



A Collaborative Model for Cultivating Communities of Practice



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Situating the Research:

The NP role in BC was formalized in 2005 with legislation, regulation and education

A PAR inquiry was undertaken with PHC NPs from two BC Health Authorities through separate and concurrent discussion groups over 6 months (2008).

Both HAs formed NP Communities of Practice

- HA-A had initiated the CoP at outset
- HA-B started a CoP at 18 months, just prior to the study

The study addressed the research question:

"How does collaboration advance NP role integration"?

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PAR Approach: Definition employed in the study



Participatory Action Research is an integrated three pronged process of **social investigation, education, and action** designed to support those with less power in their organization or community settings (Hall, 2001)

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Validity: Choice and Quality Criteria used in study

(Reason & Bradbury 2001; Reason, 2006; Kemmis & McTaggart, 2005)



Social investigation

- Creating relational & participatory dynamics

Educative process

- The formation of meaning with new knowledge and theorizing

Transformative action

- Uncovering power and politics through emergent actions

PAR fostered NPs to strengthen relational dynamics, critically reflect on taken-for-granted assumptions of cultural, historical, & social conditions, & mobilize actions for health change and improvement.

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Research Method & Ethics

Ethics approval obtained from UVic & two HAs
Approval letters from Chiefs of PPO from each HA

Data Inquiry Sessions were audio-taped

- HA-A: 11/12 NPs recruited – 6 data sessions + action day
- HA-B: 6/12 NPs recruited – 5 data sessions + action day

Data Analysis

- Iterative process: preliminary interpretations taken back to inquiry groups for further analysis & to deepen discussion

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Inquiry Process:



The Participatory Stage of NP Inquiry (relational)

- Community of inquiry principles, roles, responsibilities
- Informal interactions and group trust developed

Informative Stage of NP Inquiry: (exploratory)

- Group inquiry meetings over 6 month timeframe
- Reflexive discussion to generate qualitative data

Transformative Stage of NP Inquiry: (emergent actions)

- Interviewed HA leaders about organizational NP planning
- Research action day to design inquiry practice template

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Inquiry Analysis & Findings



1. NPs determined collaboration to be foundational to everyday practice and integration of roles
2. **NPs revealed the value of CoP for fostering collegial relations, learning inquiry, knowledge development, professional meaning, and strategic capacity**
3. NPs realized the significance of cultivating strategic capacity and collaborative alliances with HA leaders

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What CoP Literature Reveals:

- Learning Networks
 - Learning together to enhance performance
- Knowledge Exchange
 - Managing an ever amount & complexity of knowledge
- Practice Innovations
 - Sharing explicit & tacit expertise for application



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Appeal of CoP for Health Improvement



- Design flexibility increases participation
 - Membership can be large or small, open or closed, formal or informal
- Diverse application of ideas
 - Enriches professional meaning and commitment
- Bridges rank & order of professions
 - Specific to a profession, or inclusive of disciplines, programs, organizations

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Wenger Describes CoP



Wenger (2002):

- CoP are distinguished by people who come together to share a common concern or passion about an issue and interact to enrich member knowledge & expertise.

Limited evidence and knowledge about:

- Benefits of CoP for the health organization
- Supporting role of the organization and its leaders

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Balancing Design & Emergence

(Wenger, 1998)



Where:

- Design typifies *top-down structure* imposed by leaders &
- Emergence embodies *ground-up relational process* of practitioners

(Wenger, 1998).

Practice is not a result of design, but a response to design, therefore organizations are called upon to be in the service of practice, and balance the design structures of the institution with the emergent processes of practice

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***If practice is to be client-centred, then....
organizations must be practice-centred!***



Li et al (2009)in a systematic review identified tensions between participant's need for personal growth & the organization's bottom line

In this NP study, a comparative analysis was undertaken of the two HA CoP

HA-A balanced the personal and corporate agendas to effectively support NP role development, thus demonstrating a collaborative CoP model

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A Comparative Analysis of the HA CoPs

| HA-A: Mature CoP – 18 months | CoP Elements | HA-B: New CoP – 3 months |
|--|------------------------|---|
| Leaders used ground up approach controlled role development & collaborated with community partners and sites | Context | Leaders used top-down approach collaborated with Organization steering committee that controlled role development |
| | Findings | |
| 11/12 NPs recruited Shared leadership, social spirit Cohesive vision, open research discussion | Collective Identity | 6/12 NPs recruited Managed leadership, building trust stage Warmed up to research over a few sessions |
| Rich mentoring and learning; Mix of formal and informal NP facilitated | Knowledge Exchange | Mentoring started; learning & structure not formalized |
| Proactive and strategic in practice, systematic planned approach; | Practice Innovation | Mediating tensions of role development |
| NPs examining value-added of roles NPs keen to participate in research | Meaning & Value | NPs focused on validating roles NPs opened up to value of research |
| Collaborative decision-making Leaders mentored internal maturity & external strategic participation | Power Sharing | Consultative decision-making Leaders expected strategic capacity |



Study Findings:



Collaborative CoP model depicted by 5 characteristics:

- Sanctioned collective identity
- Knowledge exchange network
- Practice discovery & innovation
- Generating meaning & value
- Power sharing for strategic improvement

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Reporting on HA-A Success



Nurse Leader assigned role development responsibility early

- Began preparations prior to role implementation
- Used a systematic approach - PEPPA framework
- Drew upon the literature from the EXTRA program
- Initiated CoP with first NP hired
- Applied participatory principles

