Building a Research Community of Practice, and Researching Brilliance in Health Care: Now for Something Different

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ABSTRACT

Engaged, inter-disciplinary, inter-organisational research is vital to address complex problems and influence practice and theory. The Brilliance Group is a community of research practitioners from Australian universities who voluntarily work together to locate, understand and spread what is brilliant in our healthcare system. The Brilliance Group Community of Practice (CoP) evolved around a shared knowledge-domain of health management. This paper explores how using an unfamiliar research paradigm, dissimilar expertise and shared leadership have shaped the Brilliance Group. The Brilliance Group operates in an unconventional research space, deals with an under-appreciated research topic and works with undervalued sources of evidence in healthcare. The paper explores how the Brilliance Group CoP presents an innovative approach to researching healthcare with potential to provide break-through knowledge.

Keywords: healthcare management; resilience in healthcare; public sector motivations; Practice, climate culture, environment; collaborations and networking;

In many countries, including Australia, health-care issues are seen as “wicked problems” (Australian Public Service Commission, 2007), highly resistant to resolution. The conundrums posed by ill health and premature death in rich countries with high health expenditures are increasingly identified as inter-disciplinary, and pose inter-organisational challenges requiring industry-academic-government network organisation responses (Brown, Harris & Russell, 2010; Ferlie, Fitzgerald, McGivern, Dopson & Bennett, 2011).

Relationships between researchers can slow or accelerate, deplete or enrich and weaken or strengthen their contributions to knowledge and society (Dutton & Dukerich, 2006). With little money, organisational structure or legitimacy, and composed of researchers who may not know each other, a research collaboration’s existence can be tenuous. However, combining cross-sectoral and interdisciplinary research represents a form of intellectual arbitrage vital to addressing complex problems or questions (Gibbons, Limoges, Nowotny, Schwartzman, Scott & Trow, 1994; Van de Ven & Johnson, 2006). McKelvey (2006) contests this approach and points to the importance of extreme
cases, rather than studies of statistical averages, as exemplars that resonate with, and change the
behaviour of practitioners. The study of brilliance could produce dramatic, practical results.

Any form of research collaboration depends upon sharing skills, experience, knowledge and energy,
but this can be difficult. The most critical challenges facing research collectives can be relational
(Dutton & Dukerich, 2006; Kemp, 2005). In “a collaborative learning community” (Van de Ven &
Johnson, 2006, p. 811) members are dealing with the strength of weak ties (Granovetter, 1985) and in
analysis of the Brilliance Group CoP these processes are evident. The Brilliance Group is a
community of research practitioners who voluntarily came together from several Australian
universities to locate, understand, publicise and spread what is brilliant in our healthcare system. CoP
theory provides a way to frame conversations around the relational challenges in the Brilliance Group
while exploring how a focus on remarkably good examples of health service and the related
methodology of appreciative inquiry (AI) provide a form of ideological ‘glue’ for the group.

Evidence exists that CoP can span research organisations, and that for some groups CoPs provide an
avenue to obtain funding and an independent organisational expression not controlled by any single
research organisation (Hayes, 2011). Desires to contribute to knowledge in a particular domain, and
share that knowledge in exchange for recognition rather than recompense can overcome geographical,
institutional and disciplinary distances. The experience of the Brilliance Group CoP is important to
explore given calls in health and elsewhere for traditional organisations to move from tightly
controlled, siloed and vertically accountable ways of operating to fluid, organic and connected ways
of working (Uhl-Bien & Marion, 2011). Such a shift may allow us to productively harness diverse
expertise, respond to the impacts of a shrinking workforce and the avalanche of information so that
services are better integrated in the interests of those who use them (Wheatley, 2006).

This paper applies theories of engaged scholarship (Van de Ven & Johnson, 2006) and the relational
foundations of research (Dutton & Dukerich, 2006) to the development and practices of a Community
of Practice (CoP) known as the Brilliance Group. Brilliance Group members work collaboratively
across disciplines (schools of management, computing, health and consultants) and organisations to identify and publicise not just good, but brilliant examples of health service management. In this way McElvey’s (2006) calls for engaged scholarship to produce meaningful knowledge for practitioners by providing examples from extreme cases, not average population statistics, may be addressed. The paper investigates the development, goals, leadership and tensions characterising collaborative relationships from the emic perspectives of CoP members.

