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Intervention as workplace learning

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Abstract

Purpose – The purpose of this paper is to illustrate how workplace interventions may benefit from a simultaneous focus on individuals' learning and knowledge and on the situatedness of workplaces in the wider world of changing professional knowledge regimes. This is illustrated by the demand for evidence-based practice in health care.

Design/methodology/approach – The paper is based on a case study in a public post-natal ward in a hospital in Denmark in which one of the authors acted as both a consultant initiating and leading interventions and a researcher using ethnographic methods. The guiding question was: How to incorporate the dynamics of the workplace when doing intervention in professionals' work and learning?

Findings – The findings of the paper show how workplace interventions consist of heterogeneous alliances between politics, discourse and technologies rather than something that can be traced back to a single plan or agency. Furthermore, the paper proposes, a road down the middle, made up by both an intentional and a performative model for intervention.

Originality/value – Intervention in workplaces is often directed towards changing humans, their behaviour, their ways of communicating and their attitudes. This is often furthered through reflection, making the success of intervention depend on individuals' abilities to learn and change. In this paper, it is shown how intervention may benefit from bringing in workplace issues like different professional knowledge regimes, hierarchical structures, materiality, politics and power.

Keywords Professional's knowledge, Public health care, Intervention, Case study, Intention, Performance

Paper type Case study

Introduction

The work of Argyris and Schön (1974/1978) and later Schön (1983, 1987) continues to be an inspiration for research into professionals' work because it stresses the importance of reflection on professionals' actions at work as a means of generating knowledge (Boud *et al.*, 1985; Moon, 2000; Raelin, 2001; Reynolds and Vince, 2004). Schön (1983, 1987) proposed a model for professionals' learning as that of the "reflective practitioner", with a point of departure in professionals' actions and relevant knowledge established through the notions of "reflection-in-action" and "reflection-on-action" (Boud and Hager, 2011; Høyrup and Elkjaer, 2006).

However, even though a number of contributions on professionals' learning stress the combination of reflective practice and situated learning (Anderson *et al.*, 2000, 1996; Billett, 1996; Wenger, 1998), it appears as a problem to do so (Billett, 2010; Elkjaer and Brandt, 2014). Zukas (2012), for example, showed that accounts of professionals' learning fail to consider that learning is entangled with practice. This failure is also noted by Fenwick *et al.* (2012), who emphasised that despite inspiration from practice-based (PBS) studies of learning (Brown and Duguid, 1991; Corradi *et al.*, 2010; Lave and Wenger, 1991; Nicolini *et al.*, 2003), the problem of inclusion of context in professionals' learning remains unresolved.



In this paper, we maintain the notion of the reflective practitioner, but we also include the workplace as a context for professionals' learning in our recollections of an intervention made by one of the authors (X), when he/she was called upon as a consultant to help solve conflicts between professionals in a hospital ward (Grill *et al.*, 2015). The research question is:

RQ1. How to incorporate the dynamics of the workplace when doing intervention in professionals' work and learning?

The dynamics of the workplace is understood both as the participants' learning and the situatedness of the workplace. The workplace is situated in a context of professionals' knowledge and, in this case, health-care politics. In organisation studies, this is a trivial point (Scott, 1998), but following the above-mentioned organisational development (OD) tradition, it is the norm to work with individuals' learning and to ignore the workplace as part of a wider world.

The case study in this paper shows that these workplace dynamics, professionals' learning and the context of politics and power, are important in understanding an intervention and its outcome. It is done by including both the OD tradition from which the reflective practitioner originates (Argyris, 1983; Argyris and Schön, 1974/1978) and a more contemporary PBS ("socio-material") tradition in which we include the notions of non-humans and assemblies (Fenwick, 2008; Latour, 2005; Orlikowski, 2007). Thus, we take up two perspectives in relation to the intervention and data of the study. This leads us to focus on both intentionality and how the situatedness of workplace politics and power co-constitute the outcome of an intervention.