It would have been a perfect storm for an alone new NP, not all that clear on her role...The CoP was very strategic and intentional and became a really important strategy for role success. (PPO NP leader)

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Sanctioned collective identity



- Initiated full day monthly meetings
- Negotiated with site manager for NP release time
- Provided travel budget for face-to-face meetings
- Shifted CoP planning to NPs as group enlarged
- Meetings hosted at NP sites

It would never have gotten off the ground in those early days if we hadn't had the PPO...the nurturing by the PPO, really, was absolutely necessary, or we could have easily been swallowed up in each of our own little environments.
(NP participant)

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Knowledge Exchange Network



- NPs saw themselves as pioneers of a new role
- CoP was a safe haven to discuss issues and strategize
- NPs took turns presenting clinical in-services
- Food & social activities were integral
- Collaboration, instead of competitiveness was reinforced

We just help one another be successful (NP participant)

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Practice Discovery & Innovation



- Doing care differently: holistic care
- Program development: women's wellness, CDM group visits
- Using best practice evidence
- Every role was unique and responsive to local community
- Finding common ground, exploring perspectives

*Everything about the CoP has worked, but really it is the cohesiveness of the entire group with the ultimate goal of improving outcomes for our patients and families.
(NP participant)*

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Generating Meaning & Value



- Clarified role as distinct of RNs & GPs
- Advanced practice nurse - Not a physician replacement
- NP stories served to reinforce success & catalyze passion
- Joint venture of NPs & leaders to assess NP value added
- Mutual aim of reconceptualizing & advancing PHC

The CoP has made a huge difference. In 19 years of practice, I have never been involved in a group that has achieved so many 'small wins'...The real benefit has improved patient care throughout the region.

(NP participant)

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Power Sharing for Strategic Improvement



- NPs strengthened relations with health leaders
- Mutual engagement to attain strategic/political aims
- NPs gained confidence in goal setting & influencing policy
- Mentoring by leaders enabled NPs to be more strategic
- Leaders viewed CoP as a strategic stewardship tool

NPs, in our view, are a key piece of the solution to the challenges we have around access, continuity, coordination of care...the NP role is much more than a resource; it's a whole different philosophical orientation and way of providing care. (PPO Health Leader)

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Results: 4 years later



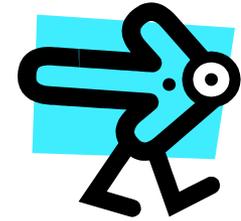
- 17 NPs employed by HA-A, retention is 100%
- Recruitment in rural health a non-issue
- NPs attend & present at numerous conferences
- Hosted first NP conference in BC
- NPs & physicians co-present strategically
- New models – Renal outreach, Thoracic surgery, FFS
- NP-GP site received Ministry of Health Innovation award
- Evaluation shows increased provider & patient satisfaction
- NPs involved in BC NP Association
- NPs involved in CRNBC & Ministry NP Advisory Committee

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Results: Getting it right



An overly top-down CoP is focused on performance targets & policy issues, yet alienates practitioners

A ground-up CoP elicits practitioner empowerment & autonomy, yet limits leader appeal & sponsorship

A collaborative model addresses the aspirations of practitioners and the aims of policy leaders

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Theorizing the Principles of a Collaborative Model



1. CoPs are formed with a sense of importance or urgency about client practice and care
2. CoPs have relevance to management operations and aims & are endorsed and resourced by the organization
3. CoPs are made stronger by a shared and evolving vision
4. CoPs articulate the aims & aspirations of the collective, while meeting individual needs of participants.
5. CoPs encourage and mentor shared leadership

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Theorizing contd...



- CoPs open up dialogue inside & outside the collective, as well as up & down in the organization
- CoPs strategize about challenges that threaten group sustainability and organization progress
- CoPs set targets and celebrate wins and successes
- CoPs are maintained by regularly refreshing vision, values and ethics of practice.
- CoPs are sustained by reporting progress & accounting for client care & healthcare improvements.

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Study Contributions: New Learning about CoP



Communities of Practice serve as a:

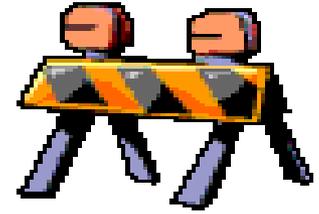
- Social network to promote collegial relations
- Forum for practice learning & knowledge exchange
- Collective to inquire & discover new practice knowledge
- A joint venture to generate meaning & value
- **A leadership tool for catalyzing renewal & strategically shaping policy & politics**

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Limitations of the Study



- Recruitment was indirect & may have hampered participation – groups were not equally represented affecting comparative analysis (11/12 and 6/12)
- Ethics review requires plan prior to engaging participants compromising full involvement
- Newness of NP role limited capacity to envision meaning of role integration & the future
- Timelines limited and this may have affected the transformative stage & enduring consequences
- Study findings relate to NP role in PHC & jurisdictions with expanded legislative scope & may limit generalizability

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Implications for CHN network: more questions?



- How can this study add to network development
 - At the local community level
 - At the organizational level
 - At the provincial/national level
- How can partnerships be formed between community health nurses and health care leaders to achieve a balance of interests and advance a collaborative culture?
- What implications does this presentation hold for you in your context or setting?

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For Further Information



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