaluator took on an active role, that primarily was aimed at arousing enthusiasm in the seminar participants as to the will and possibilities of more profound reflecting over and assessing the described situation. Through questions like: Is there anything in the situation that affected you especially? How did you handle the situation? How did you react when....?

What do you mean when you say...? You said that..., how is that? We hoped that the seminar participants would reflect upon their experiences and actions and through new learning reconsider knowledge. The method that has been described above aims at creating a common learning process, which builds on an interplay between reflection upon concrete actions and theory connection.

The learning seminars had, from the start, an open beginning and the participants themselves chose concrete situations that they wanted to discuss.

Difficult reporting relationships, lack of information channels, insufficient technical support and the want of a functioning steering group were recurrent problems that were analyzed in the group. When it comes to difficult decision paths, in a reflection report one of the seminar participants brought up the fact that it was difficult to get clear information about which decisions had been made by the managerial group of the County Council of Blekinge. The effect was, according to this seminar participant, that "the project loses speed and uncertainties arise as to which resources there are, what technology should be purchases and when test may be begun" (seminar participant 1). The joint group reflection led to new knowledge and revised actions. An action plan was set up as to how to attend to the problem. The content of this was to have the SGF steering group more engaged and make more decisions that would drive the project forwards. Further, the work with anchoring the project at the managerial level of the County Council would be intensified, as would the implementation within nursing and care.

Another seminar participant came back on several occasions with a comment regarding the insufficient interest and commitment on part of the steering-group members, concerning steering the project ahead and giving support to the project when problems arose. She expressed her frustration over the steering-group's dysfunction like this: "As a matter of fact, the members have constituted a problem. The steering-group members' participation has in most cases been sporadic. Some steering-group members have been replaced with the result that no anchoring in their activities has taken place" (seminar participant 3). The revised actions were, in this case, that the meetings of the steering group were set up in a more long-term manner than earlier, so as to increase the members' conditions for participation. The group further agreed

on having the project leader inform the project participants and steering-group members about the project status in a monthly letter.

The description above of the learning seminars shows that the common reflection led to new solutions. Moreover, an ambition was to make visible oppositions and conflicts to the participants. This we tried to achieve through discussing interplay and actions between individuals within the project, and the oppositions that arise at social interaction. Bringing theoretical arguments concerning power, organization structure and organization culture into the project became useful tools for comprehension and explanation of these conflicts. In order to create conditions for deeper learning at subsequent seminars it was suggested that the reflection reports be written based on themes determined in advance. The seminar group agreed on four possible themes. These were retrieved from the on-going evaluators' interim reports and constituted examples of aspects that particularly had been assessed as problematic within SGF. IT support, horizontal criteria, the patient/citizen in the centre, and also sustainable learning within the project, turned out to be the areas of discussion which the group agreed upon. At the learning seminar where IT support was the focus of our discussions, one seminar participant problematized the lack of support from the Information- and IT department. He called for assistance in creating technical solutions so that the sub-project Public Health could become accessible to the public. The common reflection by the group resulted in laying down the fact that the technical resources that the IT- and Information department was to contribute were not sufficient. The revised action was to purchase IT support externally.

The horizontal criteria of equality, integration/plurality and environment constituted the theme at one learning seminar. Here, the seminar group had difficulties in describing concrete situations in their reflection reports dealing with these criteria. Several participants expressed insecurities as to how they should work to reach the requirement of the project directive of having the horizontal criteria permeate all parts of SGF. In the discussion that followed, these could however be made concrete in relation to the work within the different sub-projects. Together the seminar group worked out routines for implementation and documentation with the purpose of making visible the criteria.

The seminar that treated the theme of the patient in the centre was focused on the SGF being opposed at different levels within the County Council of Blekinge. Several reflection reports touched upon this and somebody considered that: "This leads to uncertainty and insufficient possibility to attain increased accessibility and the placing of the patient in the centre" (seminar participant 1). Another seminar participant thought that: "the lack of IT support results in the project tending to become an IT project instead of a project that is of use to the patient" (seminar participant 4). The group considered that the reason for not placing the patient in the centre could be explained with the project struggling with oppositions at different levels. There was an overall opposition from the Information- and IT department. Another identifiable opposition was the inadequate anchoring of SGF within the activities where tests of image communication between care receiver/patient and caregiver would take place. The revised actions that were actualized at this seminar were that the steering-group needed to bridge over the insufficient communication between the Information- and IT department and SGF. It was further suggested that IT support should be purchased externally. The problem with insufficient anchoring could, according to the seminar group, be solved through regular meetings with caregivers with the purpose of deepening the dialogue about the development of IT-based nursing and health services. The group also thought that the personal meeting with representatives of the project would also contribute to playing down the fear of using new technology.

The theme of sustainable learning contained discussions on the significance of learning, for the project results to have long-term effects. A first draft was worked out of a learning platform, which would function as an arena for knowledge interchange and knowledge development. The seminar ended in the decision that the group would develop the learning platform by using it as a working method at coming learning seminars.

