EXPLORING THE IMPLEMENTATION OF A COMMUNITY OF PRACTICE WITHIN THE
PROVINCIAL CHRONIC DISEASE MANAGEMENT TEAM, ALBERTA HEALTH
SERVICES

By

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ABSTRACT

This organizational leadership thesis explored the implementation of a community of practice (CoP) within the Provincial Chronic Disease Management (CDM) team, Alberta Health Services (AHS). This inquiry adhered to research ethics policies of Royal Roads University and the Community Research Ethics Board of Alberta. Applying an appreciative stance within an action research methodology, this inquiry examined how a CoP could facilitate knowledge sharing. Understandings and experiences of CoPs were examined through interviews with AHS Knowledge Management employees. A focus group focused on how the Decision Support and Evaluation Leads of the Provincial CDM Team perceived the potential role of a CoP for the purposes of knowledge sharing and the necessary supports needed for the implementation of a CoP. The following recommendations emerged and were presented to the organization: encourage a learning culture that values relationships and networks, develop a strategy for the implementation of a CoP, and enhance leadership knowledge.
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Finding 2: Participants expressed a need to create a supportive learning community that bridges existing boundaries.

Finding 3: Participants highlighted the importance of relationships, mentorship, and coaching for learning and knowledge sharing.

Finding 4: The implementation of a CoP requires a clear understanding of purpose, ownership, and structure.

Finding 5: The success of a CoP is connected to the creation of a trusting and respectful environment.

Finding 6: Leadership advocacy in support of a CoP is critical given the context of organizational and structural challenges.

Study Conclusions

Conclusion 1: A CoP can support knowledge sharing while bridging existing boundaries and aligning practice with organizational priorities.

Conclusion 2: There are opportunities to enable knowledge sharing and learning through trusting relationships.

Conclusion 3: The development and implementation of a CoP needs to be purposeful with clarity of structure and ownership.

Conclusion 4: Leadership advocacy is needed for the success and sustainability of a CoP.

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Recommendation 2: Develop a strategy for implementation of a CoP by utilizing existing consultation services and resources from AHS Knowledge Management.

Recommendation 3: Enhance senior leadership’s knowledge and understanding of CoPs to provide a supportive environment, advocacy, and the resources required for a successful CoP.

Organizational Implications

Focus on opportunity and appreciation

Create readiness

Empower all to act

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CHAPTER ONE: FOCUS AND FRAMING

Alberta Health Services (AHS) delivers healthcare services to more than 3.9 million Albertans (Alberta Health Services [AHS], n.d.a). With over 104,000 skilled workers across the province (AHS, n.d.a), AHS strives to deliver patient-centred care and high quality health services. Since the inception of AHS in 2008, the organization has been responding to the ever-changing health needs of Albertans, delivering health services spanning the continuum of care at over 400 facilities, including hospitals, clinics, continuing care facilities, mental health facilities, and community health sites (AHS, n.d.a).

The challenge within healthcare is how to optimize delivery of services in a very complex environment and within available resources. Health professionals and other stakeholders within AHS have a wide array of knowledge and experience, and knowledge exchange is viewed as a significant opportunity to address challenges and to benefit the delivery of comprehensive health services. A community of practice (CoP) can be a means in which to facilitate knowledge exchange as it “transcends the rigidity of organizational boundaries and hierarchies without destabilizing the formal organizational structure” (Borzillo, Schmitt, & Antino, 2012, p. 22).

The AHS Primary Care, Community and Rural, and Chronic Disease Management Department is a province-wide strategic team focused on addressing health needs within the community. As Alberta’s population ages and the incidence of chronic illness increases the demand on the acute care system is becoming ever greater and causing more stress on an already taxed system. In response to these challenges it has become evident that the focus and priorities of the healthcare system needs to shift towards providing more services at the primary care level,
including access to health and wellness programs and investment in chronic disease management programs and services.

Within the Primary Care, Community and Rural, and Chronic Disease Management Department, the Provincial Chronic Disease Management (CDM) Team plays an integral role in advancing the broader primary care agenda, including the integration and coordination of health services for populations with chronic conditions, through evidence-based strategies and partnerships with AHS and other external stakeholders. At a strategic level, the mandate of the Provincial CDM Team is to research and develop appropriate CDM strategies and programs for Albertans. As a result, stakeholders require a high level of collaboration at multiple levels to ensure that strategies are relevant and feasible for teams to implement. Essentially, “a collaborative environment promotes an ongoing integration of ideas and interdependency among multiple stakeholders” (VanVactor, 2012, p. 555), thus paving the way for cohesive design and delivery of CDM services.

My interest in CoPs within healthcare is rooted in more than 10 years of healthcare experience. I initiated this project while in the role of Decision Support and Evaluation Lead with CDM. Prior to completion of the project I left the role to pursue another opportunity; however, it is important to note that the organizational sponsor continued to support the project. Throughout my varied work with interdisciplinary teams I have observed that knowledge exchange is often espoused within healthcare as key to the delivery of comprehensive care; however, in practice, a culture of knowledge sharing is not always achieved. This has serious implications on the organization as the absence of relationships and networks hinders the development of a foundation of social capital (Baker, 2003).
After discussion with key stakeholders, I developed the following main inquiry question for this research: How can a community of practice be implemented within the Provincial CDM Team to facilitate and support knowledge sharing? The following subquestions helped to guide the inquiry:

1. What are the stakeholder experiences with CoPs or other approaches to sharing learning and support?
2. What are the elements of successful knowledge sharing that the participants have experienced?
3. How can the leadership teams support knowledge sharing?
4. How could an appreciative process help AHS CDM stakeholders in their development of a CoP to support learning?

**Significance of the Inquiry**

The world is facing a crisis related to the growing incidence of chronic diseases. Barr et al. (2003) reported that the incidence of chronic diseases is reaching epidemic proportions with significant costs to our healthcare system. The reason for the increase in chronic disease is multifactorial and is partly due to an aging population and disease-specific risk factors such as obesity (Bodenheimer, Chen, & Bennet, 2009). It is becoming increasingly apparent that in order to address these issues a multi-pronged framework is required (Barr et al., 2003), including new and innovative approaches to care. As a result the public expect the Provincial CDM Team, as well as broader AHS, to increasingly produce effective and efficient programs and services, within limited resources, that address the health needs of Albertans.

A significant aspect of primary and public healthcare delivery is the utilization of
interdisciplinary teams. “Members of the interdisciplinary group bring their expertise and different perspectives; this can contribute positively to goal achievement” (Blackmore & Persaud, 2012, p. 195) within healthcare services. In alignment with this statement researchers have provided strong evidence suggesting that multidisciplinary teams deliver higher quality and lower cost chronic care and prevention (Bodenheimer et al., 2009). The Provincial CDM Team is made up of individuals representing a variety of disciplines, including nursing, nutrition, exercise, kinesiology, and research and evaluation. As a result, it is important to support the interdisciplinary team within the Provincial CDM Team in building relationships to maximize effectiveness and to benefit from the knowledge capital that is associated with the diversity of skills and experience.

Extensive documentation in the literature indicated that interdisciplinary collaboration contributes to reductions in medical errors, improvements in patient care quality, organizational effectiveness, and beneficial cost outcomes (Tataw, 2012, p. 133). VanVactor (2012) suggested interdisciplinary teams within healthcare face particular challenges, as “systems are often unparalleled due to systemic constraints related to disease processes, multidirectional goals, pursuits, missions, and multidisciplinary staffs working toward similar yet not always equilateral goals” (p. 559). Working towards diverging goals, differences in agendas, education, and understanding can lead to conflict amongst team members and silos of practice.

Healthcare leaders view CoPs as a significant opportunity to benefit the delivery of comprehensive health services, as they are “useful mechanisms for the development of services that transcend different professional practices” (Tee & Böckle, 2012, p. 823). Organizations, particularly health systems, need to support the creation of meaningful relationships between
healthcare professionals and encourage collaborative practice (Tolson et al., 2009). There is a great opportunity for a better understanding of how a culture of collaboration and knowledge sharing can be facilitated through a CoP within the Provincial CDM Team. Garvin, Edmondson, and Gino (2008) stated, “The cultural and process dimensions of learning appear to require more explicit, targeted interventions” (p. 115), indicating the need for the development of a structured and deliberate forum in which team learning can occur. Senge (2006) posited, “Collectively, we can be more insightful, more intelligent than we can possibly be individually” (p. 221), highlighting the importance of knowledge exchange. Given the critical importance to the development and delivery of CDM services across Alberta, healthcare professions desire to establish a CoP as a mechanism to focus on the “importance of attending to relationships within the networks” (Wheatley, 2006, p. 10), while “developing the capacity of a team to create the results its members truly desire” (Senge, 2006, p. 218).

Organizational Context

As Canada’s first province-wide, fully integrated health system, AHS includes 12 former separate health entities, the Alberta Alcohol and Drug Abuse Commission, the Alberta Mental Health Board, Emergency Medical Services, and the Alberta Cancer Board. The mission, vision, and values of the organization reflect the commitment to the health and wellness of Albertans. The AHS (2012) mission is “to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans” (p. 4), which is directly linked to the AHS vision “to become the best-performing publicly funded health system in Canada” (p. 4). As the organization is continually evolving, it is important to note that all information pertaining to the organizational context is current as of the writing of this report. Prior to June 2013, AHS was governed by a
board of 12 members who had an arms-length accountability to the Minister of Health, Government of Alberta. However, the Minister of Health terminated the board and appointed an Official Administrator of AHS, who is tasked with conducting a comprehensive review of the organization. In addition to the Official Administrator the governance of the organization also includes a President, a Chief Executive Officer, and five Chief Officers who report to the Minister of Health for the operations of the organization.

In 2010, AHS and Alberta Health jointly released *Becoming the Best: Alberta’s 5-year Health Action Plan 2010-2015* (AHS, 2010). This plan outlined short-and long-term goals for AHS, building on the objective of ensuring Albertans have access to quality health services. Accompanying these goals was a five-year funding plan and clearly outlined targets for health system performance. These targets included actions to reduce surgical wait times and improve cancer treatments and continuing care.

Building on AHS’s (2010) *Becoming the Best* report, AHS recently released the *2013-2016 Health Plan and Business Plan* (AHS, 2013). This strategic direction document built upon the earlier strategic direction documents and was developed with linkages to other planning documents within the organization. This current health plan and business plan guides the organizational operational goals. The priorities outlined in the plan are in line with the goals established by the Government of Alberta and AHS’s (2010) *Becoming the Best: Alberta’s 5-year Health Action Plan 2010-2015*.

The 2013-2016 *Health Plan and Business Plan* (AHS, 2013) supported three strategic directions that work in partnership and are of particular relevance to my action research project: “Bringing Appropriate Care to the Community” (p. 10), “Partnering for Better Health Outcomes”
Exploring the Implementation (p. 10), and “Achieving Health System Sustainability” (p. 10). These three strategic directions are supported by the following three principles, which guide decision making within the organization:

- we are working to simplify the health system by looking at care delivery through the eyes of Albertans and their families,
- we are attempting to make the system more efficient through local and site-based decision-making and reducing bureaucracy, and
- most importantly, we are working to ensure that Albertans are getting the right care, in the right place, at the right time no matter where they live in Alberta. (AHS, 2013, p. 2)

These goals guide the priorities and the day-to-day operations of the approximately 40 team members who make up the Provincial CDM Department. This team is responsible for developing strategic direction for CDM programming through the development of service delivery models and frameworks informed by research and evidence-based practice. The majority of the team is located in Calgary; however, several members work in various locations across the province. The geographic dispersion and organizational travel restrictions play a significant role in the context of this inquiry; these factors add additional challenges to collaboration as the team members have little opportunity to interact directly.

It is important to highlight that although the Provincial CDM Team is responsible for strategic direction for programming, much of the implementation of programming occurs within AHS’s (n.d.b) five zones. This was also of significance to the organizational context because the reporting structure for provincial and zone operations are different, which often results in differences in priorities and allocation of resources.
**Systems Analysis of the Inquiry**

Given the complex organizational context, it is evident that the systems and stakeholders involved in this action research inquiry are numerous and diverse. As healthcare environments operate in complex adaptive systems (Benham-Hutchins & Clancy, 2010), these organizations experience challenges related to the independent goals and behaviours of the individuals within the system, competing priorities, as well as the additional challenge of no single point of control (Rouse, 2008). The systems diagram presented in Figure 1 highlights the key systems that interrelate and have an effect on the Provincial CDM Team, including the importance of the increasing incidence of chronic disease and the multiple factors that have a bearing on patient outcomes. Senge (2006) commented that systems thinking, “is a framework for seeing interrelationships rather than things, for seeing patterns of change” (p. 68). Ultimately, the various systems that connect to CDM are essential if the increasing incidence of chronic disease in the province is to be addressed through better management of chronic disease, improvement in patient outcomes, and improvement in efficiency and effectiveness of the healthcare system.
Given this level of complexity, I found it useful to employ Bolman and Deal’s (2003) four-frame model as a framework of understanding when discussing the systems analysis of the Provincial CDM Team of AHS within the context of this study. Bolman and Deal’s four-frame model suggests each of the four frames—structural, human resources, political, and symbolic—have its own image of reality and the application of all four frames deepens the appreciation and understanding of organizations (Frames and Reframing section, para. 12).

The political frame is characterized by scarcity of resources, competing priorities and agendas, and power and political differentials (Bolman & Deal, 2003). The political frame within
the Provincial CDM Team and the broader AHS organization is highly subject to factors that are ever present and ever changing within Canadian society. Since the creation of AHS the organization has seen significant changes in direction, structure, and operations that coincide with changes in government leadership at the provincial level. These changes, in conjunction with media and public expectations, are ongoing key influencers on the system and on the direction of the department. The organization routinely receives substantial media attention, increasing the need for transparency and accountability to the public. For example, recent allegations of queue jumping resulted in an independent review of processes and subsequent recommendations to the Minister of Health and AHS (“Queue-Jumping,” 2013). Additionally, healthcare leaders have an increased focus on performance and outcomes, including demonstrable improvements in patient health outcomes.

The structural frame is essentially “a blueprint for formal expectations and exchanges among internal players (executives, managers, employees) and external constituencies (such as customers and clients)” (Bolman & Deal, 2003, Structural Forms and Functions section, para. 1). As discussed in the Organizational Context section, which appeared earlier in this chapter, the Provincial CDM Team is guided by several overarching AHS strategies (AHS, 2010, 2013). These strategies impact many divisions within the organization, and the achievement of many of these strategies is conditional on the collaboration between multiple disciplines and divisions within the organization. In addition, it is important to note that the provincial government, specifically Alberta Health, and public expectations have significant influence on the development and implementation of these strategies. In addition to these overarching organizational strategies, the Provincial CDM Team incorporates best-practice strategies and
Exploring the Implementation frameworks from the literature and external organizations such as the World Health Organization, Public Health Agency of Canada, and the Centers for Disease Control and Prevention to guide direction in planning. A key foundational model that the department uses is Barr et al.’s (2003) expanded chronic care model; this model is used as an underlying framework in the planning, development, and implementation of CDM programs.

The human resources frame focuses on the characteristics of people and how they interact with each other (Bolman & Deal, 2003). Given the size and complexity of the organization, the stakeholders (internal and external) involved with the Provincial CDM Team are numerous. The team has established relationships with stakeholders, and collaboration is considered a priority. This is evident through a number of initiatives that have been developed and operationalized in partnership with other groups within AHS and external agencies. However, the Provincial CDM Team has experienced recent changes in their staffing at several levels, which has required additional work to reestablish relationships. This in turn has impacted the collaboration within the department as teams strive to maintain efficiency and effectiveness. As a result, healthcare leaders have recently focused their attention on clarifying employee roles and processes.