First, the background, methods, data and ethics of the case study are introduced. Next, the case study is presented as a narrative based on the data gathered to illustrate the time flow of the interventions. Then, an elaboration on the two overall versions of organisational change is presented. This is the OD tradition for a planned change (for a comprehensive overview, see Burnes and Cooke, 2012), and the PBS tradition, which is focused on the performative flow of change (Nicolini, 2012). We then read the case in light of these traditions and conclude that the two complement each other. Together, they encompass practitioners and context in their mutual constituency and dynamics helping us to understand the intricacies of workplace interventions and professionals' learning (Hopwood, 2014).

The design of the case study

The project was designed as an in-depth case study (Flyvbjerg, 2010; Yin, 2013; Willig, 2013) and a quasi-experimental intentional intervention in a real-life situation at a post-natal ward in a hospital in Denmark in order to ameliorate a conflict among parts during a challenging accreditation process. The data were collected throughout a period of three months in relation to which X was employed as a development consultant and was placed close to the hospital administration. This gave a unique opportunity to act as both a consultant structuring interventions and a researcher using ethnographic methods. In this role, X was soon involved in a controversy among managers, nurses and doctors. Campbell and Stanley coined the term quasi-experiment in an influential book on education evaluation already in the 1960'ties (newest edition Campbell and Stanley, 2015). The term quickly caught on and now appears widely applied in educational studies. Shadish *et al.* (2002, p. 104), for instance, defined a quasi-experiment

as an experiment that lacks random assignment, but that otherwise has attributes to randomised experiments. Thus, quasi-experimental designs typically allow the researcher to control the assignment by some other criterion. In this case, this criterion is an analysis of a sequence of events launched by the researcher and in which the researcher is participating based on two well-known traditions (OD and PBS) (Brand and Kinash, 2010). We have also found inspiration to the quasi-experimental design in the study by Vikkelsø (2007) who argues that ethnographic researchers could learn from arch-interventionists, i.e. therapists.

The intervention in which X collected data consisted of the following five structured moments:

- (1) *Initial discussions about job resignations*: X was invited by the clinical management to discuss what to do about job resignations. Although no consensus appeared in the clinical management, it was decided to invite all nurses for two personnel meetings to discuss the working environment. X took notes during the meeting and wrote a detailed summary (these data are later referred to as ID).
- (2) *Meeting the nurses at two consecutive personnel meetings*: At the first meeting, which took place as a roundtable discussion, a narrative of two oppositional networks of nurses was articulated: evidence-based nurses (EBNs) and traditionalists (TRADs). At the second meeting in groups, the nurses discussed the question: What to do about the situation in the post-natal ward? At the end, it was collectively decided that the senior managing nurse and the assistant matron ought to work on “their mutual communication problem”. X prepared and conducted both meetings and wrote thorough summaries (these data are later referred to as MN).
- (3) *Interviews with nurses*: In total, 17 semi-structured, 30-min interviews were recorded and transcribed verbatim. The TRADs gave accounts of their resentments and perceptions of being treated unfairly. The EBNs wished for development of existing routines, a modern ward and implementation of health authority instructions (these transcriptions are later referred to as IN).
- (4) *Taking up communication problems*: Three meetings with the senior managing nurse and the assistant matron were conducted. A colleague of X participated in the role of observer and discussion partner for X. A common ground and potential ways to collaborate were discussed. The third meeting ended when the assistant matron left the room by slamming the door behind her (the summaries of these meetings are later referred to as CP).
- (5) *Reporting of results in the centre management*: X wrote a 15-page report on the four preceding moments and presented this in the centre management. The assistant matron was now perceived as incompetent and was dismissed (this report is later referred to as RR).

Given the closeness of X to the described relationships, some ethical considerations are needed. While the intervention was a development project to managers and nurses, it was a research project to X. X explained initially that to learn he/she would thoroughly document activities. X asked for permission to write a scientific article based on the project. Both were accepted by all managers and nurses on the premise that it was

unrecognisably anonymised. Not surprisingly, this study design made X struggle with issues of closeness and loyalty (Alvesson, 2009). Interventions take place as an exchange between many networks, whereby a number of transformations may be occasioned. As X was invited into discussions by several factions in the ward, he/she needed to figure out how to engage with different parties and clarify the normative commitments tied to these invitations. This demanded self-study by X (Paugh and Robinson, 2009). As X was employed as a development consultant, he/she was expectably perceived as acting from a management perspective. This position may very well explain why X saw the TRADs as rearguard and the EBNs as progressive, and this may have affected the outcome. Although this may be ethically problematic, it is at the core of the paper's argument; workplace interventions cannot be separated from the politics in which the workplace is situated.