The outcome of the learning seminars showed that both participants and on-going evaluators through dialogue and reflection together created new, concrete solutions. The learning seminars therefore became an important forum for the on-going evaluators' possibilities to critically examine the project. Within this method of work we together built sustainable learning

within SGF, a platform that could be tested at the implementation of the project results within the activities of health- and medical service and care.

Conclusion

The European Regional Development Fund sets the requirement that the on-going evaluator needs to be critically examining, process supporting and working to bring the project idea towards the established goals. There are problems in this mission that we in this article have tried to bring forth. We mean to say that a critical forward-looking examination requires two basic conditions. One is that the on-going evaluator is free in relation to the project. This is achieved if the on-going evaluation mission is purchased by the funder and not the project owner. The other one is geographical closeness to the project, something that makes possible a continuous dialogue, process support and the acquisition of empirical material. One issue that has been especially illustrated is how we in our capacity as on-going evaluators have handled the dilemma of closeness and involvement in the project in relation to distance and a critical approach. Our experience is that the on-going evaluation that sets out from an interactive research approach offers several exciting challenges. One of these is the closeness both to the scientific field and the practice that is studied. Another one is that the dialogue between the on-going evaluator and participant must be kept alive in order for a sustainable learning to be brought about. A conclusion that we may make from our experiences in SGF is that the learning seminars developed into a platform where the project participants could meet, formulate questions and find answers. The on-going evaluators then contributed with theory connections and development support in the practice of the participants. Our experience is that the learning seminars became a forum, where we found forms for how critical one can be as an on-going evaluator, and how this criticism could contribute to making the project better steer towards the established goals.

Each on-going evaluator becomes involved in a project and a project idea that can not be questioned. To create optimal conditions the on-going evaluator ought to, instead, be involved already at the formulation of a project application. In our case the participation of the on-going evaluators already in

this phase could have contributed to a better inventory of needs. Questions such as: “What does accessibility mean?”, “To who/which groups will accessibility be increased?”, “How does information technology increase accessibility?”, should, with hindsight, have been analyzed further. With such a basis the goal formulations would, in a better way, have directed the project activities instead of the other way around.

The mission of the on-going evaluation includes the contribution of making the project better steer toward its goals, a mission that indicates an advisory role in relation to project owner, steering group and project leaders. Within the SGF project, the on-going evaluators’ viewpoints were presented on a regular basis in different fora. Our understanding is that this critical examination was taken seriously, and resulted in several concrete measures such as a new steering group constellation and the fusion of seven sub-projects to two. The low level of activities was also remarked upon as constituting an obstacle for the attainment of the project goals. After two years it may be observed that the project still, to a too great extent, is a matter of brainstorming of new ideas instead of focusing on carrying out different activities and tests within the frame of established goals. For the on-going evaluator there is here an obvious conflict between being understood as disturbing in a creative process, and complying with the assignment of directing the project toward the established goals. One year remains of the project period. During this period there are, however, good conditions to attain the set goals. Our assessment is that the project is driven forward by an engaged project group, characterized by enthusiasm, a “we-feeling”, a problem-solving capacity and the will to learn from each other.

For the on-going evaluator to be able to take a critical approach and bring back well-founded conclusions, a scientific approach is required. On-going evaluation corresponds, largely, with interactive research where the meeting between different perspectives, participation, the learning process and common knowledge formation is central. When the critical examination of the on-going evaluation is put in relation to the project participants’ different perspectives, varying images of the same practice appear. Seen from a sociological perspective this can be understood as the reality being a social construction. Construction creates a view from within and one from without, but

also conflicts between competing fields. At the analysis of SGF it was clear that the project actors were affected by tensions on both an individual and a structural level. This can be understood by means of Bourdieu's field theory, Foucault's power analysis and the social construction of reality that is represented by Berger and Luckman. For the on-going evaluator and the project participants, the challenge becomes to view conflicts as a productive process of awareness and learning. The learning seminars that were described earlier became the most important tools for the on-going evaluation to follow processes, self-examination, make visible concrete problems and increase the understanding of different perspectives. One thought is that these, in continuation, also could be developed into including the steering group and become a part of the implementation of the project in the activities of the health- and medical service and caring.

The design of the on-going evaluation must be allowed to be different from one project to another, as the critical approach always takes place in relation to human interaction, participation and mutual learning. On-going evaluation within large long-term projects requires special work. In our experience, the three-year project period of SGF was reasonable in relation to its extent at the same time as the risk for deviations from the established goals with the consequence of "driving into the ditch" increased. During three years a lot of things happen in terms of development of information technology. This meant that the original project idea did not hang together from "seed to bread". In this situation requirements were put on clear and recurrent documentation and on the critical examination taking place in dialogue with the project participants and that it be understood as forward-looking. There is here a clear dividing line, between an evaluation task and the interactive research which has been conducted within SGF.

Our experience is that the on-going evaluator's critical examination is of great importance for Structural Funds projects to better reach their established goals. The complexity that has been described in this article is not unique for the on-going evaluation within SGF. It exists and must also exist in larger projects, where many actors are involved and different perspectives intersect. For a project to survive, and be implemented in reality after the end of the project period, there is need for a strategy for sustainable learning. Part

of this strategy, as we see it, is the development of learning seminars and the on-going evaluator's task to contribute knowledge that leads to action and conscious choices.

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