The symbolic frame addresses how people interpret the world around them and make meaning (Bolman & Deal, 2003). Meaning is created, often through the use of symbolic concepts such as ceremony, rituals, and play (Bolman & Deal, 2003). As mentioned earlier, the Provincial CDM Team has undergone significant changes over the last several years, including staffing changes, reduction in funding, and evolving priorities. These factors have contributed to strain in terms of increased workload and lack of resources, which has had a significant impact on the team culture. Despite these challenges, team members have endeavoured to continue to
build the culture of the team through symbolic practices. For example, the team makes a point of celebrating successes and life events through informal gatherings, thus contributing to the development of a team culture while integrating a sense of fun into the work environment.

**Chapter Summary**

The Provincial CDM Team plays a key role in the development of CDM programs and services within AHS. As a result, a valuable opportunity exists to identify ways in which to capitalize on the social capital within the team. In this chapter I introduced the inquiry, the purpose of which is to explore the implementation of a CoP to facilitate and support knowledge exchange. Additionally, this chapter outlined the foundational information to the inquiry, including the significance of the inquiry, organizational context, and systems analysis. The following chapter will build on this foundation by providing a discussion of literature relevant to the inquiry.
CHAPTER TWO: LITERATURE REVIEW

The purpose of this literature review is to enhance the understanding of the inquiry topic and to provide a solid contextual foundation. Within this literature review I have identified three key topics relating to the main inquiry question and the inquiry subquestions. These topics include CoPs, knowledge sharing, and organizational culture. The identified subtopics further explore the literature within the context of this inquiry.

Communities of Practice

The literature suggested that CoPs could foster “the exchange of expertise, information, collaboration and resources within organizations” (Iaquinto, Ison, & Faggian, 2011, p. 4) while transforming aspects of the organizational culture, including the development of supportive relationships and improving performance (Kerno & Mace, 2010). CoPs are well suited to the complexities of the health system because they are typically “created as a natural response to a diverse array of situations, circumstances, and people” (Kerno & Mace, 2010, p. 81). This suggests that there is inherent flexibility and adaptability within CoPs, supporting sustainability of collaborative relationships despite changing priorities. In this section, I discuss definitions of CoPs, the use of CoPs to facilitate knowledge exchange, and challenges to the establishment and sustainability of CoPs.

Definitions of communities of practice

To explore the idea of implementing a CoP to facilitate and support knowledge sharing it is important to have a comprehensive understanding of the definition of a CoP and to identify the discrepancies found in the literature. In 1991, Lave and Wenger (as cited in Hara & Schwen, 2006) first coined the term “community of practice” (p. 94). Hara and Schwen (2006) noted that
autoethnographers have long examined the concept of CoPs. The following is Lave and Wenger’s (as cited in Hara & Schwen, 2006) original definition of a CoP:

A community of practice is a set of relations among persons, activity, and world, over time and in relation with other tangential and overlapping communities of practice. A community of practice is an intrinsic condition for the existence of knowledge, not least because it provides the interpretive support necessary for making sense of its heritage. Thus, participation in the cultural practice in which any knowledge exists is an epistemological principle of learning. The social structure of this practice, its power relations, and its condition for legitimacy define possibilities for learning. (p. 94)

Since this original definition of CoP authors have added their own interpretations, thus creating a concern that the variation of definitions could lead to a divergence of the concept as well as the usage of other terms such as learning community, learning teams, and knowledge networks (Hara & Schwen, 2006). The utilization of alternate terms and definitions risk the possibility that the core essence and value of CoPs, particularly the emphasis on collaborative relationship building, will be lost (van Winkelen, 2010).

Despite this concern, the literature revealed consistencies of identifiable elements that are integral to the definition of a CoP; the most prominent of these elements is the social exchange of knowledge (Hara & Schwen, 2006; Iaquinto et al., 2011; Roberts, 2006). Essentially, a CoP adheres to the social aspects of learning (Hara & Schwen, 2006), which is often overlooked in organizations in favour of addressing the cognitive aspect of learning. Borzillo et al. (2012) emphasized this social aspect of learning by suggesting that CoPs are essentially “social networks of practitioners focused on developing new knowledge on specific topics of interest relevant to their work” (p. 22). Within a CoP learning and skill acquisition occurs collaboratively through mutual engagement (Kerno & Mace, 2010). Additionally, social learning supports the “creation of a common repertoire, and negotiation of a joint enterprise” (Iaquinto et al., 2011, p. 5), which is essential to interdisciplinary environments such as healthcare.
Literature in this field also revealed that CoPs are “created as a natural response to a diverse array of situations, circumstances, and people” (Kerno & Mace, 2010, p. 81). This implies that CoPs undergo a natural progression requiring adjustments to be made as a collective to the activities of the group in response to changing issues and priorities (van Winkelen, 2010). The dynamism of CoPs makes them ideally suited to address issues at the systems level in highly complex organizations such as AHS. However, this is not to suggest that CoPs exist without structural support. Current perspectives generally agree that CoPs require leadership support in terms of vision and energy, as well as the enabling of structures and resources (Tolson et al., 2009) in order to maximize effectiveness and to cultivate and leverage for strategic advantage (Roberts, 2006).

**The use of communities of practice to facilitate knowledge exchange**

Given the complexity and dynamism of healthcare, particular challenges arise relating to interdisciplinary collaboration. Tee and Böckle (2012) commented on this issue and highlighted the need to “breach traditional silos and achieve shared understanding, ownership and response to the changing nature of care” (p. 827). Clearly, a mechanism to bridge these systemic constraints and to unify areas of practice through knowledge exchange is required. Much of the literature supported the benefits of CoPs for building of relationships and a learning culture (Iaquinto et al., 2011; Kerno & Mace, 2010; Wenger & Snyder, 2000). The overall coherence and effectiveness of CoPs is dependent on three dimensions: “Firstly, members interact with one another, establishing norms and relationships through mutual engagement. Secondly, members are bound together by an understanding of a sense of joint enterprise. Finally, members produce over time a shared repertoire of communal resources” (Roberts, 2006, p. 624), thus creating and
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supporting a high-performing team capable of effective knowledge exchange. CoPs support the development of multidisciplinary relationships and shared understandings as barriers are broken down amongst practitioners, academics, and other agencies (Tee & Böckle, 2012, p. 826). This leads to the capacity to engage in collaborative inquiry and knowledge exchange, thus furthering the ability to deliver optimal service.

Through collaborative inquiry and knowledge exchange CoPs can support the development of a whole system approach, including investment in forming sustainable practice development partnerships and the corresponding infrastructure (Tolson et al., 2009, p. 358). This should be ideally suited to healthcare, as practice and working groups are developed frequently; however, these groups often lack the sustainability or the trust that is required to fully understand the systems that are influencing the issue at hand. Temporary solutions or interventions are usually the result of such interactions as opposed to devising long-term strategic solutions. These solutions are often beneficial at some level but are unlikely to be effectively sustained over time.

Positive outcomes of knowledge exchange through a CoP arise through the “interaction and relationship development among participants” (Kerno & Mace, 2010, p. 82), thus enhancing the ability to provide quality care and to achieve positive outcomes at both the individual and system level. As trust is established among participants a corresponding level of comfort arises with both the contribution of knowledge to the CoP as well as the willingness to use and integrate knowledge generated in the CoP into practice (Ardichvili, Page, & Wentling, 2003). This open exchange of knowledge and experiences can stimulate innovative problem solving, which cross interprofessional boundaries and address the systems at work. In fact, Ardichvili et al. (2003) commented, “Among the chief reasons why communities of practice are efficient tools
for knowledge generation and sharing is the fact that most of a firm’s competitive advantage is embedded in the intangible, tacit knowledge of its people” (p. 65).

**Challenges to the establishment and sustainability of communities of practice**

It is important to note that the literature also identified limitations to the use of CoPs to facilitate knowledge sharing. Roberts (2006) found, “The context within which a community of practice is embedded is a major factor determining its success as a means of creating and transferring knowledge” (p. 634). In fact, the context can impose barriers on the ability of a CoP to function effectively. For example, CoPs within organizations with more of a hierarchical structure are less effective due to issues of power and trust (Roberts, 2006). These barriers can then make CoPs “vulnerable to structural, institutional, and other changes coming from the upper levels of an organizations hierarchy” (Iaquinto et al., 2011, p. 13).

Building on these findings, Iaquinto et al. (2011) also suggested that organizational leadership could be fearful of CoPs, as there is limited organizational control and that the actions of the CoP may be outside the organizational priorities. As a result, restrictions may be placed on the activities of the group or formal leadership may not provide the necessary support or empowerment. Such restrictions would have a significant impact on the ability of the CoP to facilitate knowledge exchange, thus limiting the engagement level within the CoP, as “an organization’s overall power structure may be reflected in the power relations within the communities of practice” (Roberts, 2006, p. 628). Tee and Böckle (2012) highlighted such challenges:

The effectiveness of communities of practice has, in some cases been established where consideration is given to nurturing communities over time and the challenges with maintaining leadership support, keeping participants engaged, and ensuring ongoing alignment between community objectives and overall business needs. (pp. 823–824)
Kerno and Mace (2010) commented that a “CoP must be capable of engaging its participants in prolonged, sustained discourse to maximize its benefits” (p. 85).

Closely linked with the challenges of organizational hierarchy and culture is the issue of trust within a CoP. Lack of trust within CoPs arises from a number of factors and can have negative effects on the ability for the CoP to function. Roberts (2006) commented, “Without trust, members of a community of practice may be reluctant to share knowledge” (p. 628). Not only is trust a key component to members’ willingness to share knowledge, it also factors in members’ willingness to use the CoP as a source of new knowledge (Ardichvili et al., 2003). The social exchange of knowledge within a CoP (Hara & Schwen, 2006; Iaquinto et al., 2011; Roberts, 2006) can create an effective forum in which information is shared to support each other’s work (Hara & Schwen, 2006, p. 97). However, the social process in which sharing and learning takes place within a CoP can also be subject to existing relationships and trust issues. Adversarial relationships with “low levels of trust and strong hierarchical control may fail to support effective communities of practice” (Roberts, 2006, p. 629), thus affecting the negotiation of meaning within the CoP as a result of power in the process (p. 627).

**Summary of communities of practice literature review**

In examining the literature, I found that the definition of a CoP has undergone evolution since first introduced by Lave and Wenger (as cited in Hara & Schwen, 2006) in 1991. Over time, other interpretations have emerged, causing concern that the core essence of a CoP has been lost. However, the literature revealed that despite this concern there are elements that are integral to the fundamental purpose and structure of CoPs. Researchers also agreed CoPs could facilitate and support knowledge exchange, with the potential for numerous positive outcomes.
within the context of challenging issues and complex organizations. The literature showed that despite the positive benefits, significant challenges may exist for the establishment and sustainability of a CoP, including limitations due to cultural and structural considerations within the organization. The following section explores the topic of knowledge sharing.

Knowledge Sharing

Knowledge sharing is essential to the success of building relationships among stakeholders within complex organizations. The benefits of knowledge sharing within collaborative relationships include enhanced inquiry and improved problem-solving capabilities and productivity (Haines, Godley, & Hawe, 2011). Interdisciplinary environments face unique challenges such as differing perspectives and diverse backgrounds. In this section, I explore the role of knowledge sharing within such environments, including the benefits and role of knowledge sharing within the organization and the link between knowledge sharing and workplace culture.

The benefits and role of knowledge sharing

The concept of knowledge exchange is receiving increasing attention as a fundamental benefit to the performance and success within organizations, including healthcare organizations. Ward, Smith, House, and Hamer (2012) commented,

Healthcare delivery and organization is characterized by uncertainty and there are often no clear answers to the challenges which need to be faced. The knowledge which is needed to solve problems and bring about changes is likely to be distributed throughout organizations and to come from many different sources. (p. 302)

Ward et al.’s statement recognizes the knowledge base that exists across the organization and the need for sharing this knowledge across organizational structures in an effort to improve the capabilities of the organization in addressing complex challenges. Firestone and McElroy (2004)
suggested that enhanced knowledge processing could produce better quality solutions, which in turn could produce better overall efficiency and effectiveness. Kouri (2009) made a similar argument that central to addressing complex problems is sharing of existing knowledge and experience through collaborative and innovative approaches. This interaction supports the process of understanding, reflection, and deliberation regarding available options (Kouri, 2009, p. 77). These statements are particularly relevant to organizations that are experiencing diminishing resources in the face of increasing performance expectations.

Knowledge sharing within an organization has the potential to align work processes while enhancing collaboration. In his work, Williams (2012) wrote that the key to integration of work is the transfer of tacit knowledge between groups (p. 557), thus creating a foundation for collaboration. Participation in knowledge-sharing activities may contribute to the professional efficacy of the employees (Leiter, Day, Harvie, & Shaughnessy, 2007), which, subsequently, can create increased collaboration and effectiveness. Similarly, Lick (2006) argued that knowledge sharing through collaborative process, such as learning communities, offers organizations a competency area for encouraging high performance, including competitive and collaborative advantage.

However, the benefits and processes of knowledge sharing are not necessarily intuitive for employees or organizations. Sparrow and Heel (2006) found people function within their own perceptions of the world around them, and thus reflective practices and team learning need to be fostered. Reflection creates opportunity for different ways of thinking and working, creating an ability to engage in mutual inquiry. Relating to this, van Winkelen (2010) wrote, “Reflection is necessary for conversion of information to knowledge through learning” (p. 18). However, the
benefits and processes of knowledge sharing and learning can be affected by the organizational context. Firestone and McElroy (2005) commented,

The most important aspect of information is whether its influence on behaviour enhances the ability of the system using it to adapt. And this ability to adapt, in turn, will most likely be enhanced if the information itself actually corresponds to the reality of the systems environment. (p. 197)

Firestone and McElroy’s comment emphasized the linkage between the organizational context and the ability of information and learning to support change. The literature revealed significant benefits to knowledge sharing; however, knowledge sharing and learning needs to be fostered while focusing on the reality of the environment.

**Linking knowledge sharing with workplace culture**

The literature revealed a link between knowledge sharing and workplace culture. Leiter et al. (2007) found, “Knowledge transfer is a core issue for healthcare professionals, consistent with a relationship with work characterized by involvement and efficacy” (p. 278). Knowledge sharing can empower teams to exchange experiences and ideas, while developing a supportive culture focused on improving the quality and delivery of health services.

The process of knowledge sharing is closely linked with professional relationships and requires the support of organizational leaders. Given the complex challenges facing organizations today, “long-term relationships are needed to allow specialists to think through these issues together” (van Winkelen, 2010, p. 15). As knowledge sharing is fundamentally a social process (Ward et al., 2012), learning is more likely to occur if employees establish high social capital through strong relationships (Williams, 2012). Sparrow and Heel (2006) shared a similar finding: “The movement of knowledge is assisted through the growth of understanding and the enhanced professional relationship” (p. 157). Relationships are essential in the creation
of shared understanding, particularly given an environment in which there are multiple disciplines and paradigms to align (Kouri, 2009).

Dialogue plays a vital role in linking knowledge sharing with workplace culture. Sparrow and Heel (2006) stated, “Dialogue provided the medium for knowledge development. This ensured that the flow of knowledge was harnessed and subsequently jointly developed. In these circumstances there was greater acceptance towards questioning, challenging, inquiring and looking for opportunities to develop team learning” (p. 156). This enables a culture of inquiry, in which teams can collectively engage in the examination of perceptions, while seeking new knowledge and learning in an effort to improve service delivery. However, such practices require leadership support. In his work, Williams (2012) wrote, “Leadership approaches needed to place an emphasis on mutual learning, reflective practice and experimentation to maximize the potential of integration” (p. 555). The awareness of the larger social context, including existing and emerging networks, facilitates the encouragement of an environment conducive for knowledge sharing and the ongoing development of workplace culture.