In the following, the results of the above are made into a narrative in an attempt to illustrate where an inclusion of context might have helped understand what was happening. Our analytical strategy is both to re-interpret the intervention in light of the OD theoretical framework (in the section on intervention as intentional) and to include concepts from a PBS (actor-network theory [ANT]) tradition, which makes it possible to situate the intervention as translation among assemblies and non-humans (in the section on intervention as performed).

The PBS (ANT) tradition added to the interpretation of data from the OD tradition helped us to do away with a too rigid research design, where *a priori* and fixed concepts too strongly guided the analytic attention because of its focus on performativity and effects. Thus, our ambition has been to simultaneously be as sensitive as possible to the empirical data and to be able to illustrate OD and PBS/ANT. This analytical strategy provides a background for practical implications based on a fuller story of what went on in the case-setting.

A hospital ward of conflicts

Ann is a new head nurse. Carol is an experienced midwife manager. Beth has been an assistant matron for 20 years. Brian is the clinical manager. Adrian is an experienced centre manager. To protect the participants, the names are pseudonyms.

The hospitals in Copenhagen recently went through an accreditation in relation to which all procedures were described according to standards. An international council oversees this process and certifies the status of an accredited hospital. These clinical descriptions are under the auspices of the assistant matron, Beth. As evidence-based practices were resisted by several well-established professionals, and as Beth was sceptical towards rigid standardisation, the accreditation turned out to be demanding (data source, MN). Moreover, the accreditation created an intolerable work environment, and soon some senior doctors and nurses gave in their notice of resignation (data source, ID).

In the midst of this turmoil, Ann called X. She wanted to discuss "the difficult work situation she as the head nurse found herself in". Ann told about the resistance among nurses in relation to the "very urgent task of preparing the accreditation" and that she wanted to get rid of the "old-fashioned traditions in the post-natal ward". Ann invited X to participate in a clinical management meeting. X accepted the invitation, and the participants were, apart from Ann, the clinical manager Brian

and the midwife manager Carol. Brian opened by stating that he preferred to delay any discussion of job resignations until after the accreditation:

In this local area there are one or two hospitals too many. An outcome of the accreditation could result in the closure of a hospital and a number of clinics. It may very well be the less sophisticated hospitals and clinics that are closed, thus we are under pressure to get successfully through the accreditation (data source, ID).

Ann and Carol, however, insisted that the issues of accreditation and job resignations had to be seen as two sides of the same coin as this was causing conflicts in the ward. They argued that something had to be done and if not, the ward would not only continue to lose staff but also hard-won credibility among obstetrics professionals. Ann and Carol won this battle, and it was decided to invite all post-natal ward nurses to two staff meetings to be led by X under the heading: "How to improve the current working environment?" (data source, ID).

Two opposition groups of nurses

While the first meeting was a roundtable discussion, the second was organised as a group discussion. Adrian (the centre manager, the manager of all the other mentioned participants) and Brian (the clinical manager) opened the first meeting. They emphasised that they genuinely wanted to do something about job resignations, and they encouraged everybody to speak up. The meeting turned out to be emotional, and some nurses claimed they often felt like calling in sick, and some that they did not sleep at night.

A tale of two oppositional groups emerged during this first meeting: the "evidence-based" nurses (EBNs) and the "traditionalists" (TRADs). These notions, we would like to notice, are introduced by the authors. They illustrate how evidence-based knowledge and practice through accreditation challenges the power balance with regard to what counts as valid practice. The terms relate to observations made at the first staff meeting, where a rhetoric divide unfolded between young evidence-positive nurses and elderly nurses who were sceptical to evidence-based practices (data source MN). The two groups disagreed about vital work practices such as how to initiate breast feeding and maintain hygienic procedures. The EBNs wanted the post-natal ward to adapt to the health authority standards. They felt bullied and some were hardly able to attend the workplace when (some of) the TRADs were on duty.