**BACKGROUND**

**The Birth of the Brilliance Group in the HMRA Nursery**

The Health Management Research Alliance (HMRA) was established in 2007 as an initiative between Griffith University’s (GU) Schools of Business and Health. The origins and nature of the HMRA have been previously documented (Day & Fulop, 2009). In June 2008, the Society of Health Administration Programs in Education (SHAPE) endorsed the HMRA as a framework for collaborative health management research. As an endorsed approach for collaborative research, the HMRA operates as an entity of SHAPE but also has potential to form other HMRA research groups at each university where there are SHAPE members.

The official mission of the HMRA is to engage in research that improves health management and health systems practice and pedagogy through collaborative, multi-disciplinary research. Its key aim is to enhance the reputation and influence of health management and health system researchers through a collaborative model of research engagement. Four priority areas were to guide research and the HMRA was to be project based (see Day & Fulop, 2009) as well as being inclusive and collegial. Since then the entity has morphed into two unanticipated and unplanned collaborations. The Brilliance Group is one of these.
Both the internal GU and external HMRA members initially struggled to identify a project that would capture the imagination and commitment of members. The turning point for the HMRA occurred in April 2010 when the HMRA hosted Hugh MacLeod, the incoming CEO of the Canadian Patient Safety Institute. He facilitated an unplanned workshop at the University of Technology, Sydney. For most present, this marked the beginning of a brilliance agenda in healthcare in Australia and the HMRA, framed in terms of a search for a positive voice in what was perceived to be a negative discourse of healthcare management in Australia (Fulop & Campbell, 2011).

In November 2010, the first Brilliance Workshop was held with 16 people attending, representing a loose grouping of researchers from eight universities and a consultant to the healthcare sector. They fleshed-out potential projects under the Brilliance umbrella and adopted a form of Appreciative Inquiry (AI) as a key methodology. Members presented research proposals, uninterrupted, then group members made positive as well as critical comments, in a constructive and respectful manner. Potential research projects included examining examples of brilliance in the various health services work the group members had previously conducted as individuals or smaller teams. Leadership, communities of practice, and patient journey modelling were other ideas for future projects to be undertaken by various members of the group. Comments on Post-it® notes were placed on a wall. The intent was to distil common themes that could be linked to the search for brilliance in healthcare. Brilliance relates to the extraordinary in relation to events, happenings and structures, and at the human level refers to that which we do very well. In the context of the project, ‘brilliance’ refers to what is perceived by patients, staff, or any group of health stakeholders as brilliant.
ANALYSIS AND DISCUSSION

This paper uses sensemaking methodology (Weick, 1995) to explore and analyse first-person accounts of the experience of joining and developing the Brilliance Group. Four months of personal reflection, followed by discussions in dyads and groups, led to group members individually writing reflexive narratives, contrasting their emic perspectives with extant literature on CoPs. Chronological and thematic sequencing is used in order to provide a flexible exploration of the topic; consequently, the paper does not follow the traditional structure of an academic conference paper. However, an interesting dimension of the group’s development concerns methodology. The group has adopted appreciative inquiry (AI) as a key methodology for the investigation of brilliance in health services, and AI uses methods and positive paradigms that are relatively unfamiliar to many group members.

Appreciative Inquiry—We are all Vulnerable

AI methodology ‘begins by identifying what is positive and connecting to it in ways that heighten energy, vision and action for change’ (Cooperrider, Whitney & Stavros, 2008: xv). Some members were slower to move from positivist, traditional problem solving methods used in health management, to a constructivist perspective. For those who were more traditionally based, there were two sets of challenges: the methods of operating in the community of practice that included negotiating without a clear hierarchy, and the affirmative topic choice at the heart of the endeavour.

Building AI skills requires an intensely relational, highly participatory modus operandi, supported by reflective practice and founded on an action learning orientation. There is always a double task inherent in action learning and research; pursuing the content (developing a paper, reporting to funders, establishing linkages with like minded others) and at the same time learning about oneself, the group, brilliance, leadership and other characteristics of the group’s operation (Argyris & Schon, 1974; Schon, 1983).
The requirement for double-tasking necessitated that each researcher examine their methodological assumptions using intellectual arbitrage to negotiate conflicts between detached and engaged research methodologies (Van de Ven & Johnson, 2006), and assisted their commitment to engaged scholarship. It also diluted personal power based on expertise; the most experienced professor and the newest post-doctoral researcher in the group started with an equal understanding of AI. Whilst AI has been adopted, it has been acknowledged that there has not yet been a discussion about what AI means to each of us individually. This discussion will no doubt require humility, trust and a willingness to move beyond established and comfortable research paradigms.

The community became cohesive as communication among the members was assisted by face-to-face, open discussions. To date group members have been able to balance and work with the tensions between emergence and planning, organic processes and structure and open-ended possibilities and outcomes. As Dutton and Dukerich (2006) note, vulnerability and openness can heighten trust and mutuality in research collaborations.