**Summary of knowledge sharing literature review**

The exploration of the literature showed that knowledge sharing has substantial benefit to the ongoing success of organizations. These benefits have particular relevance in addressing complex systems issues, particularly in organizations with a scarcity of resources and increasing performance expectations. Knowledge sharing also has substantial impact on workplace culture, including supporting a culture of continual improvement, enhancing relationships and collaboration, and increasing team reflection and dialogue. In the next section I discuss the topic of organizational change.
Organizational Change

Organizational change plays a significant role with regard to the implementation of a CoP for the purpose of knowledge exchange. Literature indicated organizations that are supportive of the exchange of social capital are more likely to achieve maximum effectiveness through higher morale, better decision-making processes, and higher quality of services (Detert, Schroeder, & Maurier, 2000). This was significant within the context of this inquiry, as successful organizational change plays a significant role in the establishment of a CoP and thus the organization’s ability to support a “collaborative ethos with high user involvement and engagement” (Tolson et al., 2009, p. 354). As such, in the literature review I explore the topic of organizational change, including resistance and readiness for change, the role of leadership and culture in successful change implementation, and engagement during the change process.

Resistance and readiness for change

Within the literature the topics of resistance and readiness for organizational change are extensive, including numerous strategic models and frameworks. A review of these models and frameworks would be a revealing and substantial project. Therefore, for the purposes of this review of literature, I discuss the topics of resistance and readiness to change in general terms.

Organizational change is a critical component to the ongoing survival of organizations existing in a changing world. Bruckman (2008) made this telling comment, “Most organizations rise or fall based on how well they manage the introduction of change and the control of uninvited changes in their environment” (p. 211). Bruckman’s statement suggested that a major challenge lies in the difficulty of initiating and sustaining change given the dynamics of resistance and change readiness.
Resistance to change may occur for numerous reasons, with people’s fears and anxieties, real and perceived, being at the root of resistance (Bruckman, 2008). Such fears often centre on change challenging the way people make sense of the world and their place in it. Choi and Ruona (2011) found, “Individuals make assumptions about change processes, evaluate them, find meaning in them, and develop feelings about them” (p. 49). These feelings can encompass a range of emotions, however, in general “major changes almost always generate fear and anxiety in people, often requiring them to radically shift their thinking, feelings, beliefs and behaviors” (Lick, 2006, p. 90). This type of radical shift can become overwhelming, and the individual may experience anxiety, causing his or her capacity for addressing the challenges associated with the change to be greatly reduced (Walinga, 2008). Similarly, Bruckman (2008) found a “direct relationship to the amount of change in an organization and the physiological changes in the people who work there” (p. 213). Resistance is a significant reality when implementing major change and needs to be considered; however, the literature revealed that resistance can be mitigated through creating and supporting readiness for change.

Individuals hold different meanings regarding readiness, which results in a level of variability in the ability to anticipate and create change readiness. Walinga (2008) commented, “Readiness for change does not necessarily imply armed and prepared in the sense that we often assume it must mean: readiness may also mean at peace, tolerant, or open to change” (p. 319). Meaning is linked with how individuals perceive change and, subsequently, with their corresponding responses: “individuals, groups and situations differ and it is difficult to predict how they will associate with the challenges of change and how particular changes will be regarded by those affected” (Price & Chahal, 2007, p. 243). Given these factors, change
readiness approaches need to be flexible, responsive, and ongoing. Buono and Kerber (2010) suggested, “Given the constant state of flux in the business environment, some observers have suggested that a focus on facilitating continuous change readiness rather than on implementing and managing specific change effort might be more productive” (p. 5). Change readiness requires substantial support in order to be sustainable, including an organizational culture that supports transparent communication and participation, in an effort to enhance understanding of the change. Lick (2006) stated, “The likelihood of people reacting favourably to change and assisting with it will be enhanced greatly if time is taken to provide a basis of learning and understanding about the change” (p. 90), suggesting that facilitating understanding of the change will create readiness through engagement. Choi and Ruona (2011) reinforced this view by asserting,

The concept of readiness for change assumes that individuals’ concerns over change are natural and there must be reasons for the concerns. Furthermore, it is also assumed that change can be more successful if the concerns of change recipients are considered. (p. 53)

Therefore, addressing individuals’ concerns creates a “state in which one is best prepared to change internally because one is best prepare for changes in the environment” (Walinga, 2008, p. 319).

The role of leadership and culture in successful change implementation

It was evident in the literature that change can be an exceedingly difficult process for organizations. Buono and Kerber (2010) commented, “Organizations are all too frequently constrained by infrastructure, cultures, and strategies that are based on the need for control and predictability rather than on the needs of a rapidly changing environment” (p. 13). Buono and Kerber’s statement suggested organizations’ responsiveness to the need for change could be
restricted by the existing structure. Organizational leaders need to have a firm understanding of such challenges, as well as the attributes of successful change implementation.

The role of leadership in change is significant; however, leaders do not always have a comprehensive understanding of the process and thus may not support the change effort. Bruckman (2008) found, “Many leaders rely on instinct and experience rather than on a full understanding of the change process. Some, out of fear of change, resist the inevitable transformation of their organization” (p. 211). Bruckman continued on to comment that “senior management must fully understand how change works in order to lead their organizations successfully into the future” (p. 217). Similarly, Buono and Kerber (2010) commented that encouragement and support of management in broadening their change management abilities will further the success of change implementation. Interestingly, lack of commitment and support from management and leadership may result in change disintegration (Price & Chahal, 2007, p. 248). Such points in the literature indicated that the success of change is directly linked with the leader’s understanding of the process and the commitment to the process, which can have subsequent impact on the overall success of the organization.

The perceptions and receptiveness of people and the organization regarding change, which is often rooted in the organizational culture, will have direct impact on the ability to successfully implement change. Lick (2006) envisioned receptiveness as an organizational culture that approaches change in a proactive manner:

To increase an organization’s potential for success, instead of an organization being just reactive, the organization and its leadership and people must become proactive and define and then “join” change, embrace it as a partner, and use it creatively to advance the organization’s vision, mission and goals and those of society. (p. 89)
This process includes a need to reflect on the current organizational culture in order to identify ways to move forward: “Organizations need to not only examine what process and cultures exist today, but also why they are that way. . . . In gaining an understanding of why current processes and cultures exist, managers can plan how to leave the present state” (Price & Chahal, 2007, p. 242). This examination may reveal that the “organizational culture may also need to change in line with the work processes, which may take considerable longer than at first envisaged” (Price & Chahal, 2007, p. 237). Walinga (2008) demonstrated that such transformative change requires a “focus on helping people to accept the change or manage the threat appraisals and resulting emotions that a change may incur” (p. 336). These elements appear to be necessary for a receptive organizational culture to change.

**Engagement during the change process**

Engagement of employees has been identified as critical aspect throughout the change process (Choi & Ruona, 2011; Lick, 2006; Price & Chahal, 2007; Walinga, 2008). Price and Chahal (2007) suggested, “Senior management has a key leadership role in developing the vision and achieving change through consultation rather than by diktat” (p. 242). Through consultation the leaders of the organization can gain an awareness and understanding of multiple perspectives and respond appropriately. Bruckman (2008) commented, “When attempting to gain a group’s support for needed change, the greatest leverage lies in discovering what self-interest they have in maintaining the status quo and what self-interest they have in making changes” (p. 215). Bruckman’s statement suggests that change could be supported and driven by the self-interest of employees. Conversely, Bruckman’s comment also suggests that self-interest could be a detriment to change, possibly leading to resistance.
The link between engagement and resistance was highlighted in the literature. In their work Price and Chahal (2007) found that a “greater degree of consultation and worker participation, both in the development of the strategic vision and the implementation of change, should increase ownership, thus reducing anxiety and stress that often drives resistance” (p. 250). A high level of engagement, with the intent of reducing the potential for resistance, requires transparent and concise communication. Buono and Kerber (2010) advocated for ensuring clarity of the message through ethical communication, thus supporting the honesty and trustworthiness of the leadership (p. 10).

Engagement through communication also requires the ability of the leadership to listen conscientiously to the issues raised by the workforce. Choi and Ruona (2011) stated, “A change initiative can be more successful if the concerns of those affected by it are considered” (p. 53). Price and Chahal (2007) also acknowledged this point by describing the importance of listening to, and addressing, the concerns of those involved in the change process (p. 248). Furthermore, these authors highlighted listening to the workforce as a way to demonstrate respect while providing support during the uncertainties associated with change (Price & Chahal, 2007, p. 247).

A high degree of engagement can facilitate the successful undertaking of a change initiative. Lick (2006) highlighted the importance of engagement in creating a sense of comfort and security during change, as “the more individuals understand and accept about a change, the more comfortable and committed they to become to it” (p. 90). Walinga (2008) uncovered similar findings: “Facilitating the clarity and confidence individuals require in committing to and implementing a change or performance initiative by inquiring deeply into individual appraisals
of the change and helping individuals find a pivotal point of personal power within the change” (p. 342). Clearly, engagement in the change process can support the comfort, confidence, and security of those who are affected by the change. Choi and Ruona (2011) summarized this by stating, “In order for organizational members involvement and participation in the change process to have successful outcomes, they must be knowledgeable, capable, and motivated to make a genuine contribution” (p. 63).

**Summary of organizational change literature review**

An examination of the literature indicated that change is a complex process, with many factors affecting people’s ability to enact change within organizations. Change can trigger anxiety and fear among employees, thus generating resistance. In order for the process to move forward resistance needs to be acknowledged and addressed. However, the effects of resistance can be minimized through change readiness while also creating an environment that is open and receptive to change. Additionally, leadership and the organizational culture contributes to the change process, including developing receptiveness and advancing a proactive approach to change. Finally, engagement during the change process emerged as a key element for successful change planning, implementation, and evaluation. Engagement of those affected by the change reduces resistance while developing support for the change effort.

**Chapter Summary**

In this chapter I reviewed the academic literature to provide insight into the topics of CoPs, knowledge sharing, and organizational change, as they related to this inquiry. I explored the literature on CoPs, including current definitions, the role in facilitating knowledge exchange, and establishment and sustainability challenges. I then examined the topic of knowledge sharing,
including the benefits of knowledge sharing and the link to workplace culture. Finally, I delved into literature on the topic of organizational change, including resistance and readiness, the role of leadership, and engagement during change. The following chapter discusses the inquiry approach and methodology.
CHAPTER THREE: INQUIRY APPROACH AND METHODOLOGY

This chapter outlines the inquiry approach, participants, inquiry methods, including the data collection tools, study conduct, and data analysis, and a discussion of the ethical considerations relating to this research. Also highlighted is a summary of the relationship of the inquiry approach and methodology to the inquiry question: How can a community of practice be implemented within the Provincial CDM Team to facilitate and support knowledge sharing? The following subquestions were also examined in this inquiry:

1. What are the stakeholder experiences with CoPs or other approaches to sharing learning and support?
2. What are the elements of successful knowledge sharing that the participants have experienced?
3. How can the leadership teams support knowledge sharing?
4. How could an appreciative process help AHS CDM stakeholders in their development of a CoP to support learning?

Inquiry Approach

Stringer (2007) described action research (AR) as “a systematic approach to investigation that enables people to find effective solutions to problems they confront in their everyday lives” (p. 1). Coghlan and Brannick (2010) further refined the definition by outlining four broad characteristics unique to this method, stating that AR

- “focuses on research in action, rather than research about action” (p. 5),
- “is a collaborative, democratic partnership” (p. 5),
- “is research concurrent with action” (p. 5), and
As organizations become increasingly complex and experience a continuous state of change, it is evident that traditional approaches to research may not yield practical and applicable solutions to challenges facing organizations. The AR methodology is well suited to the needs of dynamic organizations and teams as it is “based on the proposition that generalized solutions may not fit particular contexts or groups of people and that the purpose of inquiry is to find an appropriate solution for the particular dynamics at work in a local situation” (Stringer, 2007, p. 5).

I determined an AR inquiry employing an appreciative stance was appropriate for conducting research with the Provincial CDM Team within AHS. AR is “grounded in a qualitative research paradigm whose purpose is to gain greater clarity and understanding of a question, problem, or issue” (Stringer, 2007, p. 19). Given the intricacies that underlie the CDM team, as well as AHS, it was important for me to approach the inquiry with a “collaborative problem solving relationship between researcher and the client which aims at both solving a problem and generating new knowledge” (Coghlan & Brannick, 2010, p. 35). Appreciative inquiry (AI) involves a different way of thinking about change and focuses on dialogue and stories within the organization (Lewis, Passmore, & Cantore, 2008). The AI approach is supportive of a high level of engagement during emergent change (Lewis et al., 2008), aligning with the principles of AR. The benefit of using AR with an appreciative stance was the participatory and collaborative nature of the process that supported a focus on opportunity within the available resources, which was important given the organizational context.
This inquiry moved through Stringer’s (2007) three cycles of AR: look, think, and act (p. 8). It is important to note that essential to AR is the recognition that these cycles are not linear; stages may be repeated and reworked as participants “explore the details of their activities through a constant process of observation, reflection, and action” (Stringer, 2007, p. 9). Cooperrider and Whitney’s (2005) 4-D cycle of AI, which includes the discovery, dream, design, and destiny phases, aligned with Stringer’s (2007) cycles of AR. While moving through the AR cycles of look, think, and act, I engaged particularly in the discovery, dream, and design phases of AI. The fourth phase of destiny was not fully realized during the study process; however, the intent of the study design was to support this phase with the sponsoring organization during the transition from the study process to the organizational change process. The adaptability of AR, combined with an appreciative stance, supported the development of practical knowledge and solutions that build upon what is already successful (Coghlan & Brannick, 2010) within the Provincial CDM Team.

Project Participants

Stringer (2007) commented, “Action research seeks to engage people directly in formulating solutions to problems they confront in their community and organizational lives” (p. 34); as such, the stakeholders had the ability to guide the direction of the inquiry and change. For the purposes of this inquiry two distinct groups of participants were invited to participate. The use of two data sources supported the identification of multiple perspectives and the revelation of “new dimensions of social reality” (Glesne, 2011, p. 47). There were no participant vulnerabilities concerning power differentials, as I did not have a direct reporting relationship with either of the participant groups. My Academic Supervisor and I were concerned that I could
have undue influence over the second group of participants, as I had professional relationships with this group. This concern was mitigated through the use of a third party in sending invitations to participate. This process was compliant with AHS’s Freedom of Information and Privacy requirements. To ensure transparency of the research process and the observation of the principles of informed consent, participants received “written information about the aims, purposes, and processes of the study” (Stringer, 2007, p. 55). Participation was voluntary and could be withdrawn at any time.

The first stage of data collection involved three participants from the Knowledge Management Department of AHS. This team works to support people to share and apply knowledge for effective decision making across the organization. This group had significant insight and experience regarding successful CoPs for the purposes of knowledge sharing within AHS, which supported the appreciative stance of this inquiry. The recruitment process highlighted the inclusion criteria, which required participants to be knowledgeable and experienced in the area of the establishment and facilitation of CoPs and to be willing to share their stories of those experiences. I determined that three participants were sufficient to provide an illustration of potential varied experiences and associated learning while ensuring manageability of the volume of data. I selected the first three responses to the invitation to participate in the interviews.