During the meeting, it appeared that Beth created duty rosters, which prevented certain individuals from the two groups to attend the workplace simultaneously, and thus tried to de-escalate the conflicts. The TRADs supported Beth and voiced that Ann treated her unjustly. They thought of Beth as a large-hearted nurse and a valuable asset for the mothers and babies. Further, the TRADs claimed that Ann was not a good listener and that she ought to put her ear to the ground.

The nurses discussed what to do about the situation in groups at the second meeting. A group of TRADs proposed that Ann and Beth ought to solve their "mutual communication problems" by involving a third party. Moreover, they proposed that all nurses were interviewed to provide a comprehensive description of the working environment. The task of interviewing was seen as an important element in a fair process. X was asked to take on this role as a mediator and an interviewer and did so (data source, MN).

The wider world of the hospital enters the scene

The interviews made the cleavage between the two groups appear to X as one of emotional stress. Interviews with the TRADs provided detailed accounts of resentment, and it was stressed that they were worried because Beth was treated unfairly by Ann. Moreover, they found themselves bypassed by the EBNs in the making of clinical descriptions. The EBNs told the story about them wanting to build a modern ward, to implement instructions from the health authorities and exchange Beth with a professional manager (data source, IN).

Four mediation meetings were planned between Ann, Beth and X. At the first meeting, Ann and Beth articulated their communication problem. It turned out that they did not meet during their working days. Beth regretted that Ann did not appreciate her efforts as an assistant matron and asserted that her efforts were ignored. Ann answered that Beth did not do her job well “you are an excellent nurse, but not a good manager and management is what is needed!” (data source, CP).

At the second meeting, Ann and Beth wrote down a number of action proposals to improve their mutual communication. At the third meeting, both Ann and Beth were asked to appreciate some of the action proposals written on a flip-board by the other. Beth was not able to comment positively on any of Ann’s 12-specific action proposals. This made Ann generalise from this situation to their everyday collaboration: “This is exactly what happens all the time; you are not willing to collaborate!”. The third meeting ended abruptly when Beth left the room by slamming the door (data source, CP).

The next morning, X had a meeting with Adrian, the centre manager, and the clinical management comprising Brian, Ann and Carol to report on the interviews and the mediation. When X finished, Adrian slammed his hand on the table and said stridently “Beth is incompetent!”. Brian opposed and said that Beth had worked in her position for 20 years. Adrian continued “If she is incompetent, she must leave the job; an assistant matron cannot be incompetent at a certified hospital”. Because Beth was a long-time employee, she was offered another job, which she rejected, and thus was dismissed (data source RR).

In the following, we introduce the two traditions for organisational development, which inspired X to do the interventions, and subsequently us in our research on these interventions, the OD and the PBS traditions.

Organisational development – an intentional model

Consultants working from an intentional model of intervention hold the idea that humans design their actions based on their theories-of-action (Argyris and Schön, 1996). Under everyday time constraints, individuals will neither be completely informed nor will they have unlimited time to implement their actions. To operate within these constraints, humans uphold a master programme (their theory of action) that informs them how to act. There are two kinds of theories of action: espoused theory of action made up by “if-then” propositions that define effective action according to beliefs and values and theories-in-use, which are the operating assumptions of actions that can only be detected through observation. Although people hold their espoused theories dear, they rarely behave consistently with them, which is why it is the theories-in-use that are worked with during the organisational intervention. Individuals may or may not be aware of the discrepancies between their espoused theories and their theories-in-use. It can be shown that issues in peoples’ theories-in-use make them unaware of these

discrepancies, turning them into “undiscussable” issues. It follows that human ignorance is programmed and that eliciting this ignorance of humans’ theories of action is a focal point in the intentional model for intervention (Argyris and Schön, 1996).

Further, all humans enact defensive reasoning and routines when threatened or embarrassed, and they cover this up by further defensive reasoning. This leads to a vicious circle that can only be broken through intervention aimed at installing awareness of how defensive routines act as a shield against feelings of threat. In the intentional model of intervention, human ignorance of defensive routines is the problem that needs to be defeated. The theories of action that lead to this prevailing enactment of defensive reasoning are called Model 1 theories of action, which constitute barriers to Model 2 theories of action and, in turn, double-loop learning.