The group did not commence with clearly defined mission, goals or aims, and early meetings were perceived as somewhat directionless by some, and as critical by others more versed in narrative approaches. However, a solid foundation of trust has been built in the group supported by a commitment to open and direct dialogue, inquiry based methodologies such as AI (Cooperrider et al., 2008) and to each other. This is, crucially, underpinned by shared vision and meaning (Dore & Thomas, 2004; Raelin, 2011), even if these are not explicitly stated. As the group has evolved, it has adopted a sharper focus on what brilliance means to consumers, such as patients, and the workers providing services in healthcare.

**Building Engaged Scholarship**

Over the last two years, the development of the Brilliance group has been characterised by collaborative work practices built on trust, and stimulated through personal relationships for
enhancing knowledge sharing and creation. However, as the Brilliance Group is largely governed through the HMRA, which in turn is partly funded by SHAPE, accountability and reporting have necessarily been operational concerns. The interdependencies inherent in being part of a larger system of relationships has invariably led to increased structure, pressures and sometimes anxieties associated with increased accountability and formal meetings, and in the conduct of its research activities. Participants have viewed accountability as a positive influence since it tends to eliminate the potential for meetings to turn into unstructured ‘talk-fests’ without clear goals or achievements. Responses to the need for accountability have included set meeting agendas, tasks clearly allocated to individuals and groups, and reduced opportunities to join research projects once activity has commenced. The latter presents minimal difficulties for those who are part of the group’s communications but may present greater concerns for those who are not yet members but would like to join the community.

New challenges and tensions are likely to be introduced when the Brilliance Group considers expanding the current membership to include other professionals such as practicing health managers and clinicians. Since tension could prevail at the boundaries between disciplines, and the often different orientations of practitioners compared with academics (Couchman & Fulop, 2009; Hayes & Fitzgerald, 2009), there will need to be further assessment of the impact of additional control measures on the existing model of the CoP (Carlile, 2004). The real challenge will emerge when the group is confronted with new members crossing current boundaries, and are expected to share knowledge and contribute to efficient working relationships (Ansett, 2005; Retna & Ng, 2011).

To date group members have been able to balance and work with the tensions between emergence and planning, organic processes and structure and open-ended possibilities and outcomes. Essential to this is continued vigilance avoid the binary split that these elements suggest. Instead we try to work from a both/and stance as opposed to an either/or. Although the approach to group activities has some new formality included in it, the important creation of ideas and knowledge-sharing has remained relatively unaffected within the fluid framework of the CoP.
The Brilliance Group, a Community of Practice?

The term ‘community of practice’, although popular in many academic fields, especially organisational learning and knowledge management, has changed in meaning under the influence of major writers on the subject (Brown & Duguid, 1991; Lave & Wenger, 1991; Wenger, 1998; Wenger, McDermott & Snyder, 2002) and following commercial adoption. Originally CoPs were defined by Lave and Wenger (1991: 98) as:

... an activity system about which participants share understandings concerning what they are doing and what that means in their lives and for their community. Thus, they are united in both action and the meaning that action has, both for themselves and the larger collective

Cox (2005: 537) in his review of term states that communities of practice now refer to ‘a relatively informal, intra-organisational group specifically facilitated by management to increase learning or creativity’. CoPs are distinguished by their passion for a particular knowledge domain, share similar roles and skills and possess a common bond (Wenger et al., 2002). In addition, CoPs do not necessarily work to produce defined outcomes or operate with a definite agenda or timetable (Wenger & Snyder, 2000). CoPs last as long as members want them to and, because they are populated by volunteers, do not respond well to management supervision (Wenger & Snyder, 2000). Wenger (1998) found that the generation of knowledge in CoPs occurs when individuals participate in problem solving and share the necessary knowledge to resolve any issues. As CoPs are emergent, they differ from the more formal structures seen for professional based groupings (Lave & Wenger, 1991). Their shape, direction and membership emerge in the process of activity rather than being task selected for a particular project (Brown & Duguid, 1991).

Following group formation, new membership has typically evolved through existing collegiate relationships and professional networking. Members find it refreshing to interact with others who are passionate about a common topic without concern for academic hierarchy or affiliation, although a healthy respect is still shown to more experienced members. All willingly exchange knowledge to
facilitate intra-group development and members listen with enthusiasm to others from diverse research backgrounds (e.g. IT). There has at times been some anxiety about the lack of specific action items and product output but this has lessened over recent times with agreement to produce articles. These characteristics are consistent with Wegner and Snyder’s (2000) Community of Practice group work style (see Table 1).