The second stage of data collection involved the six Decision Support and Evaluation Leads of the Provincial CDM Team. Although I had targeted a minimum of 50% plus one of these potential participants, I received a 100% participation rate. This interdisciplinary group was selected through purposeful selection, which is a process to consciously select people to
participate on the basis of a particular set of attributes, particularly the extent to which the group has an effect on the issue of interest (Stringer, 2007, p. 43). These participants represented all the practice areas within the Provincial CDM Team, with lead roles in collaborative program planning, implementation, and evaluation. This team also has the ability to implement recommendations, and as such play a key role as change agents. The majority of focus group participants were located in Calgary; however, one individual was in Lethbridge and one individual was in Edmonton.

The inquiry team consisted of the organizational sponsor, three current Master of Arts in Leadership (MAL) students, a transcriptionist, and me, as the principle investigator. The MAL students helped to pilot test the data collection questions and provided data analysis support. The transcriptionist was responsible for transcribing all verbal data collected through the data collection methods. All members of the inquiry team signed a confidentiality agreement prior to any involvement (see Appendices A and B).

Inquiry Methods

This section consists of four subsections: (a) methods, (b) data collection tools, (c) study conduct, and (d) data analysis. The methods section outlines the two methods that were chosen to gather data, while also highlighting the method selection and implementation considerations. The data collection tools subsection outlines the necessary supports to the collection of data through the specified methods. The study conduct subsection delineates the participant recruitment and consent process, method integration, and the process for ensuring validity of the data. Additionally, the study conduct subsection identifies the process and involvement of the Sponsor
in validating the draft conclusions and recommendations. Finally, the data analysis subsection explains the process for theming and coding data, including cycles of data analysis.

Methods

I based my selection of the two qualitative research inquiry methods on the premise that in AR data are generated “through engagement with others” (Coghlan & Brannick, 2010, p. 73). Of equal importance to this inquiry was the principle that data generation through engagement is, in fact, an intervention, which generates learning for both the participant and the researcher (Coghlan & Brannick, 2010). As a result, the data collection methods for this inquiry consisted of interviews and a focus group. Given the nature of the inquiry question, I determined the need for the narrative methods to provide opportunity for participants to reflect on their perspectives and experiences with CoPs and knowledge sharing. The use of these narrative inquiry methods enabled the participants to be “consciously engaged in the process of describing the nature of the problem and gathering information” (Stringer, 2007, p. 66).

Interview

Interviews are a “reflective process that enables the interviewee to explore his or her experience in detail and to reveal the many features of that experience that have an effect on the issue investigated” (Stringer, 2007, p. 69). Interviews were selected as the first data collection method to provide the opportunity for the first group of participants to describe their understanding of CoPs as they related to their own experiences and context (Stringer, 2007, p. 70), while allowing me, as the researcher, to have the ability to more deeply explore the meaning of the issue (Benedict Bunker & Alban, 2006). My intent was to draw on the wealth of
knowledge and experience that these participants could provide and to utilize the data collected from this stage to inform the questions for the second stage.

**Virtual focus group**

The use of a focus group as the second data collection method was for participants to have “opportunities to describe their experience and present their perspectives” (Stringer, 2007, p. 73), which was congruent with the principles of AR. My choice of a focus group was based on my desire to provide the potential six participants with an opportunity for active discussion around the inquiry topic (Glesne, 2011, p. 131); in addition, leaders within the organization were familiar with the focus group approach. Due to organizational travel constraints and the geographical dispersion of participants, I needed to conduct the focus group in a virtual manner. Sweet (2001) indicated conducting virtual focus groups is becoming “more prominent and popular as a way of collecting insights and information” (p. 130); nevertheless, this design required additional considerations in planning and facilitation. Despite participants’ familiarity with the technology used for the virtual focus group, I found it necessary to ensure the facilitation of the group allowed for opportunity for all to participate while still respecting the comfort level of participants.

**Data collection tools**

In order to ensure the success of the data collection process I developed several tools. First, letters of invitation were sent to potential participants (see Appendices C and D). The letters of invitation provided preliminary information on the purpose of the study, the format in which the data collection would take place, how the data would be used, and finally, how the privacy and confidentiality of the participants would be protected. Once participants indicated
interest, I sent each a letter of consent (see Appendices E and F). The letter of consent provided
additional detail regarding the research process and constituted the formal documentation of
informed consent to participate.

**Interviews**

The interviews were conducted in a semistructured format to allow for a “focus on what
the interviewee has to say rather than confirming any hypothesis” (Coghlan & Brannick, 2010,
p. 75). I began the interviews with a discussion on the confidentiality and privacy considerations,
the purpose of the study, explanation of the interview procedures, and then moved on to the
predetermined semistructured set of interview questions (see Appendix G). At the conclusion of
the interview I informed the participants of the next steps in the inquiry process and thanked the
individual for his or her involvement.

After the interviews were complete, the transcriptionist created transcriptions of each
interview dialogue from the audio recordings of the interviews. Once the transcription of the
interview was available, I sent each participant an email message (see Appendix H) with an
electronic copy of the transcript for review. Participants were given one week to review their
transcripts and to provide feedback.

**Focus group**

I conducted the focus group in a manner that allowed for all participants to have
opportunity to “describe their experience and present their perspectives” (Stringer, 2007, p. 73).
My intent was to ensure that essential information was conveyed while supporting the group to
“focus on the issue at hand and enable them to express their experience and perspective in their
own terms” (Stringer, 2007, p. 74). I began the group with a discussion on the confidentiality and
privacy considerations, the purpose of the study, and explanation of the focus group procedures. I then moved on to present the predetermined open-ended questions. At the conclusion of the focus group I informed participants of next steps in the inquiry process and thanked them for their involvement.

After the focus group was complete, the transcriptionist created a transcription of the dialogue from the audio recordings of the focus group. Once the transcription of the focus group was available, I sent each participant an email message (see Appendix I) with an electronic copy of the transcript for review. Participants were given one week to review their transcripts and to provide feedback.

**Study conduct**

The inquiry team provided support for the study conduct processes. The roles of the inquiry team members varied dependent on the research needs; however, members of the inquiry team were informed of roles prior to signing the consent and confidentiality agreements (see Appendices A and B). The MAL students pilot tested the data collection questions and assisted with data analysis. The transcriptionist was responsible for transcribing the audio recordings.

All participants received a letter of invitation (see Appendices C and D) and a letter of consent (see Appendices E and F) to participate in the study via email, which is a standard method of communication within the organization. To ensure that there was no undue influence, a program assistant sent the invitations to the participants. Prior to taking part in the inquiry, all participants provided informed consent to participate through their voluntary signing of the research consent form, which informed participants that they could withdraw from the study at
any time. I provided my personal contact information on the invitations and consent forms to address any questions the participants had about the study.

Development of questions for both methods of data collection were based on the AI foundation of a positive, strength-based approach to organizational development and change management (Cooperrider & Whitney, 2005). To ensure that questions were clear and free of bias, the MAL students on my inquiry team pilot tested the questions for both data collection methods. Based on feedback from the inquiry team I revised the questions several times to ensure clarity and congruency with the principles of AI.

AR employs a sociable approach to research that places the onus on the researcher to ensure rigour during the inquiry processes. Stringer (2007) commented, “Rigor in action research is based on checks to ensure that the outcomes of the research are trustworthy” (p. 57). I established credibility of the information through the study design, particularly through the choice of interviews and a focus group as the data collection methods. These methods provided participants extended time to explore the issue and also supported the engagement of participants in the AR processes of observation, reflection, and action (Stringer, 2007). Interview participants were given the opportunity to review their transcripts, ensuring that their perspectives were accurately represented (Stringer, 2007, p. 58). Additionally, the study design utilized a two-stage approach to data collection, including two distinct participant groups and two data collection methods. The incorporation of multiple sources of data further enhanced the credibility of the inquiry through triangulation (Stringer, 2007, p. 58). This study design, particularly the choice of a focus group, was selected on the premise of bringing stakeholders together to engage in mutual inquiry, thus enhancing commitment to the process.
I found it important throughout the study conduct to ensure that the organizational sponsor received regular communications regarding the progress of the study as well as the resulting recommendations. In addition to ongoing communication via email, I scheduled regular meetings with the Sponsor to support a cooperative relationship throughout the process. The Sponsor reviewed and provided feedback on the inquiry findings, conclusions, and recommendations. This process supported the transition phase of the AR process in which the stakeholders within the sponsoring organization move toward action in implementing recommendations. Additionally, one of the inquiry recommendations suggests that the participants come together to discuss the conclusions, recommendations, and next steps. As the principles of both AR and AI are supportive of an ongoing process, this will be important to further support the transition phase. As Stringer (2007) espoused, “Communication is the key to effective operation of any process of inquiry, providing the means to ensure that people are fully informed of events and activities and have all the information they need to accomplish their work together” (p. 31).

**Interviews**

The first stage of data collection incorporated a purposeful selection process of participants. I conducted a total of three 1-hour interviews within this stage. A program assistant sent invitations to participants to ensure there was no concern regarding undue influence. The invitations provided information regarding the inclusion criteria as well as the selection process, as indicated in the Project Participant section of this chapter. I conducted one interview face-to-face with the participant and conducted the other two via teleconference due to the geographical locations and to accommodate the needs of participants. All interviews were digitally audio
recorded to ensure accuracy of data collection. As stated earlier, to further ensure that the participants’ experiences had been accurately recorded, I sent the transcripts to the respondents to review the interview dialogue; participants had one week to provide their feedback.

Prior to the interview, I sent participants the six interview questions to allow time for reflection (see Appendix G). As interviews “provide opportunities for participants to describe the situation in their own terms” (Stringer, 2007, p. 69), I structured the interview to support a safe and comfortable environment. The interviews questions were designed to elicit the expertise, experience, and passion of this participant group.

**Virtual focus group**

The virtual focus group consisted of six questions (see Appendix J). Following the first stage of the approach my inquiry team and I utilized the analyzed data from the first stage to finalize the content and questions for second stage of data collection. The 1-hour focus group was conducted at a time that was convenient for the participants. As participants were located in various locations across the province, a virtual focus group was required. The focus group was conducted via Microsoft Lync (2013) conferencing, which is currently the AHS approved unified communication client. Participants all had the necessary software and hardware to participate in the focus group. Additionally, participants had a level of comfort using Microsoft Lync conferencing, as the Provincial CDM Team utilizes this software on a daily basis. To ensure accuracy of data collection the focus group was digitally audio recorded. As stated earlier, to further ensure that the participants experiences were accurately recorded, respondents were given the opportunity to review the interview transcripts to provide feedback.
Data analysis

Data analysis of the information collected “involves organizing what you have seen, heard, and read so that you can figure what you have learned and make sense of what you have experienced” (Glesne, 2011, p. 184). The process of data analysis results in “a set of concepts and ideas that enable stakeholding participants to understand more clearly the nature of problematic experiences affecting their lives” (Stringer, 2007, p. 95) through the cycles of look, think, and act (p. 8).

For the purposes of this inquiry the data analysis involved Stringer’s (2007) two main processes. The first process, categorizing and coding, highlighted information that identifies “significant features and elements that make up the experience and perception of the people involved” (Stringer, 2007, p. 98). The second analysis process analyzed key experiences, using a keyword-in-context analysis. Using a visual and tactile process, I clustered these codes into related groupings, and then further clustered groupings into themes. I conducted these initial steps of the analysis separately for the interviews and the focus group, with the intent to extract the unique characteristics between the two data collection methods. At this point I looked for patterns of connections between the themes within each method of data collection, observing for similarities and differences, to arrive at overarching themes. This approach served to further extend my understanding through focusing “on events that seem to have a marked impact on the experience of major stakeholders” (Stringer, 2007, p. 103). These processes supported Stringer’s (2007) AR cycles of look, think, and act through the simultaneous data analysis with data collection, thus enabling me, as the researcher, to focus and shape the study as it proceeded (Glesne, 2011, p. 188).
Throughout the data analysis process I found it was important to ensure that the principles of authenticity and trustworthiness were observed. The data analysis processes built on the trustworthiness checks identified during data collection, supporting analysis outcomes that “do not merely reflect the particular perspectives, biases, or worldview of the researcher and that they are not based solely on superficial or simplistic analysis of the issues” (Stringer, 2007, p. 57). I achieved this through the application of the verbatim principle to minimize conceptualization through my perspective, as the researcher, by “using terms and concepts drawn from the words of the participants themselves (Stringer, 2007, p. 99). Bernard and Ryan (2010) commented, “If you want to understand what people are talking about, look closely at the words they use” (p. 65). Additionally, the MAL student members of the inquiry team further verified the data analysis through independent coding and keyword-in-context analysis of sections of the transcriptions. I compared their analysis with my own analysis of the data to check for consistency, discrepancies, and potential biases. Finally, I identified the scope and limitations of the study.

**Ethical Issues**

The research process included the need for me, as the researcher, “to take specific steps to ensure that participants [came] to no harm as a result of their participation in the research” (Stringer, 2007, p. 54). The research proposal required review and approval by the Royal Roads Research Ethics Board and the Community Research Ethics Board of Alberta prior to the commencement of any activities related to the research process. This inquiry was also conducted in accordance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research
Council of Canada, & Social Sciences and Humanities Research Council of Canada [TCPS2], 2010) based on the three core principles of respect for persons, concern for welfare, and justice.

**Respect for persons**

The first core principle of the *Tri-Council Policy Statement* (TCPS2, 2010), respect for persons, is based on the premise that individuals who participate in research should do so voluntarily, understanding the purpose of the research and its risks and potential benefits as fully as reasonably possible. This principle refers to the process of seeking consent from prospective participants, which may result in either agreement or refusal to participate, free of undue influence, coercion, or incentives (TCPS2, 2010). Participants were made aware of their ability to withdraw from the inquiry at any time. There were no issues or concerns regarding power differentials, as I did not hold a direct reporting relationship with any of the participants.

**Concern for welfare**

The second core principle of concern for welfare refers to “the welfare of a person is the quality of that person’s experience of life in all its aspects” (TCPS2, 2010, p. 9), including the participant’s right to confidentiality and privacy. I provided disclosure of the study so participants could assess the benefits and risks to participation. Confidentiality and privacy was observed through guaranteeing all recorded and reported data would be free of any identifiable information. I secured all electronic data through encryption, and hard copy data were secured in a locked filing cabinet. Participants were aware that raw data will be kept for one year post graduation and then destroyed.
**Justice**

The *Tri-Council Policy Statement’s* (TCPS2, 2010) core principle of justice refers to the concept that particular individuals, groups, or communities should neither bear an unfair share of the direct burdens of participating in research, nor should they be unfairly excluded from the potential benefits of research participation. I chose the first participant group from the Knowledge Management Department using a purposeful selection process, with the first three responses being selected to participate. I also chose the second participant group, the Decision Support and Evaluation Leads from the Provincial CDM Team, through a purposeful selection process. The project received a 100% participation rate for this participant group. I selected both participant groups based on the nature of the inquiry, as the sharing of their knowledge and experiences would add insight and value to the inquiry.

**Balancing risks and benefits**

Fundamental to the ethical considerations of research is the principle that benefits to the subject or society, preferably both, must outweigh all potential risks (Glesne, 2011, p. 163). As a result, it was necessary that I identify the potential risks and benefits to ensure that this study was conducted in accordance to all principles of ethical conduct in research.