The work on intervention by Argyris and Schön (1996) demonstrates how to move from defensiveness to learning, and it was primarily techniques from this repository of a planned change that X used in helping Ann and the post-natal ward. This means it was the techniques that help individuals craft more honest and confrontational dialogues. It is in line with the OD tradition that the key concepts applied to solve problems reverberates around enhancing dialogues to make participants aware of their defensive routines. Informed by these conceptual tools, X focused on the issue of mutual communication problems and saw these as a matter of emotional conflicts. To situate intervention in the workplace practices and not only in cognitive repertoires, we will now turn from an intentional to a performative model of intervention (PBS). This perspective led X to attend to issues of power to define the ruling professional knowledge regimes (evidence-based) and to the political pressure upon management for the hospital ward to survive.

Organisational development – a performative model

In the following, we present the notions of translation, intermediaries, assemblies, symmetry and non-humans from PBS by way of ANT (Hassard *et al.*, 2012; Latour, 2005). The notion of translation contrasts the notion of diffusion of epidemiological heritage, which is widely used to interpret workplace interventions and their effects. In the diffusion model, a technology, a command or an idea is transmitted by virtue of the initial impetus imparted by an authoritative source, for example, a consultant who is acting as a midwife for a new organisational model. In the translation model, on the contrary, a command is obeyed through its passing from actor to actor and through processes of translation (Latour, 1986). In contrast to epidemiological models, the notion of translation emphasises that the propagation in time and space of statements, orders or artefacts depends on what actors do with it. Each actor may behave in a different way; they may change the item in question, supplement it, lay it aside or adapt to it (Latour, 1986). In the chain of translations in the post-natal ward, each human/non-human modifies the intended intervention in accordance with emerging interests. These shifts provide a certain performance of workplace intervention embracing staff meeting, mediation, interviews and a consultant/researcher. However, other translations, assemblies and interventions interfere. In this case, the accreditation process challenges the existing knowledge regimes, and thus betrays the intentions of reconciliation in the post-natal ward. The notion of intermediaries is also central to the performative model of intervention. Intermediaries may be artefacts, humans and groups, including their competencies, texts and inscriptions. They circulate in assemblies, which render them

as actors, or not, depending on the degree of influence they achieve (Callon, 1990; Czarniawska and Hernes, 2005). X may be seen as an intermediary, an influential part of the intervention under scrutiny, but not necessarily a defining one (i.e. an actor) (Czarniawska and Hernes, 2005). Actors and intermediaries both embody and perform ordering arrangements. They are both visible results of the assembling of heterogeneous elements by a network elsewhere in time and space and the active effort of that network to produce some distant effect (Law, 1984; 2009). So, the intermediaries represent the network, both in the sense of making it visible and in standing for it, and intermediaries translate the network in time and space, creating a fundamental heterogeneity of workplace intervention.

The notion of assembly is taken up as a critique of *a priori* defined hierarchy and stratification of, for example, a workplace (Latour, 2005). Instead of a layered and categorical ontology, an assembly stresses the complex infinite movement and embraces discourse, material and technology, which all come together across conventional ontological “levels” (Alcadipani and Hassard, 2010). Nature and culture are not separate, but interwoven and co-produced, and as such need to be explained by way of the same glossary (Latour, 1993). The doctrine of generalised symmetry between human and non-human actors may best be described as a radical methodological ambition to avoid assuming a distinction between the social and the material and the human and the non-human (Callon, 1986). To understand the social life, we have to reassemble it and see it as a still emerging intertwinement of humans and non-humans (Latour, 2005).

In the following, we discuss the case in light of the intentional and the performative model of intervention. We explain our analysis of the case study by first looking at how defensive routines are addressed. Despite good intention, the interventions that X used stay within the realm of crafting dialogues, and thus, it is difficult to include the context of the workplace. This flaw may be remedied when the intervention is analysed from a performative perspective. Now, the intervention is caught up in an interfering assembly, the accreditation. By way of a performative understanding, X would likely have been attentive to the power relations regarding the professionals’ knowledge regimes (TRADs and EBNs) as they unfolded in the daily work practices. Thus, X would ask questions about particular work practices, for example, breastfeeding. Also, the political context of accreditation could have been voiced. This would considerably expand the issue of mutual communication problems, allowing for transcending (but not avoiding) emotional issues. The performative model can, however, only be unravelled as a description in retrospect, which is detrimental to the whole issue of workplace learning and the background for us to propose a “road down the middle”. This proposal is an attempt to encompass both models by including politics, materiality and other interventions more explicitly than is possible by working within the ramification of defensive routines.