The Brilliance Group CoP has been facilitated into existence by the HMRA, and have taken as their agenda a creative and positive approach to health management research. One theme that unites the community of practice is the concern all members share for the ‘end users’ of health care. Whether these ‘end users’ were called patients or consumers, all members of the community identified with them. Interestingly, there were no clinicians or research clinicians in the community of practice. A sense of community developed when understandings about what would and could be done became clear and the practical aspects of the work became obvious to all. When asked to write about what the Brilliance Group means to them, members indentified: desires to work synergistically with researchers possessing mutual interests and different but complementary skills and perspectives, the self-selection (and self-removal) of members over time, the possibility of pooling resources (including funds) and professional networks, how interactions with group members were trusting, respectful, supportive and intrinsically rewarding (in contrast to the competitive and critical relationships characterising other research and academic groups), excitement in participating in a group with the potential to build a critical mass to address pressing issues in health care, and the need to engage with practitioners in a range of health care environments.
Some members also wrote about the challenges of having professorial leads, and how the group might evolve into a genuinely democratic community in which leadership could manifest differently to university research. The membership represented some disaffected researchers who were cynical of how university research was organised or others who had learnt the lessons of how restructures could destroy CoPs. The leadership issue became a compelling topic and issue for the CoP members.

**Following the Leader?**

The work of Raelin (2011) on relational leadership-as-practice gives clues as to what might be happening in the Brilliance Group. He observes that relational leadership theory allows for leadership to occur beyond hierarchical roles and positions, focussing on connectedness between social actors. Leadership emerges and unfolds, which is occurring in the Brilliance Group. Relational leadership-as-practice is associated with the idea of leaderful practice where negotiation of shared meaning among a group of interacting individuals becomes a source of leadership. The critical leadership capabilities Briggs identified in his study of the lived experiences of Australian Health Service Managers (2008) highlighted capabilities consistent with the idea of leaderful practice. Groups with no formal leader are not devoid of leadership, but full of it. Activities and responsibilities evolve fluidly and organically and individuals move forward and back as tasks emerge and dialogue unfolds. Decisions are made, problems solved and outcomes generated through this process. Authority relations are different from traditional, more hierarchically structured groups where power and authority arises in large part from formal roles and positions (Gould, 1993; Hirschhorn, 1990). In leaderful groups such as the Brilliance Group, power and authority arise from the expression of personal authority based on the behaviours that arise from a shared understanding of both task and wise use of the diverse and potentially conflicting expertise brought to the table. So, power, authority and leadership are shared, distributed, shifting and regularly negotiated. Accountability flows in a horizontal plane amongst peers (Raelin, 2011).
FUTURE CHALLENGES

The HMRA was never meant to be a bureaucracy so typical of university research centres but rather to encourage projects that people would be passionate about and some vague notion of wanting to create a community of practice of like-minded scholars who would share the belief that a virtual and virtuous way of working was the way of the future. The Brilliance Project members are akin to boundary spanners who move in different contexts but who are increasingly seeing the HMRA as important and even worthy of emulating in other settings. There have been stalled projects, stops and starts, all sorts of obstacles and frustrations but the few inspirational encounters around shaping the Brilliance conversation and some tangible outcomes (Fulop et al., 2011; Fulop & Campbell, 2011) have been just enough to keep the group going and morphing into what many hope will be a CoP of enduring impact and longevity. Or maybe not.

The academic landscape has changed in recent decades. Although the publish or perish adage is perhaps a given (De Rond & Miller, 2005), funding cuts (Biron, Brun & Ivers, 2008), reduced academic freedoms (Lowe, 2007), heightened teaching loads, the non-tenured nature of academic positions (Winefield, Gillespie, Stough, Dua, Hapuarachchi & Boyd, 2003), the increasingly competitive nature of academic research – both in the acquisition of funds and the dissemination of findings (Butler, 2007) – collectively make it difficult to establish and sustain a collegially erudite environment. So, we look elsewhere and find solace in an off-site community. It can be argued that whether the Brilliance Group is a CoP does not matter, so long as group aims are shared and achieved.

The real value of this group of researchers and practitioners from competing organisations may be in discovering and experimenting with what it really takes to lead and function in this organisational complexity with its messiness, fluidity, contradictions, competition and volatility. Would it not be great, even brilliant, if we could take those lessons into a dialogue with those working in health service organisations? Many struggle to find ways to collaborate across the divides that contain and
pull us back to our defended spaces: the silos of professions, disciplines, programs, service streams, hospitals, community health, aged care, and rural and metropolitan divides (Briggs, 2008). This parallels our own experience in the professional bureaucracy that is the university (Mintzberg, 1980).