The study included minimal risks to potential participants, as the study involved collection of data from voice recordings. As the purpose of the focus group was to develop strategies for improving communication and knowledge sharing, it was unlikely there would be adverse effects from the inquiry. To ensure confidentiality of participants, I ensured all personal identifiers were removed from the interview transcripts of all audio recordings, and I have used
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pseudonyms to protect participants’ anonymity and confidentiality when directly quoting passages from the interview and focus group transcripts in this research report.

Benefits of this research will impact me, as the researcher, as well as the participants, the sponsor, and society at large. First, the benefits to me included the completion of a final thesis for partial fulfillment of the requirements of a MAL degree from Royal Roads University. Additional benefits included an enhanced knowledge regarding AR methodology, inquiry methods, and data analysis. Also of benefit to me is an increased knowledge and skill in change leadership. Second, of benefit to the participants was the opportunity to come together to engage in dialogue and learn about ways in which a CoP could be implemented for the purposes of knowledge sharing and support. The focus group in particular created a significant opportunity in which participants could connect and build relationships through the process of mutual inquiry. Third, the benefits to the Sponsor included the ability to support ongoing collaboration, knowledge sharing, and innovation through the beginnings of a CoP. In turn, this will ideally increase employee engagement and performance, leading to an improved, higher functioning team. Last, potential benefits to society will include the implementation of a CoP, thus supporting ongoing knowledge sharing and learning within the Provincial CDM Team. The enhanced ability to share knowledge and to collaborate will positively affect the team’s ability to support CDM programming in Alberta, thus leading to improved health outcomes for patients with chronic diseases in Alberta.

Chapter Summary

The AR methodology from an appreciative stance and rationale for how this approach was appropriate for the context of the Provincial CDM Team within AHS was outlined in this
chapter. I described the study conduct, including the criteria and rationale for potential participants, data collection methods, data analysis, and ethical considerations. I also outlined the approach for the communication and dissemination of study conclusions and recommendations, including the ongoing engagement of stakeholders throughout the study, the transition phase, and beyond.
CHAPTER FOUR: ACTION INQUIRY PROJECT RESULTS AND CONCLUSIONS

This chapter presents the study findings, study conclusions, and scope and limitations of the inquiry in response to the following research question: How can a community of practice be implemented within the Provincial CDM Team to facilitate and support knowledge sharing? I also examined the following subquestions as part of this research:

1. What are the stakeholder experiences with CoPs or other approaches to sharing learning and support?

2. What are the elements of successful knowledge sharing that the participants have experienced?

3. How can the leadership teams support knowledge sharing?

4. How could an appreciative process help AHS CDM stakeholders in their development of a CoP to support learning?

Study Findings

In this inquiry, I collected the data through three interviews with members of AHS Knowledge Management and a virtual focus group with the six Decision Support and Evaluation Leads of the Provincial CDM Team. I then analyzed the data in order to determine the study findings. Relating to my research questions, six findings emerged:

1. Participants identified a desire to support knowledge sharing and learning, while aligning practice with organizational priorities.

2. Participants expressed a need to create a supportive learning community that bridges existing boundaries.
3. Participants highlighted the importance of relationships, mentorship, and coaching for learning and knowledge sharing.

4. The implementation of a CoP requires a clear understanding of purpose, ownership, and structure.

5. The success of a CoP is connected to the creation of a trusting and respectful environment.

6. Leadership advocacy in support of a CoP is critical given the context of organizational and structural challenges.

I discuss each key finding in depth in this section including anonymous excerpts from the interviews and focus group discussions. To maintain anonymity and confidentiality, I have used anonymous identifiers to cite quotations from participants; I have cited interview participants using I-1 through to I-3 and have cited focus group participants using FG-A through to FG-F.

**Finding 1: Participants identified a desire to support knowledge sharing and learning, while aligning practice with organizational priorities**

This finding is focused on the desire to support knowledge sharing and learning while aligning practice with organizational priorities, as participants in the interviews and the focus group identified. Participants actively discussed the need to create a forum in which open and reflective conversations could occur. Simply put, “We have to do something to give people a place to talk to one another” (I-3). The participants emphasized the importance of learning through connection and conversation while providing new perspectives on issues and challenges within the workplace.
It is very interesting to see how the thoughts of one will trigger another, which in turn will trigger another . . . a lot of people come away and they are saying that that was [an] “ah ha” [moment] and they say, “I never thought of it.” (I-1)

However, the participants’ comments went beyond the need to simply engage in knowledge sharing conversation, and highlighted the need for the conversations to support knowledge sharing and practice improvement. For example, one participant stated the following:

I am more likely to understand how it relates to what I am doing and how I can improve what I am doing through those kinds of conversations than I am [by] reading something and thinking oh that is interesting and what the heck does that mean for what I am going to do tomorrow or what I did yesterday. (I-3)

This participant’s comment suggests that the benefit of knowledge sharing through dialogue has direct implications through finding solutions and practice improvements, which, subsequently, supports organizational goals and priorities. Another participant, reflecting on a previous experience with a CoP within the workplace, commented that the CoP’s “creation was intentionally . . . around the identification of a problem and a possible solution” (I-2). A CoP can support knowledge exchange and practice improvement through having “longer term visions of improving practice where people might want to eventually become stewards of that practice” (I-3). Similarly, a focus group participant affirmed the desire to “have a more active sort of environment to share knowledge and those updates and it could proceed to actual products” (FG-F). There are contextual realities to consider that impact the ability to share knowledge while driving results:

I think we all are very busy and just to have more meetings for the sake of having more discussion [I am] not sure that that would be all that helpful for me but if it is an opportunity to have discussions in order to help drive outcomes of our portfolio; I think that would have much more benefits. (FG-D)
Finding 2: Participants expressed a need to create a supportive learning community that bridges existing boundaries

This finding relates to the need to create a supportive learning community that bridges existing boundaries. Participants in the interviews and focus group made numerous comments regarding the importance of a sense of community to feel supported by others and to build networks. One of the simplest roles for a CoP is that of a sympathetic audience: “The ability to, perhaps, problem solve or . . . provide a chance to vent with people who understand some of the problems they may be having” (FG-B). An interview participant echoed this comment by stating that coming together for discussion “really helps people learn and share. . . . They feel part of a group, and they feel connected, and they feel like they belong” (I-1). CoPs can be highly successful at supporting practice change through the informal dialogue that takes place. One participant, discussing a previous experience with a CoP, made the following comment regarding connection and support:

The most successful parts were the informal parts where there were . . . discussion in terms of . . . little barriers that clinicians may have in their day-to-day practice and [clinicians] were able to come together and hear that they are not alone, and I think that was one of the things they shared as being comforting to them. (FG-F)

Comments such as these identified the importance of connecting with others through networks for creating a learning community that provides support and a sense of belonging.

Such networks have the ability to transcend boundaries within teams and organizations. One participant, who worked in a geographically remote location, commented on her experience with a CoP: “From my perspective, it really made me feel part of the larger health community in the province” (I-2). Participants emphasized the challenge of knowledge sharing within geographically dispersed teams during the discussions. Participants also found informal
exploring the implementation of interactions in the face-to-face environment to be important to building a learning community, which was absent in geographically dispersed teams: “They probably do not have that informal sharing and learning from each other just due to the fact that they are not physically located together” (FG-D). However, participants did express a general feeling that learning communities and networks could overcome barriers while enhancing knowledge sharing. One participant described this link:

People would hear about different learning opportunities depending on what sorts of networks they were plugged into, and I think probably all of us ... got a much better sense of what was happening in the other regions but also got a sense of each other as people. (I-2)

For these participants, learning communities would appear to be different from traditional work groups: “Boundaries are wider as far as connecting people that are on different work teams, that work at different sites, and connecting across organizational boundaries” (I-3).

**Finding 3: Participants highlighted the importance of relationships, mentorship, and coaching for learning and knowledge sharing**

Participants expressed the significance of relationships, mentorship, and coaching for learning and knowledge sharing. The interviews and focus group participants clearly articulated the role of building supportive relationships within the workplace. For example, an interview participant stated, “Developing and improving trust with colleagues and getting to know people and understanding their expertise better and understanding their role better and knowing that you have people to call if you ever get stuck” (I-1). This statement suggests that enhancing professional relationships allows for the ability to develop a network of knowledgeable people that can be called upon for advice and support when facing challenging issues. A focus group
participant, reflecting on a past experience, further emphasized the importance of relationships to personal and professional learning and growth:

> It was never a problem to ask questions, and you always felt supported even if you didn’t know. . . . I just find that [with] those kind of relationships it is ok to ask [questions], and they are also challenging me by asking me questions and to think deeper about things too. . . . Those relationships really inspired me to do more and really increase my level of confidence. (FG-C)

Building on the comments regarding professional relationships, several participants revealed positive experiences with mentorship. The interviews and focus group discussions clearly revealed that mentors had significant impacts on the learning and development of many of the participants. The mentor’s influence includes helping identify strengths, offering encouragement, and building self-confidence:

> [She] really help[ed] me to see where my strengths were, and kind of an area that I could improve on, and just [gave me] a lot of encouragement. She is actually one of the people that recommended that I go and do my master’s [degree], and you know I hadn’t really thought about it, but I think that was what helped to push me to go and do it when I did. I grew a lot professionally from that support and, from that, I think that it has made a big difference in my career path. (FG-A)

The knowledge-sharing relationship provides learning and value for the mentor in addition to anything that may be learned by the mentee. One focus group participant said,

> [The mentor] showed a lot of support and guidance but without a lot of direction, where it really gave me the comfort to try and go, and I think in the end it ended up being learning for both people, and growth for both people. (FG-D)

**Finding 4: The implementation of a CoP requires a clear understanding of purpose, ownership, and structure**

Participants identified clarity of purpose, ownership, and structure for the successful implementation of a CoP. First, in their discussions, participants emphasized the importance of having a solid understanding of the purpose of bringing people together: “It is all about purpose.
What is the practice of interest that is bringing you together, and what is it that you want to accomplish?” (I-3). This same interview participant suggested that defining purpose requires dialogue regarding “what we want to do here and what do we want to talk about” (I-3).

The focus group with the Decision Support and Evaluation Leads of CDM allowed for the opportunity to discuss the potential purpose of a CoP within the CDM team, and participants clearly indicated that they could envision that purpose to be sharing learning and experiences:

I think that I could learn a lot from other people about the work that we do, and so the purpose, and my interest in [a CoP] would be around my opportunities to learn as well as to share the learning that I have had in helping others. (FG-C)

Another focus group participant confirmed this comment, while also drawing attention to the multidisciplinary and diverse nature of the Provincial CDM Team:

We come from all over the place, and some people have a lot more experience in [the work] than others, and I just think that if there was an opportunity to develop a CoP with the [Decision Support and Evaluation Leads] I think that there would be a real opportunity to share the knowledge and our learning as well. (FG-C)

Although much of the conversation was focused on clarity of purpose being a key component to the success of a CoP, participants also discussed the importance of ownership and structure of a CoP. In particular, the interview participants from the AHS Knowledge Management Department brought forward the need to develop the structure and ownership of a CoP in response to the needs of the group. For example, one participant commented, “There is no one path that you can take; you can take general steps and do this and then that and then that but it is the right decisions based on the needs of the group” (I-3). This same participant went on to state, “It is really hard to give general one size fits all solutions and learning the right things to do depends on the needs . . . [and the] logistical realities of the group” (I-3).
Finding 5: The success of a CoP is connected to the creation of a trusting and respectful environment

This finding links the success of a CoP to the creation of a trusting and respectful environment. An interview participant, reflecting on an experience with a learning community, commented,

Providing a space . . . where the environment is open to new and alternative ideas and open to asking questions, . . . provides safety in asking those questions, because . . . questions are by their nature uncomfortable things, and . . . sometimes people feel the need to ask the question in an environment that doesn’t have any, I guess I would say, doesn’t have anything riding on the answer. (I-2)

Another participant discussed the necessity of a safe and trusting culture, in which people have a level of comfort, are able to try new things, and can take risks:

So you certainly need a trusting . . . supportive . . . colleagues around you, and a trusting environment is a cultural need really where you feel it is ok to be wrong it is ok to inch out a little and it is ok to make a mistake because it is all in what you are doing, because trust is absolutely number one, the first thing that needs to be in place. (I-3)

Participants also expressed the importance of having varied opinions and ideas, while linking this to the ability to have open and honest conversations within a safe and trusting learning community. Some participants expressed level of uncertainty with this type of initiative:

“It is scary and you have no idea of what you are doing and it is vulnerable to try something that you have never done before” (I-3). One focus group participant reflected on a previous experience with a CoP and commented,

The point here is not that everyone here has to agree; the point is to share all the thoughts and ideas and opinions, and what might work in one situation may not work in another, but just having that safe environment or creating that environment that people felt that it was ok to disagree and not to have hard feelings. (FG-E)

Although participants generally agreed as to the critical nature of establishing trust within the group, there was some discussion regarding challenges to this. An interview participant
brought forward the point that building trust can be a time consuming process: “[It] doesn’t happen in the first meeting or the second meeting or the third meeting . . . depending on the environment in the workplace that can take six months or a year” (I-2). Another participant expressed concerns as to the confidentiality of a CoP: “If . . . [the] purpose [is] sharing and then reporting back to your team, I think sometimes maybe that is a little different maybe to open and honestly share” (FG-D). These points are important to bring forward within the findings, as they highlight participants’ concerns for the implementation of a CoP.

**Finding 6: Leadership advocacy in support of a CoP is critical given the context of organizational and structural challenges**

Participants identified that senior leadership advocacy is critical in supporting a CoP in the context of organizational and structural challenges. An interview participant discussed the need to have a conversation with the leadership to ensure support for the CoP: “We call it our sponsor readiness conversation, one of the most important things needed are *[sic]* support of management” (I-1). This participant went on to specify that the sponsor readiness conversation needs to ensure that the leadership has a firm understanding as to how a CoP functions: “The group needs to have their manager, their director and executive director or whatever level to understand what they are doing and they are going to slow down and just have conversation with people” (I-1).

The participants did express some skepticism with the feasibility of obtaining leadership support among the organizational and structural challenges. While there is a need for senior leadership support, unlike a work group, a CoP cannot specify work outcomes. This may be problematic for obtaining leadership support:
You don’t want to do it in secret and work is a lot better when you have organizational support in doing it. But then sometimes that can make it a tough sell to bosses because unlike a workgroup you are not saying this is what we are going to accomplish in a year and this is the work we are going to complete. (I-3)

The following comment from a focus group participant discusses a similar concern:

As far as it is worthwhile to share knowledge and to get together and to share is great and kind of compare notes . . . but as far as the climate that we are put in, as an organization where there is such a fascination or an appetite for things that you can actually demonstrate value for money. (FG-F)

However, participants clearly indicated their desire to ensure leadership support is in place as well as a need for transparency of expectations between the leader and the members of the CoP. For example, one focus group participant stated,

I mean, it is time out of our days, right? So it is important that they are supportive of that because you would have to have a little bit of a kind of idea around that what amount of time would we be looking at and what would be involved with that . . . and now also around what do we expect to learn. Because I think that it is only fair to explain to them why would we want to be doing it, and I would want to for sure that to be open and saying, “This is what we are doing and why we are doing it,” and get their support and approval to do it. (FG-C)

Another focus group participant also felt that support from leadership may be more likely if the learning from the CoP was shared outside the membership to support the team goals and objectives:

I can see my director being more supportive too if I was to bring back kind of what I learned and what we could build on or what you know from what other people are doing or that type of thing that would be seen as more value in that. (FG-A)

**Study Conclusions**

I conducted this study using an AR methodology from an appreciative stance. This approach supported the collection of rich information and varied perspectives from the participants of the interviews and focus group. Based on the study findings and relevant literature, this section offers four conclusions that respond to the main research question and the
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four subquestions. It is important to highlight that these conclusions are interconnected, and as such they need to be considered as a single entity in relation to the research questions. These conclusions will support the Provincial CDM Team in understanding the complex factors involved in implementing a CoP. In the subsections that follow, I describe these four conclusions in detail along with substantiating literature:

1. A CoP can support knowledge sharing while bridging existing boundaries and aligning practice with organizational priorities.