Ameliorating conflicts through intervention

Intervention as intentional

In the perspective of intentional intervention, X aims to make the conflictual partners aware of their defensive routines and to allow the knowledge flow more freely. Ann had in mind that X would contribute to reconciliation between TRADs and EBNs. The understanding of conflicts as one of defensive theories-in-use was further emphasised

during the staff meetings where the participants encouraged Ann and Beth to solve their mutual communication problems (data source, MN). This individualisation regime was further fuelled by the information that Beth created duty rosters that prevented the two groups to meet during their working days (data source, MN). Also, Ann's personal accusations towards Beth about not being a good manager (data source, CP), Beth not being willing to collaborate and Adrian naming her incompetent (data source, RR) constitute the conflicts within the ramification of individuals' communication. All conflicts become a matter of personal issues, and it is not possible to see the issue of "not being a good manager" (data source, CP) as Ann's way to include her idea of management as adherence to outside pressure, and "not being willing to collaborate" as not willing to comply with outside pressures. Also, Adrian calling Beth "incompetent" is also a mark of compliancy with the current political power and ruling of professional knowledge regimes.

In the intentional model, Beth ensuring that the TRADs and the EBNs do not work in the same shifts points exactly to a system of defensive reasoning, and as a consequence, limited learning. The arrangement of the two staff meetings and the mediation meetings between Ann and Beth is staged as a matter of crafting productive communication. People may indeed learn to overcome defensive routines in situations like that. In this case, though, the growing demand of managers in public health care emphasizing accountability for taxpayers' money was a barrier to reconciliation and learning.

Intervention as performed

The performative model of intervention gives attention to the emerging assemblies in which intervention takes place consisting of humans and non-humans. The focus of interest is performances, assemblies and effects, and not reasoning. In a performative model, the mediation meetings constitute a technique, a non-human. While, in an intentional model, they are introduced to start dialogue for the betterment of collaboration; in a performative model, the faith of these means is in the hands of the receivers (Latour, 1991).

The fact that Beth dropped out of the mediation and slammed the door and because "an accredited hospital cannot employ an incompetent assistant matron" (data source RR), Adrian allegedly got evidence for the need to discharge Beth. While this was a victory for the EBNs, it strengthened the sense of unfairness among the TRADs. The TRADs maintained that they had been practicing successfully for years and that they were more reluctant to accept new standards. Now, they realised that these were enforced on them in the shape of clinical descriptions, non-humans deriving from the accreditation process. Nobody doubted that the replacement for Beth as the new assistant matron would be a protagonist of evidence-based practice.

In a performative model of intervention, accreditation constitutes an important network that interferes with the agenda of reconciliation and learning by reconfiguring professional knowledge regimes. An intentional intervention may, in other words, be betrayed, as it is affected by interventions deriving from other workplace networks and locations. In the ward, the intentional intervention consisting of staff meetings, interviews, mediation meetings and a consultant/researcher lost its legitimacy as soon as it obviously appeared as part of the much larger and more powerful accreditation process.

A road down the middle

We are not questioning whether it is useful to make intentional interventions, but our argument is that we need to see these as embedded in both human reasoning and in the concrete situation and politics of the workplace. This is the background for our proposal of a road down the middle that combines the intentional and the performative model of intervention as an analytical framework. Therefore, we ask: Where are the possibilities and shortcomings of a revitalised intervention model, which finds inspiration in both versions of workplace intervention?

