

Educing Theory from Practice: Developing Significant Theory from Action Research

Richard Baskerville, Georgia State University

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Agenda

- Brief Introduction To Action Research
- Intractable Problems of Practice

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Introducing Action Research

- A Simple Two Stage Process
- Action Research Characteristics
- Susman Framework

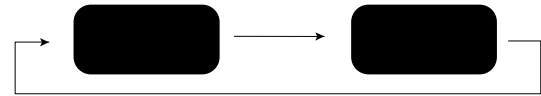
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Action Research Is A Simple Two Stage Process

- First, the diagnostic stage involves a analysis of the social situation. Hypotheses are formulated concerning the nature of the research domain.
- Second, the therapeutic stage involves change experiments. In this stage changes are introduced and the effects are studied.



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Action Research Characteristics

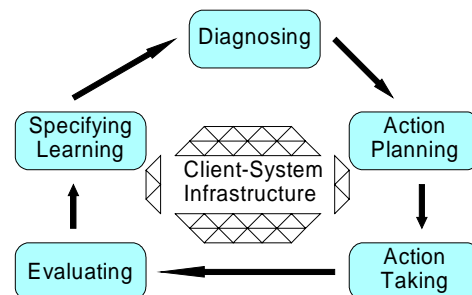
- Multivariate social setting
- Highly interpretive assumptions about observation
- Intervention by the researcher
- Participant observation
- The study of change in the social setting

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Susman Framework



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Intractable Problems of Practice

- Part 1: Controlling Clans
 - Plenary
 - Kohli, R., & Kettinger, W. J. (2004). Informating the clan: Controlling Physicians' costs and outcomes. *MIS Quarterly*, 28(3), 363-394.
- Part 2: Growing an SME
 - Breakout group work
 - Street, C. T., & Meister, D. B. (2004). Small business in growth and internal transparency: the role of information systems. *MIS Quarterly*, 28(3), 473-506.

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Part 1: Controlling Clans

- Kohli, R., & Kettinger, W. J. (2004). Informating the clan: Controlling Physicians' costs and outcomes. *MIS Quarterly*, 28(3), 363-394.

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The Case Of Informating The Clan

- The problem setting.
- Initial theory.
- Action.
- Outcome.
- Learning.
- Diagnosis.
- New theory.

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The Problem Setting

- (Page 365)
- A community hospital with a financial problem because the hospital could not control the treatment costs driven by physician decisions. No systems track physician performance. Proposed new system to monitor physician performance including both quality of patient outcome and treatment cost.

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Initial Theory

- (Page 369)
- Zuboff's informed induced transparency (modified agency theory). Hospital management is principal, physicians are agents. Illuminating agent behavior with information will ultimately reconfigure the work. In practice, the system to bring the physician's cost and outcomes to light would lead to more cost-effective decisions by the physicians.

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Action

- (Page 372)
- New capabilities and a clinical decision-support system to track activities of physicians and patients.

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Outcome

– (Page 374)

- Physicians failed to use the clinical DSS.
- (An intractable practical problem.)

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Learning

– (Page 375)

- Physicians do not see hospital managers as legitimate medical leaders. Information provided by management is therefore not legitimate.

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Diagnosis

– (Page 376)

- Physicians operate using a form of control by clan (Ouchi). Asymmetric technical knowledge legitimates professional entities is plans. Clan control is peer based, management cannot set norms.

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New Theory

– (Page 377)

- Informating the clan. Induced transparency among the clan members.
- Note how this theory is “educated”, or drawn out of the interaction of the old theory and the problem situation. Not quite deduced or inferred, but just apparent. Informating management doesn’t work where a clan (not management) is controlling. Management must instead informate the clan.

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Action

– (Page 380)

- New capabilities in clinical DSS (PPS-physician profile system) to permit physicians to compare their results with their peers.

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Outcome

– (Page 385)

- Physicians use the clinical DSS to maintain best patient service, and status among peers for economy and care. Theoretical discovery is the legitimacy of informating and different kinds of situations, including clan control. The revised theory and applied in solving an intransigent practical problem.

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Discussion

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