2. There are opportunities to enable knowledge sharing and learning through trusting relationships.

3. The implementation of a CoP needs to be purposeful with clarity of structure and ownership.

4. Leadership advocacy is needed for the success and sustainability of a CoP.

**Conclusion 1: A CoP can support knowledge sharing while bridging existing boundaries and aligning practice with organizational priorities**

During discussions in this inquiry participants strongly indicated that a CoP could support knowledge sharing while bridging existing boundaries and aligning practice with organizational priorities. However, participants highlighted the need to ensure that such a forum aligns professional practice with strategic priorities. Senge’s (2006) work in team learning affirmed this idea and recognized that through team learning a shared vision can be solidified while capitalizing on existing talent within the team: “Team learning is the process of aligning and developing the capacity of a team to create the results its members truly desire” (p. 218). In turn, this capacity for collaboration can lead to increased performance and resiliency among the team,
“where collectively held knowledge can be used to pursue shared aims, and where people and organizations can learn together, how and what to do, to achieve the best outcomes” (Williams, 2012, p. 551).

Furthermore, Senge (2006) commented, “When a team becomes more aligned, a commonality of direction emerges, and individuals’ energies harmonize. . . . There is a commonality of purpose, a shared vision, and understanding of how to complement one another’s effort” (p. 217). Knowledge sharing and learning within a CoP supports an enhanced awareness and understanding of the work being done, while creating the opportunity for action through capitalizing on the strengths and skills of others. Kerno and Mace (2010) stated, “As members accumulate practical knowledge over time, and as this knowledge is legitimated, it serves to enhance the participants ability to act within an organization, either individual or collectively” (p. 82).

Specific to CoP’s, Tee and Böckle (2012) reported, “The process of knowledge exchange within the CoP, was found to be useful for breaking down barriers between agencies, identifying competency and knowledge deficits and establishing a collective vision for how services can be more effectively delivered” (p. 825). Kislov, Walshe, and Harvey (2012) found similar results in their work: “In spite of inherent differences in their members’ knowledge base and status, [CoP’s] can successfully bridge professional boundaries and achieve a sufficient level of internal integration” (p. 12). These statements support knowledge sharing as a key component to collaboration and alignment between the members of the group and the work being done within the team. The benefit of knowledge exchange within a CoP and the subsequent collaboration and integration can support organizations in seeking operational efficiency and innovativeness.
Exploring the Implementation (Borzillo et al., 2012, p. 29). This is key for the creative and effective solutions necessary for the complex goals and priorities of the Provincial CDM Team, particularly given the multidisciplinary nature and the geographic dispersion of the team and the current stresses on resources.

**Conclusion 2: There are opportunities to enable knowledge sharing and learning through trusting relationships**

A major discussion point among the interviewees and focus group participants was the opportunity to enable knowledge sharing and learning through trusting relationships. Participants emphasized that a high level of trust among group members and a sense of safety in which to share issues and take risks is necessary in order for knowledge sharing within a CoP to be successful. Building trust within a team can be challenging, as evidenced by Dimock and Kass’s (2007) comment: “Fear, a symptom of unresolved trust, is the most crippling feature in personal and group development” (p. 25). Conversely, “group experiences where members learn how to create trusting, accepting climates encourage individual development and also healthy, productive groups” (Dimock & Kass, 2007, p. 26), with the establishment of trust being at the heart of building effective relationships (van Winkelen, 2010, p. 10).

The effectiveness of knowledge sharing and learning in relationships is highly subject to trust. Kouzes and Posner (2007) found that “promoting learning requires a spirit of inquiry and openness, patience, and building a tolerance for error and a framework for forgiveness” (p. 201). During this inquiry participants indicated that learning often occurs as people take risks and push outside their comfort zone. In order for this to occur, trust needs to built on the premise that all activities must create mutual understanding, respect, and caring (Kotter, 1996). A climate of trust
enables people to “listen and learn from others, and they demonstrate their trust by sharing information and resources with others” (Kouzes & Posner, 2007, p. 227).

When leaders and organizations focus on building trusting relationships social capital will prosper, resulting in benefit for everyone (Baker, 2003, p. 15). Trust is key to “authentic participation in the change process, with many opportunities to raise issues of concern, will help keep a group open to the possibility of significant change” (Bruckman, 2008, p. 215). Given the theory that knowledge can be socially constructed, relationships enable the development of shared understanding (Kouri, 2009). A CoP is well suited to this, as it “involves interaction and relationship development among participants” (Kerno & Mace, 2010, p. 82), which is necessary for knowledge sharing and building social capital. A key aspect of building social capital is mentorship and coaching, which participants identified as a means for ongoing knowledge sharing within trusting relationships. Hara and Schwen (2006) commented,

A CoP provides an informal learning environment in which novices and experienced members of the community may interact with each other, share their experiences of being in a particular profession, and learn from each other. Therefore, organizational learning occurs in a CoP. Clearly, novices develop their professional skills through mentoring and apprenticeship to more experienced members. (p. 108)

Mentorship, either informally or formally, provides opportunity for knowledge exchange through long-term relationships. As evidenced by the statement above, both the novice and the experienced member experience mutual learning and interactions, paving the way for a trusting and collaborative relationship. Kouzes and Posner (2007) affirmed this: “Collaboration can be sustained only when you create a climate of trust and facilitate effective long-term relationships” (p. 242).
Conclusion 3: The development and implementation of a CoP needs to be purposeful with clarity of structure and ownership

The third conclusion drawn from the participants’ feedback is that the development and implementation of a CoP needs to be purposeful with clarity of structure and ownership. Burke (2009) commented, “If people in the organization see or feel no need for change, they are not likely to embrace the idea” (p. 743). Therefore, a CoP needs to be purposeful in order for people to understand the opportunity for positive change through a CoP.

The determination of purpose, structure, and ownership is of critical importance for the success of a CoP, while acknowledging potential limits of CoPs. Iaquinto et al. (2011) found that “failing CoPs suffer from a crisis of purpose, inappropriate boundary judgments and thus inappropriate activities needed to effect transformations in relation to purpose” (p. 13). To respond to issues surrounding the effectiveness of CoP’s, Tee and Böckle (2012) found particular structures need to be in place (p. 823), and “nurturing CoPs to improve healthcare performance requires a high level of appreciation of how to establish and support CoPs to maximize their impact” (p. 824).

The inherent nature of CoPs is that they are not static entities; rather, they undergo evolutionary processes (Roberts, 2006). Roberts (2006) stated, “The context within which a community of practice is embedded is a major factor determining its success as a means of creating and transferring knowledge” (p. 634). As a result, structural supports are needed to mitigate the potential effects of the organizational context and the recognition that “CoPs require patience and time” (Borzillo et al., 2012, p. 29).
Wenger, McDermott, and Snyder (2002) found that three characteristics are required for a Community of Practice (CoP) to thrive—the domain, the community, and the practice—with clarity of these elements being essential for the overall effectiveness of a CoP. Kerno and Mace (2010) summarized these characteristics as follows:

The domain has an identity defined by shared realm of interest. Membership consequently implies a commitment to the domain, and thus a shared competence that distinguishes members from other people. The community consists of members engaging in joint activities and discussions to help each other and share information. . . . The practice connotes members as practitioners who develop a shared repertoire of resources, which inevitably takes time and sustained interaction. (p. 80)

These elements constitute the basic structure of a CoP; however, high-functioning CoPs typically incorporate other structural components such as champions and facilitators. Li et al. (2009) commented that champions are “responsible for spreading the word about the group, recruiting members, and providing resources for group activities. The facilitator, on the other hand, is responsible for the group’s day-to-day activities” (Discussion section, para. 19).

As CoPs are embedded in the organizational context, the purposeful creation of a CoP should involve the consideration of the organization need, the structural necessities such as sponsorship, funding, allocation of time, and the fostering of ownership and participation (Iaquinto et al., 2011, p. 17) for the long-term feasibility of knowledge sharing and learning within a CoP.

**Conclusion 4: Leadership advocacy is needed for the success and sustainability of a CoP**

The final conclusion based on participants’ comments in the interviews and focus group is the critical need for leadership advocacy for the success and sustainability of a CoP. Although participants expressed a desire and enthusiasm to establish a CoP to address the need for ongoing
knowledge sharing, participants agreed that without leadership support such efforts would not succeed.

Describing the increasing complexity and dynamisms of organizations, Yukl (2010) argued, “Organizations need to have people at every level who are oriented toward learning and continuous improvement” (p. 323). Yukl continued to reason that if strong cultural values for personal development and lifelong education exist within the organization, then individual learning is more likely to occur (p. 327). This suggests that the leadership plays a fundamental role in advocating for ongoing learning and in supporting appropriate venues for knowledge sharing to occur.

The research by Iaquinto et al. (2011) found, “Without higher management recognition, CoPs are vulnerable to structural, institutional or other changes coming from the upper levels of an organizations hierarchy. It also makes the allocation of work time towards CoPs difficult to justify” (p. 13). Wenger and Snyder (2000) suggested that managers cannot mandate a CoP; however, they can “bring the right people together, provide an infrastructure in which communities can thrive, and measure the communities’ value in nontraditional ways” (p. 140). Similarly, Borzillo et al. (2012) found, “Senior-level managers, and more precisely, sponsors need to identify and cultivate those CoPs that are strategically relevant for the company” (p. 29). These comments underscore the role of leaders in supporting the development and implementation of a CoP, with the acknowledgement that CoPs can be resistant to supervision (Kerno & Mace, 2010).

The participants in this inquiry voiced a need for the leadership to have an awareness and understanding of the function and activities of the CoP. Leadership support can take a variety of
forms, with this work being achieved through “enabling community interactions, by promoting conditions for an open exchange of ideas and information, by creating time and space for exchanging stories and expertise, and by supporting innovative thinking” (Ardichvili et al., 2003, p. 75). The most common role is that of the sponsor, which is typically from higher levels of management. Probst and Borzillo (2008) found that an active collaboration between the sponsor and the CoP coordinator or facilitator supported a greater likelihood of success of the CoP by assessing the activity levels of the CoP, the alignment of activities with organizational strategy, as well as advocating to higher levels of management for resourcing support.

**Scope and Limitations of the Inquiry**

With all research it is necessary to acknowledge potential limiting factors on the results of the research process. This section describes the scope and limitations of this inquiry, which should be taken into account when considering the reliability and validity of the data collected. The following scope and limitations restrict the generalization of the study results beyond the context of this inquiry.

The first limitation that warrants discussion is the political and organizational climate of AHS during the research process. AHS continually evolved during the time frame in which this research was conducted. Frequent change is not unusual for AHS; however, during this period there were significant changes to the political and organization structure and leadership of the organization. Such dynamics may impact leadership’s ability to implement the recommendations, despite the support and enthusiasm of the organizational sponsor and other leaders within the Provincial CDM Team.
It is also important to note that this inquiry obtained experiences and perspectives of a limited number of participants from the AHS Knowledge Management Department and the Provincial CDM Team. The study design required three one-on-one interviews with staff with expertise in CoPs from the AHS Knowledge Management Department, with the intent to obtain a sample of stories and experiences from these participants. These stories are representative only of the experiences of the individuals involved, not necessarily the broader team. Similarly, the focus group was with the six Decision Support and Evaluation Leads, which was 100% participation from this group. These participants will play a lead role in the change process; however, the Provincial CDM Team consists of many other roles, including support staff and senior leadership. Thus, the perspectives of the Decision Support and Evaluation Leads may not be indicative of the larger team. However, despite this limitation, I found it interesting to observe that similar themes emerged from interviews and the focus group, suggesting that there is validity and reliability of the data collection, particularly as two different data collection methods were used.

Another potential limitation to this study was the use of a virtual focus group. I found it necessary to conduct this data collection method in this manner due to the geographical dispersion of participants and stringent restrictions on travel. I assumed participants were reasonably comfortable with the technology I utilized during the research, as participants were already familiar with the technology. However, I believe it is likely that the discussion and dynamics of the focus group were impacted by participants’ inability to see each other and observe body language. Additionally, I conducted the focus group and the interviews in a semistructured manner, which allowed me, as the facilitator and interviewer, to ask probing and
clarifying questions of the participants. It is possible that such questions may have introduced some bias into the discussion, and subsequently into the responses of the participants.

The final limitation is that I began this inquiry as a member of the Provincial CDM Team; however, shortly after the conclusion of my data collection I left the organization to pursue another professional opportunity. My sponsor continued to be supportive of the project, and we maintained regular communication. However, it is possible that the change from being an insider researcher to an external researcher had impact on the findings and conclusions drawn from this study.

Chapter Summary

In this chapter I presented six study findings and the corresponding four conclusions that emerged from the data collected from the interviews and the virtual focus group. The findings and conclusions reflect the opportunities the participants saw for the implementation of a CoP within the Provincial CDM Team. This chapter also presented the scope and limitations of the inquiry, which need to be taken into account when interpreting the results of the study. Chapter 5 builds on these findings and conclusions and presents recommendations for the leaders of the Provincial CDM Team to move forward with the implementation of a CoP.
CHAPTER FIVE: INQUIRY IMPLICATIONS

In this final chapter I provide recommendations for the leadership of the Provincial CDM Team to consider relating to the implementation of a CoP. These recommendations are based on a synthesis of the literature, research findings, and conclusions in response to the following research question: How can a community of practice be implemented within the Provincial CDM Team to facilitate and support knowledge sharing? The following subquestions helped to guide the inquiry:

1. What are the stakeholder experiences with CoPs or other approaches to sharing learning and support?
2. What are the elements of successful knowledge sharing that the participants have experienced?
3. How can the leadership teams support knowledge sharing?
4. How could an appreciative process help AHS CDM stakeholders in their development of a CoP to support learning?

Additionally, this chapter discusses organizational implications and proposed areas of future research. This discussion will continue enhancing the knowledge and understanding of how people connect to each other, learn together, and work together.

**Study Recommendations**

The study recommendations are based on the research findings and conclusions, as well as supporting literature, as presented in the previous chapters of this report. The recommendations describe three areas in which the Provincial CDM Team leadership can move towards creating change that will build relationships within the team and foster knowledge
sharing and learning. Within the Provincial CDM Team the implementation of a CoP could support ongoing practice improvement and team collaboration. These recommendations are as follows:

1. Encourage a culture of learning, collaboration, and improvement of practice through building of relationships and valuing of networks.
2. Develop a strategy for implementation of a CoP by utilizing existing consultation services and resources from AHS Knowledge Management.
3. Enhance leadership’s knowledge and understanding of CoPs to provide a supportive environment, advocacy, and resources required for a successful CoP.

These three recommendations have been identified as actionable given the current organizational climate, while bridging the challenges of the ever-changing context of the organization. Additionally, these recommendations are in alignment and supportive of the mission, vision, and values of the organization (AHS, n.d.c). The recommendations were developed with the intent to provide the Provincial CDM Team with feasible actions that could potentially transcend the ongoing organizational challenges. As a result, these recommendations are foundational for ongoing discussion regarding specific actions for the implementation of a CoP.