In relation to the expectations to the intervention raised by the nurses and managers in the post-natal ward, X appeared very supportive and readily accepted the task of mediation. Instead, X could have challenged this individualisation of an organisational question by arguing not only to conduct mediation and interviewing, but also to conduct continued staff meetings with the nurses altogether. Here, possible interferences and performative effects with regard to the ambition of reconciliation and reflective learning could have been discussed. Guiding questions could be: How do ambitions of reconciliation interfere with other ambitions to intervene in practice? Clearly, reflective practice and ambitions to dissolve defensive routines might be helpful, but excluding the socio-materiality of politics and the power balance of professionals' knowledge regimes illustrated by the introduction of accreditation and evidence-based work practices makes us semi-blind to the deficits in reflective learning. In other words, if working environments are reduced to communication problems, the different takes on professional knowledge regimes (TRADs and EBNs) and the political pressure for changing work practices following from accreditation, standards and clinical descriptions cannot be included. It is for example not possible to be attentive to the fact that "good management" (data source, CP), "willingness to collaborate" (data source, CP) and "incompetency" (data source, RR) are not simply matters of communication (although communication may help), but are derivatives of real political and material changes that need to be dealt with as such.

To render this road down the middle useful, researchers must stay longer in the studied field and must engage in new ways, insisting upon their inclusion in the socio-material assemblies. To do so they need to explain and negotiate their observations far more thoroughly (Holt and Den Hond, 2013). To be a part of the field studied may indeed lead to ground-breaking effects, particularly if the researcher stays with issues such as multiple intentions, hypocrisy, defensiveness and resistance. To take up a performative model of intervention implies to work persistently on thorough descriptions of socio-material assemblies and offer those as feedback to those studied. Combining analytical strategies with means of participating will make it possible to provide pivotal awareness among the people involved not only in communication but also in emerging coalitions; the effects of non-humans and of the perseverance are needed to realise the change. This would imply lifting the gaze temporarily from the quality of dialogue embracing the fact that the workplace is situated in powerful surroundings of politics and technologies that we can indeed also learn from to improve workplace learning in a more sustainable way.

Conclusion

We have taken our point of departure in a case study and quasi-experiment through which we have discussed the two models of intervention, one derived from the OD tradition

focussing on the amelioration of defensiveness for development and learning and the other from PBS in which the focus is assemblies of humans and non-humans. We have highlighted the differences between them as that of intentionality and performativity and explored potentials of combining them. The means of intentional intervention involve working with key individuals to mollify resistance and create awareness of the detrimental effects of defensiveness and through crafting confrontational dialogues. In the performative model of intervention, the focus is on how intentions are reinterpreted and translated by multiple emerging assemblies. Workplace intervention comprises heterogeneous alliances between humans, politics and technologies rather than something to be traced back to a single agency, for instance, a manager or a consultant.

We develop the argument that interventions may be intentional, but that intentions may be unreliable and may undergo transformations, as they are attempted to be realised. Therefore, the question in this paper is not whether interventions are intentional or performative, as they are always both. The empirical part of the articles illustrates by way of a narrative how an intentional intervention in a post-natal ward to provide reconciliation among two groups of nurses related to an accreditation process is messed up because of an ongoing political-managerial game of knowledge regimes. This intermingling translates the intended task of intervention into a set-up of paving the way for the accreditation by legitimising the discharge of an experienced assistant matron. While politics obviously accompanies intervention, we argue, the proponents of OD continue to be cautiously grappling with the political realities involved in the implementation of a planned change (Collins, 2013; Kumar and Thibodeaux, 1990) for which they have been criticised for ignoring (Buchanan and Badham, 1999; Buchanan, 2003). Although intentional interventions claim to engage participants, they may fail to do so, if they do not have an eye for the assemblies constituting the context of the intervention. The conclusion is that the dedication of OD may contribute to the descriptive mode of PBS and that workplace interventions may benefit from a simultaneous focus on individuals' learning and the situatedness of the workplace. The challenge is to align one model based on reasoning and one on accepting performed realities. The more encompassing understanding of workplaces that comes with PBS brings the focus on humans' change and learning in the OD tradition further and in line with the complexity of contemporary workplaces.

Implications

As an implication of this study, we propose to maintain the notion of the reflective practitioner and supplement it in theory and practice with situated learning, i.e. a rich gaze of the workplace as a context for professionals' learning. In other words, the practitioner should simultaneously contemplate the learning of the staff and the situatedness of the workplace. Intervention always ought to be practiced as immersed in the materiality and politics of the workplace.

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