We also have to acknowledge the wider system of relationships in which we work (Hirschhorn, 1998). The accountability requirements manifested in pressures for outputs and traditional measures of success from funders, employers and the wider research community are examples of interdependencies. Part of our learning is how to maintain the leaderful practice of the group, and meet accountability requirements, without sabotaging ourselves (Koestenbaum & Block, 2001). We think seeing it, and acting as if it is a both/and opportunity rather than an either/or choice will be important in dealing with this apparent conundrum.

We shall see – we are still working this out.
REFERENCES


Figures and Tables

Table 1: Summary of Group Work Styles

<table>
<thead>
<tr>
<th>Group Type</th>
<th>Purpose</th>
<th>Belongs</th>
<th>Holds Together</th>
<th>Lasts</th>
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<tbody>
<tr>
<td>Community of practice</td>
<td>To develop members’ capabilities; to build and exchange knowledge</td>
<td>Members who select themselves</td>
<td>Passion, commitment, and identification with the group’s expertise</td>
<td>As long as there is interest in maintaining the group</td>
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<tr>
<td>Formal work group</td>
<td>To deliver a product or service</td>
<td>Everyone who reports to the group’s manager</td>
<td>Job requirements and common goals</td>
<td>Until the next reorganisation</td>
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<tr>
<td>Project team</td>
<td>To accomplish a specified task</td>
<td>Employees assigned by senior management</td>
<td>The project’s milestones and goals</td>
<td>Until the project has been completed</td>
</tr>
<tr>
<td>Informal network</td>
<td>To collect and pass business information</td>
<td>Friends and business acquaintances</td>
<td>Mutual needs</td>
<td>As long as people have a reason to connect</td>
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"Building a Research Community of Practice, and Researching Brilliance in Health Care: Now for Something Different"

<table>
<thead>
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<th>Reviewers’ comments</th>
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| 1. The sentence 'Both the internal GU and external HMRA members initially struggled to identify a project that would capture the imagination and commitment of members until 2010' reads as if the members need to be committed to the project until 2010?!? | The following text has been amended to clarify the intended meaning.  
  Previous text  
  'Both the internal GU and external HMRA members initially struggled to identify a project that would capture the imagination and commitment of members until 2010.'  
  Amended text  
  'Both the internal GU and external HMRA members initially struggled to identify a project that would capture the imagination and commitment of members.' | 5      |
| 2. The following paragraph has the word 'fleshed-out' this should be 'fleshed out'! | The following text has been added to the document.  
  'Potential research projects included examining examples of brilliance in the various health services work the group members had previously conducted as individuals or smaller teams. Leadership, communities of practice, and patient journey modelling were other ideas for future projects to be undertaken by various members of the group.' | 5      |
| 3. In the 'Analysis and Discussion' section a more detailed explanation of the sensemaking methodology that this paper aims to use would be beneficial. | Space limitations restrict the ability to describe the sensemaking methodology in detail, however the reference provided (Weick, 1995) gives comprehensive information. | 6      |
| 4. The last few sentences in the first paragraph of the section 'Building Engaged Scholarship' is unclear - what activities are closing once group activities are underway- and why??? And why would it present a greater concern for those who are yet to have an interest in the group's activities??? | The following text has been amended to clarify the intended meaning.  
  Previous text  
  'Responses to the need for accountability have included set meeting agendas, tasks clearly allocated to individuals and groups, and participation in particular activities closing once group activities are underway. The latter presents minimal difficulties for those who are part of the group but may present greater concerns for those who are yet to have an interest in the group’s activities.' | 8      |
<table>
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<th>5. The abstract promises to explore how the Brilliance Group CoP presents an innovative approach to researching healthcare and providing break-through knowledge'. Although the paper does describe an innovative approach it is only a description of the early stages without any 'break-through knowledge'</th>
<th>The abstract has been amended to more accurately reflect the paper’s content.</th>
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<tr>
<td><strong>Previous text</strong></td>
<td><strong>Amended text</strong></td>
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<td>‘The paper explores how the Brilliance Group CoP presents an innovative approach to researching healthcare and providing break-through knowledge.’</td>
<td>The paper explores how the Brilliance Group CoP presents an innovative approach to researching healthcare with potential to provide break-through knowledge.</td>
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<td>6. I only missed additional explanations about how contextual limitations affected the Brilliance group and how the brilliance group responded to them.</td>
<td>Thank you for identifying a productive avenue to extend the work. We will pursue this when the paper is converted into a journal article.</td>
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