**Recommendation 1: Encourage a culture of learning, collaboration, and improvement of practice through valuing relationships and networks**

The participants of this inquiry strongly emphasized the need for a culture of learning, collaboration, and improvement of practice through building of relationships and valuing of networks. Kemmis et al. (2013) commented improvement of practice requires a substantial
change in the organizational culture and transformation of practice requires new understandings of the world, new ways of doing things, and new ways of relating to one another (p. 6).

Similarly, participants in this inquiry recognized that efforts to build trusting and respectful relationships and networks could create positive change in the ability of team to learn together, collaborate together, and work together. This is a proactive approach to change, essentially change creation, and as Lick (2006) suggested, “When organizations enact change creation, they intentionally move from being victims of change to becoming masters of change” (p. 89). Strong relationships among the team members will increase the overall resiliency of the team to respond to the ever-changing organizational direction, priorities, and structure.

Fostering of relationships for the purposes of learning, collaboration, and improvement of practice requires endorsement by the leadership. Work has been done in this area previously as a result of feedback from staff in 2012; however, there are opportunities to build on this work and to further enhance team relationship. This inquiry suggests that leadership take the following actions: (a) acknowledge the value of relationship building and networks, (b) empower staff, and (c) recognize the role of their own actions in conveying this endorsement. Kouzes and Posner (2007) commented that people “must know how the values influence their own jobs and how they directly contribute to organizational success” (p. 67), which suggests that in order to be successful the team must understand how the value of relationships and networks can improve their work environment, thus creating positive organizational change.

The value of relationship building lies in the ability of collaborative and professional relationships in creating “a discernable shift in the culture towards a collective ownership of workforce issues” (Tee & Böckle, 2012, p. 827). An additional outcome is the creation of a
shared identity within the collaboration, which allows for more complex issues to be addressed (van Winkelen, 2010). Professional relationships have the ability to build a shared understanding (Kouri, 2009) and a synergy in which “people energize and inspire each other, and the diversity of ideas and openness to them provide the basis for new creative ideas and approaches” (Murphy & Lick, 2005, p. 165). This shift can support the creation of an environment that is conducive to innovation while also ensuring alignment of work, which is of particular importance for the Provincial CDM Team given the different focus areas within the team and the complexities of CDM programming within Alberta.

The empowerment of staff is an important component to the team continuing to strengthen relationships in an effort to encourage a culture of learning, collaboration, and improvement of practice. The Provincial CDM Team leadership can support this through communicating that this is a priority for the team and promoting the ability of staff to identify opportunities for connecting with others based on their professional and learning needs. This empowerment involves high self-efficacy, self-determination, and the ability to influence relevant events (Yukl, 2010) and, therefore, creates greater success for sustainable change. “When [people] feel able to determine their own destiny, when they believe they’re able to mobilize the resources and support necessary to complete a task, then they persist in their efforts to achieve” (Kouzes & Posner, 2007, p. 252).

Fundamental to change in the workplace culture of the team is the responsibility of the leadership to communicate through their daily actions. To this point, Kouzes and Posner (2007) wrote, “Exemplary leadership know that if they want to gain commitment and achieve the highest standards, they must be models of the behaviour they expect of others” (p. 15). As a
leader, the goal is to “influence change and improve the effectiveness of their department or team” (Ciccone, 2006, p. 138), and influence is often developed through the actions of a leader. Leaders need to engage with people, through mentorship, coaching, and also sharing of personal stories and experiences. Dickson (2008) asserted, “Leadership sets direction and engages people in a willingness to go in that direction” (p. 10). “Action, not understanding, creates change” (Short, 1998, p. 64), and successful change is sustainable only when all individuals, including the leadership, adapt their behaviours in support of the desired change (Choi & Ruona, 2011).

**Recommendation 2: Develop a strategy for implementation of a CoP by utilizing existing consultation services and resources from AHS Knowledge Management**

The second recommendation that arose from the findings and conclusions of this inquiry is to develop a strategy for implementation of a CoP by utilizing existing consultation services and resources from AHS Knowledge Management, particularly given existing challenges within the team such as geographical dispersion. Participants recognized the value of CoPs, and AHS Knowledge Management has had the opportunity to develop significant resources, including consultation services, to aid in the development and implementation of CoPs within the organization. The interview participants, who are members of Knowledge Management, highlighted the need for clarity of purpose, structure, and ownership for a CoP to be successful.

Utilizing the services and resources developed by Knowledge Management can provide guidance and support to the process of developing an implementation strategy for a CoP, while valuing existing structures. The work of Iaquinto et al. (2011) found that the purposeful creation of a CoP requires “articulation of purpose and agreement among key stakeholders, followed by the conceptual modeling of activities required to achieve a transformation” (p. 13), suggesting
that there is a need to clearly state the essential activities within a CoP. This requires a relatively in-depth knowledge and understanding of the functioning of a CoP, which is a benefit that Knowledge Management could provide. For example, the academic literature supported facilitation as a key activity contributing to the success of a CoP (Iaquinto et al., 2011; Kislov et al., 2012; Tee & Böckle, 2012). Knowledge Management has developed the AHS CoP Facilitator Training, which teaches facilitators the theory and skills necessary for leading a CoP.

Success of a CoP is closely linked with members’ motivation to participate in knowledge generation and sharing (Ardichvili et al., 2003), and thus requires a purpose and structure that aligns with the needs of the participants and encourages active participation. Tee and Böckle (2012) found that CoP “participants reported feeling engaged, motivated and focused which ensure that some key deliverables were achieved” (p. 827), highlighting the link between active engagement and productivity. A partnership approach with Knowledge Management for the development of a strategy for the implementation CoP would assist with closing the gap between departmental goals and objectives and the needs of participants. In turn this could increase the likelihood for participants and management in recognizing the value of learning and connection through participation and engagement in the CoP.

**Recommendation 3: Enhance senior leadership’s knowledge and understanding of CoPs to provide a supportive environment, advocacy, and the resources required for a successful CoP**

Organizations are increasingly using CoPs as a means to encourage the exchange of expertise, knowledge, resources, and information in a variety of contexts (Iaquinto et al., 2011, p. 4). The academic literature and the participants in this inquiry clearly indicated the need for
management and leadership support and advocacy throughout the lifecycle of a CoP. The context in which a CoP exists has significant impact on the ability of the CoP to facilitate learning and positive change (Roberts, 2006). The success of a collaborative learning community is subject to the avoidance of complacency and emphasis of the role of partnerships between of all those involved (van Winkelen, 2010), including leaders who are involved in the sponsorship of the CoP.

In order for leadership at all levels to embrace CoPs as an opportunity to enhance learning, collaboration, and improvement of practice within the Provincial CDM Team there needs to be a level of knowledge and understanding regarding the functioning of CoPs. Undertaking a proactive approach to learning about the functioning of CoPs creates the opportunity for the leadership to suspend their assumptions and to reflect on the leadership practices that will be supportive of a CoP. Senge (2006) offered this thought regarding learning: “Without reflective and interpersonal learning skills, learning is inevitably reactive, not generative. Generative learning, in my experience requires people at all levels who can surface and challenge their mental models before external circumstances compel them to do so” (Senge, 2006, p. 177). This suggests that generative learning requires leaders to initiate change through challenging their typical ways of thinking and working.

In addition, van Winkelen (2010) found that visible long-term commitment to learning collaborations by leaders at all levels contributed to the building of capacity within the organization (p. 20), thus increasing the capability to enact positive change. Kouzes and Posner (2007) asserted, “When [people] feel able to determine their own destiny, when they believe they’re able to mobilize the resources and support necessary to complete a task, then they persist
in their efforts to achieve” (p. 252). These comments speak to the role of leadership to empower the functioning and membership of a CoP, as opposed to attempting to control.

Empowerment can include guidance in developing knowledge linked to the overarching strategies and goals of the Provincial CDM Team. Leaders involved in the sponsorship of a CoP need to be very familiar with these objectives, in addition to an understanding of how to facilitate the emergence and effectiveness of the CoP, thus achieving a balance between support and autonomy (Borzillo et al., 2012). This includes a cooperative relationship between the leader sponsoring the CoP and the group itself linking the organizational strategic needs to the operational needs of the CoP (Probst & Borzillo, 2008), which creates conditions for success and sustainability of the CoP.

**Organizational Implications**

The recommendations that have been offered through the work of this inquiry have implications for positive change. As Choi and Ruona (2011) expressed, “Organizations are in a continuous state of change and, to survive, they must develop the ability to continuously change themselves incrementally and, in many cases, in a fundamental manner (Burnes, 2004b)” (p. 47). This requires a level of capacity to enact positive change, which is influenced by readiness for change. The organizational sponsor has been involved throughout the inquiry process, including providing feedback and suggestions regarding the proposed recommendations to ensure feasibility of implementation and support for the change effort. There is a potential cost if the recommendations are not implemented, including lost opportunity to grow on the existing structures. In turn, this could lead to diminished capacity to share knowledge, experiences, and expertise, thus potentially leading to a loss in the ability to integrate people and work.
Organizational change is a complex process, and often people “plan as if the process is linear when, in reality, it is anything but linear” (Burke, 2009, p. 738). The environmental context within the organization has significant impact on the implementation of a CoP, and subsequently on change. It will be important for the leadership to continue to assess and learn from the environment to ensure timely and appropriate actions and responses (Burke, 2009; Weisbord, 2012). AR is supportive of this, as it “builds on the past and takes place in the present with a view to shaping the future” (Coghlan & Brannick, 2010, p. 7). This section expands on the recommendations by considering a focus on a culture of opportunity and appreciation, create readiness, and empower all to act. These aspects are intertwined with the recommendations, and as such have impact on the implementation. It is important to note that the organizational implications were developed with the context of the organization in mind, and as such are not presented as an action plan. This allows for ongoing involvement and ownership in developing actions for implementation, while supporting flexibility and innovation.

**Focus on opportunity and appreciation**

A focus on opportunity and appreciation builds on the existing structures and strengths of the Provincial CDM Team, while creating space for continued cultural growth and improvement. Wilkesmann, Fischer, and Wilkesmann (2009) commented, “The term culture describes values, attitudes, and behavioural patterns which are programmed or learned” (p. 466), thus suggesting that culture can be changed through conscious efforts and action. Reframing towards a focus on opportunity and appreciation enables the team to engage in a process that will support an increased perception, understanding, and action to create change (Schein, 2009), while emphasizing the value of contribution and community in the workplace.
A necessary step of reframing toward a focus of opportunity and appreciation is the recognition of what exists. Historical cultures and current realities need to be acknowledged and managed to redirect toward a new set of priorities and values (Bruckman, 2008). Price and Chahal (2007) explained, “In assessing the need for change, an organization should first review what it is changing from, before concentrating on what it is changing to” (p. 241). This would assist in identifying the strengths of the team, existing opportunities for shared learning, and capability for the implementation of a CoP. For example, my inquiry revealed that although participants had a need for a forum that is supportive of ongoing learning and professional development, these individuals also believe that this learning could be facilitated through the sharing of stories and experiences of the team members. This perspective highlights both opportunity and appreciation, as it values the existing strengths and abilities within the team.

To promote a focus on opportunity and appreciation there needs to be consistent messaging and actions from leadership. Leadership needs to offer to the team the perspective that challenges with organizational change often can be addressed through creative use of existing strengths and skills. Walinga (2008) discussed changed readiness and stated, “Perception and focus may also play a large role in generating and resolving barriers to change, thereby enhancing the change readiness process and determining the success of the change itself” (p. 322). Through appreciation leaders can highlight strengths while coaching staff though challenges of change (Ring, Giruzzi, & Aldridge, 2009, p. 4). The leaders of the Provincial CDM Team need to find ways to recognize innovation and initiative that encourages a culture of opportunity and appreciation, to inspire further action in supporting continuous improvement, and to enable people to feel pride and commitment in their work (Bushe, 2005). This will require
the leaders to continuously reflect on their own words and actions to ensure that they are creating conditions in which people feel confident to take action and excel within their own strengths and capabilities.

**Create readiness**

Readiness is a key component in the ability to create change through the implementation of a CoP. This AR will require readiness at several levels, including readiness of those who will be participating in the CoP, readiness for their immediate supervisors, and readiness for those who are part of the senior leadership. Armenakis, Harris, and Mossholder (2009) stated, “Readiness is the cognitive precursor to the behaviours of either resistance to, or support for, a change effort” (p. 569); thus, readiness is a strong indicator of the success or failure of the change process. Organizations face many pressures that drive change, including internal and external change triggers (Price & Chahal, 2007). However, pressures and triggers are not always clear to leaders at various levels within the organization.

Walinga (2008) explained, “Leaders are regularly faced with just such problems of ambiguity in attempting to effectively steer their organizations or teams through rapidly changing conditions” (p. 342). Ambiguity can lead to confusion, anxiety, and subsequently to resistance to change. Addressing readiness is congruent with leaders who act as coaches and champions (Armenakis et al., 2009, p. 570), thus acting to minimize resistance.

Communication is critical to the change effort, and as such leaders are encouraged to provide consistent messaging, through both words and actions, to demonstrate support for the recommendations. Of particular importance is the communication of the need for change, which is essentially the discrepancy between what is currently happening and the desired end state
As Burke (2009) commented, “If people in the organization see or feel no need for change, they are not likely to embrace the idea” (p. 743). Additionally, it is essential to communicate that participation in a CoP is an opportunity for a level of autonomy and collegial support, while assessing and attending to ongoing professional development needs. Key messages should be developed, with leaders utilizing a variety of mediums in which to convey these key messages. This will facilitate the creation of a “shared purpose supported by a common language about change” (Buono & Kerber, 2010, p. 11), thus increasing the receptiveness to the recommendations.

To encourage the success of the implementation of recommendations, the leaders need to create conditions in which the “workforce becomes more able to contribute to the consultative process” (Price & Chahal, 2007, p. 242). Such a collaborative process would possibly reveal more complex system issues affecting the ability to implement a CoP. A critical component to this process would be to ensure that all members of the team are free to express their perspectives, supporting an increased understanding of the needs of the team in terms of readiness for change. Through a participative process it is likely that the deeper system issues at hand will begin to emerge, bringing with it the opportunity to address those issues. Choi and Ruona (2011) suggested that the staff “may serve as the legitimate source of information regarding the implementation of change” (p. 50).

Empower all to act

Positive change within the Provincial CDM Team to implement the recommendations from the inquiry will require the empowerment of all to act. Those who lead need to work in partnership with others throughout the process (Price & Chahal, 2007). A partnership approach
supports the ongoing engagement of potential CoP participants, as they have key role in the
development of a CoP. Bolman and Deal (2003) found, “Progressive organizations empower
employees as well as invest in their development” (p. 143). A collaborative approach will build
on existing relationships and will enhance motivation for change: “Participation and personal
relationships foster employee’s intrinsic motivation because their perceived self-determination is
raised and psychological contracts are established: the so-called team spirit is enabled” (Osterloh
& Frey, 2000, p. 545). In these progressive organizations, leaders and followers alike have
developed a level of commitment to each other and to the task.

It is important to highlight that empowerment does not equate lack of guidance or
direction. Weisbord (2012) commented, “Only in groups can you learn that each member makes
unique contributions” (p. 93), and thus there will be diversity in thoughts and ideas as to how to
move forward. Ongoing discussions regarding involvement, roles, and boundaries will empower
staff to move in a coordinated and goal-oriented manner (Blackmore & Persaud, 2012). The
benefit of such ongoing dialogue is the development of a positive work environment (Blackmore
& Persaud, 2012) and the collaborative engagement of team members. Additional benefits
include the further enhancement of existing relationships and the opportunity to continue to build
on those relationships through enacting positive change.

**Implications for Future Inquiry**

Future inquiry could provide additional understanding as to the potential role of CoPs
within a healthcare environment. The process of this inquiry has derived valuable information as
to how a CoP can be implemented within the Provincial CDM Team to facilitate and support
knowledge sharing. However, as is in the case of all research, additional questions have arisen that would benefit from further study. This section highlights potential areas of future inquiry.

Emerging from this inquiry was an emphasis on encouraging a culture that values relationships and networks to support learning, collaboration, and improvement of practice. Studies have demonstrated that organizational culture is an important factor in the development and implementation of a CoP. However, there would be benefit for additional research to ascertain if certain organizational cultures are conducive to the implementation, success, and sustainability of a CoP. Knowledge in this area would be useful for emerging and evolving CoPs, as it would provide insight into cultural contextual factors that would have impact.

In parallel with an increased understanding of the influence of organizational culture on CoPs is the role of leadership in shaping support and advocacy. Several studies in the realm of CoPs discuss the role of the CoP sponsor; however, there appears to be an opportunity to develop an increased understanding regarding the responsibility of leaders, in conjunction with the sponsor, in promoting the need and value for a CoP. A shift in thinking has now moved leadership towards a humanities perspective, which places greater value on the human elements of an organization, such as knowledge, culture, and community (Nobre, 2007). Additional research into the role that leaders play in supporting a CoP, including their awareness and ability to promote and advocate for these communities, would be beneficial to the overall research into CoPs, as well as for the Provincial CDM Team.

Another area for future inquiry would be to address the definition of success for a CoP. This area was highlighted by the interview participants as being critical to the evaluation of a CoP, as well as to gain leadership support. The definition of success for a CoP is subject to a
variety of contextual factors and the purpose of the CoP, and as such, will differ between CoPs and organizations. The Provincial CDM Team would benefit from exploration as to how the potential membership of the CoP would define success and to examine the possible linkages between those ideas and the broader strategic priorities of the team.

Finally, future inquiry into the link between CoPs and employee engagement and satisfaction would be of value to collective knowledge on organizational change, with further insight yielding valuable information as to potential added advantages of CoPs. In addition to sharing knowledge and learning through connection, can CoPs be utilized as a mechanism to satisfy the engagement and fulfillment needs of the employees? This could be of tremendous use to organizations, including the Provincial CDM Team, as they continue to strive towards stability and performance, while responding to ongoing change.

**Summary**

This chapter outlined three recommendations and the corresponding organizational implications to support the Provincial CDM Team in creating the necessary conditions for the successful and sustainable implementation of a CoP. These recommendations are to (a) encourage a culture of learning, collaboration, and improvement of practice through valuing relationships and networks; (b) develop a strategy for implementation of a CoP by utilizing existing consultative services and resources from Knowledge Management; and (c) enhance senior leadership’s knowledge of CoPs to provide a supportive environment, advocacy, and resources required for a successful CoP. The organizational implications incorporated points to consider for the implementation of the recommendations, including suggestions as to increase the likelihood for successful positive change. These suggestions were to focus on opportunity
and appreciation, create readiness, and empower all to act. Ward et al. (2012) stated,

Healthcare delivery and organization is characterized by uncertainty and there are often no clear answers to the challenges which need to be faced. The knowledge which is needed to solve problems and bring about changes is likely to be distributed throughout organizations and to come from many different sources. (p. 302)

Thus, this inquiry recognized the need to create a participatory foundation for change, which builds on the existing strengths and innovative abilities of the team, while supporting a culture of continuous improvement. Although the team and the organization are facing complex challenges to the delivery of services, these recommendations can be implemented within available resources, for the benefit of staff and patients.

As Schein (2009) commented, “Everything you do is an intervention” (p. 655), and my hope is that through the appreciative process of this inquiry a dialogue has begun in which to explore a CoP as an opportunity to create positive and proactive change while leveraging the skills, experiences, and dedication of the team members. This inquiry revealed a clear agreement among the participants and the team leadership as to the value of knowledge sharing, support, and community. The conversations that emerged indicated that knowledge sharing through a CoP is an important goal; however, the specific details regarding the process of implementation of a CoP have yet to be revealed. Continuing and carrying the conversation forward from different perspectives will facilitate and support the ongoing journey of understanding, learning, and transformation for the Provincial CDM Team.

Real learning gets to the heart of what it means to be human. Through learning we re-create ourselves. Through learning we become able to do something we never were able to do. Through learning we re-perceive the world and our relationship to it. Through learning we extend our capacity to create, to be part of the generative process of life. There is within each of us a deep hunger for this type of learning. (Senge, 2006, pp. 13–14)
REFERENCES


APPENDIX A: INQUIRY TEAM CONFIDENTIALITY AGREEMENT – COHORT

STUDENT

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, Leah Wuitschik (the Student) will be conducting an inquiry research study at Alberta Health Services to explore the implementation of a community of practice to support and facilitate knowledge sharing. The Student’s credentials with Royal Roads University can be established by calling Dr. Brigitte Harris, [telephone number].

Inquiry Team Member Role Description

As a volunteer Inquiry Team Member assisting the Student with this project, your role may include one or more of the following: providing advice on the relevance and wording of questions and letters of invitation, supporting the logistics of the data-gathering methods, including observing, assisting, or facilitating an interview or focus group, taking notes, transcribing, or analyzing data, to assist the Student and the Alberta Health Services organizational change process. In the course of this activity, you may be privy to confidential inquiry data.

Confidentiality of Inquiry Data

In compliance with the Royal Roads University Research Ethics Policy and Alberta Health Services Ethics Policy, under which this inquiry project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team advisor will only be used in the performance of the functions of this project, and must not be disclosed to anyone other than persons authorized to receive it, both during the inquiry period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information.

Inquiry Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Leah Wuitschik, the Student.

Please note that this thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI, and may be used in conference presentations and/or journal articles.

Statement of Informed Consent:

I have read and understand this agreement:

________________________ _________________________ _____________
Name (Please Print) Signature Date
APPENDIX B: INQUIRY TEAM CONFIDENTIALITY AGREEMENT – TRANSCRIPTIONIST

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, Leah Wuitschik (the Student) will be conducting an inquiry research study at Alberta Health Services to explore the implementation of a community of practice to support and facilitate knowledge sharing. The Student’s credentials with Royal Roads University can be established by calling Dr. Brigitte Harris, [telephone number].

Inquiry Team Member Role Description

As a volunteer Inquiry Team Member assisting the Student with this project, your role includes the following: transcribing all audio recorded data to assist the Student and the Alberta Health Services organizational change process. In the course of this activity, you may be privy to confidential inquiry data.

Confidentiality of Inquiry Data

In compliance with the Royal Roads University Research Ethics Policy and Alberta Health Services Ethics Policy, under which this inquiry project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team advisor will only be used in the performance of the functions of this project, and must not be disclosed to anyone other than persons authorized to receive it, both during the inquiry period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information.

Inquiry Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Leah Wuitschik, the Student.

Please note that this thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI, and may be used in conference presentations and/or journal articles.

Statement of Informed Consent:

I have read and understand this agreement:

________________________ _________________________ _____________
Name (Please Print) Signature Date
APPENDIX C: LETTER OF INVITATION – INTERVIEW

Dear [Prospective Participant],

I would like to invite you to be part of a research project that I am conducting. This project is part of the requirement for a Master of Arts in Leadership at Royal Roads University. My name is Leah Wuistschik and my credentials with Royal Roads University can be established by calling Dr. Brigitte Harris, [telephone number].

The title of my research project is “Exploring the Implementation of a Community of Practice within the Provincial Chronic Disease Management Team, Alberta Health Services.” The objective of this research is to explore how the implementation of a community of practice can facilitate knowledge sharing, learning and support.

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership, I will also be sharing my research findings with Alberta Health Services. Research data collected may also be used for other publications such as books and journal articles and for conference presentations. The final thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI, and may be used in conference presentations and/or journal articles.

My research project will consist of a one-on-one interview and is foreseen to last one hour. The questions will be focused on the stories of your experiences in communities of practice. Questions will involve topics on the implementation and sustainability of communities of practice and how communities of practice can be used to facilitate learning and knowledge sharing.

The data collected from the interview will be used to formulate questions for the next stage of the research, which involves a different participant group.

Your name was chosen as a prospective participant as you are a member of the Knowledge Management Department of Alberta Health Services. I feel that your expertise in communities of practice and knowledge sharing can add valuable insight into this research.

Information will be recorded in an audio format and, where appropriate summarized, in anonymous format, in the body of the final report. Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via lock. Raw data will be kept for one year post graduation and then destroyed.

There are no anticipated conflicts of interest.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.
You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

If you would like to participate in my research project, please respond no later than [Date] by contacting me at:

Name: Leah Wuitschik
Email: [email address]
Telephone: [telephone number]

Sincerely,

Leah Wuitschik
APPENDIX D: LETTER OF INVITATION – FOCUS GROUP

Dear [Prospective Participant], [Date]

I would like to invite you to be part of a research project that I am conducting. This project is part of the requirement for a Master of Arts in Leadership at Royal Roads University. My name is Leah Wuitschik and my credentials with Royal Roads University can be established by calling Dr. Brigitte Harris, [telephone number].

The title of my research project is “Exploring the Implementation of a Community of Practice within the Provincial Chronic Disease Management Team, Alberta Health Services.” The objective of this research is to explore how the implementation of a community of practice can facilitate knowledge sharing, learning and support.

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership, I will also be sharing my research findings with Alberta Health Services. Research data collected may also be used for other publications such as books and journal articles and for conference presentations. The final thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI, and may be used in conference presentations and/or journal articles.

My research project will consist of a virtual focus group via Microsoft Lync and is foreseen to last one hour. The foreseen questions will focus on the stories of your experiences with communities of practice and opportunities you see for knowledge sharing, learning and support.

Your name was chosen as a prospective participant as you are a member of the Provincial Chronic Disease Management Team. As a Decision Support and Evaluation Lead I feel that you can add valuable insight into this research, and your ability to lead the strengthening of knowledge sharing initiatives within the Provincial Chronic Disease Management Team.

Information will be recorded in an audio format and, where appropriate summarized, in anonymous format, in the body of the final report. Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via lock. Raw data will be kept for one year post graduation and then destroyed. Focus group participants may withdraw from the study at any time, however, as their anonymized data has influenced the conversation and thinking of others this data will remain as part of the data set.

There are no anticipated conflicts of interest.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.
You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

If you would like to participate in my research project, please respond no later than [Date] by contacting me at:

Name: Leah Wuitschik
Email: [email address]
Telephone: [telephone number]

Sincerely,

Leah Wuitschik
APPENDIX E: LETTER OF CONSENT – INTERVIEW

My name is Leah Wuitschik, and this research project is part of the requirement for a Master of Arts in Leadership at Royal Roads University. My credentials with Royal Roads University can be established by calling Dr. Brigitte Harris, [telephone number].

This document constitutes an agreement to participate in my research project, the title of which is “Exploring the Implementation of a Community of Practice within the Provincial Chronic Disease Management Team, Alberta Health Services.” The objective of this research is to explore how the implementation of a community of practice can facilitate knowledge sharing, learning and support.

My research project will consist of a one-on-one interview and is foreseen to last one hour. The questions will be focused on the stories of your experiences in communities of practice. Questions will involve topics on the implementation and sustainability of communities of practice and how communities of practice can be used to facilitate learning, knowledge sharing and support.

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership, I will also be sharing my research findings with Alberta Health Services. The final thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI. Research data collected may also be used for other publications such as books and journal articles and for conference presentations. Participants will receive a copy of the thesis abstract, and may receive an electronic copy of the complete thesis upon request.

Information will be recorded in an audio format and, where appropriate summarized, in anonymous format, in the body of the final report. Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via lock. Raw data will be kept for one year post graduation and then destroyed. Information pertaining to participants who have withdrawn will be destroyed.

There are no anticipated conflicts of interest.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): _____________________________

Signed: _________________________________________

Date: _____________________________________________
APPENDIX F: LETTER OF CONSENT – FOCUS GROUP

My name is Leah Wuitschik, and this research project is part of the requirement for a Master of Arts in Leadership at Royal Roads University. My credentials with Royal Roads University can be established by calling Dr. Brigitte Harris, [telephone number].

This document constitutes an agreement to participate in my research project, the title of which is “Exploring the Implementation of a Community of Practice within the Provincial Chronic Disease Management Team, Alberta Health Services.” The objective of this research is to explore how the implementation of a community of practice can facilitate knowledge sharing, learning and support.

My research project will consist of a virtual focus group and is foreseen to last one hour. The foreseen questions will focus on the stories of your experiences with communities of practice and opportunities you see for knowledge sharing, learning and support.

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership, I will also be sharing my research findings with Alberta Health Services. The final thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI. Research data collected may also be used for other publications such as books and journal articles and for conference presentations. Participants will receive a copy of the thesis abstract, and may receive an electronic copy of the complete thesis upon request.

Information will be recorded in an audio format and, where appropriate summarized, in anonymous format, in the body of the final report. Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via lock. Raw data will be kept for one year post graduation and then destroyed. Focus group participants may withdraw from the study at any time, however, as their anonymized data has influenced the conversation and thinking of others this data will remain as part of the data set.

There are no anticipated conflicts of interest.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): _____________________________________________________________

Signed: ________________________________________________________________

Date: _________________________________________________________________
APPENDIX G: INTERVIEW QUESTIONS

1. Could you describe an experience where you were in a supportive and learning professional relationship? What was that like and how did you learn, grow, and change?

2. Have you been involved in the creation of a CoP? What was that like and how did it turn out? What did you learn from that experience?

3. In what ways do you think a CoP can support or improve knowledge sharing and learning?

4. What are the factors that impact the ability to successfully implement a CoP?

5. What supports are necessary for the implementation and sustainability of a CoP?

6. Is there anything I have not asked you that you think I should know?
Dear [Prospective Participant],

Attached please find a draft of the transcript of your interview with me, conducted on [Date]. Please review this document and let me know if this transcript has accurately captured your comments or if there is anything you wish to amend or adjust. Please reply by email letting me know you have received this email. I hope I may proceed reasonably quickly to work with your comments in my data analysis, and as such I respectfully request you provide comments within one week of receipt of this email. Please contact me at [Phone Number] if you have any questions or concerns. Thank you for your participation in this inquiry.

Best wishes,

Leah Wuitschik
APPENDIX I: FOLLOW-UP EMAIL FOR FOCUS GROUP

Dear [Participant], [Date]

Attached please find a draft of the transcript of the focus group, conducted on [Date]. Please review this document and let me know if this transcript has accurately captured your comments or if there is anything you wish to amend or adjust. Please reply by email letting me know you have received this email. I hope I may proceed reasonably quickly to work with your comments in my data analysis, and as such I respectfully request you provide comments within one week of receipt of this email. Please contact me at [Phone Number] if you have any questions or concerns. Thank you for your participation in this inquiry.

Best wishes,

Leah Wuitschik
APPENDIX J: FOCUS GROUP QUESTIONS

Questions pertaining to the virtual focus group will be informed by the analyzed data from the interviews, and will be revised accordingly. At this stage, these foreseen draft questions are as follows.

1. Could you describe an experience where you were in a supportive and learning professional relationship? What was that like and how did you learn, grow, and change?

2. What does a CoP mean to you? What makes a CoP work?

3. In what ways do you think a CoP can support or improve knowledge sharing and learning? How would your daily work be changed?

4. What supports are needed to implement and sustain a CoP within the CDM Team?

5. What do we want to happen and how can we act on this?

6. What are the indicators of success for the implementation of a CoP?