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Learning to walk the community of practice tightrope

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Abstract

Background: The Community of Practice Research was established as a new local health district service initiative. The community comprises novice and experienced multidisciplinary health researchers. Aims: This paper reflects our experience of being Community of Practice Research members and aims to explore the practice development principles aligned to the purpose, progress and outcomes of this community. Conclusions: The journey is compared to walking a tightrope from the beginning to the end. Success in moving forward is attributed to positive leadership and group dynamics enabling a supportive environment. This environment allowed for different types of learning: new research skills and new understandings about oneself. Competing demands such as fluctuating membership and leadership, and the selection of a large initial project were identified as barriers to the Community of Practice Research. Implications for practice: - As well as contributing to communities' shared goals members should identify and make explicit their own learning goals to themselves, the community and their managers - Community of practice meetings should include regular facilitated reflection about the learning that is occurring, the challenges and assumptions being made by the group, and the way forward - A community of practice uses social processes to aid learning and collaboration across disciplines and organisations and therefore has potential to promote local culture change

Keywords

walk, learning, practice, community, tightrope

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working together to develop practice

CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Learning to walk the community of practice tightrope

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Keywords: Community of practice, culture, practice development, leadership, research development, reflection

Introduction

In this paper we use the analogy of a novice tightrope walker to explore and explain our participation, journey and transformation as members of a new health district initiative – the Community of Practice Research (CoP-R). This initiative was led by the district's Nursing Development and Research Unit (NDRU). Walking a tightrope requires many skills, including having the courage to do something new and daring, learning to maintain your balance and remaining focused on the endpoint.

Nine members reflected individually on their experience of being in the CoP-R and their responses were integral in developing the members' collective understanding of personal and organisational enablers and barriers to the CoP-R. Members explored different reflective models before selecting Gibbs' reflective cycle (Gibbs, 1988). This model provided a consistent, simple and systematic collation of individuals' reflections and enabled the subsequent theming of those reflections.

Communities of practice have been defined as 'groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly' (Wenger and Wenger-Trayner, 2015). Such communities have been established in different disciplines, clinical conditions and skill areas (Short et al., 2010; Lin and Ringdal, 2013; Evans et al., 2014; Little et al., 2014; Lynch and Frost, 2015).

This community's focus was 'research'. The vehicle for learning was a specific project to evaluate the health district's existing research culture. Evidence was collected from health professional groups to assess:

- The current level of research activity (audit)
- Staff perceptions on the purpose, enablers and barriers to undertaking research and identifying solutions to transform practice (focus groups)
- Staff skills and interest in undertaking research (online survey)

The project was aligned to the practice development principle of integrating local evidence from practice and then using that evidence to transform practice (Bucknall et al., 2008). Since the CoP-R members were evaluating the research culture our approaches were designed to be inclusive, participative and collaborative for all disciplines (Manley et al., 2008).

Stepping up to the tightrope

Three key factors emerged regarding staff engagement with the CoP-R: the engagement process, motivation to join and feelings.

Engagement

In 2011 the professor of nursing of the NDRU introduced communities of practice as a method for enhancing evidence-based practice through a collaborative and person-centred approach (Manley et al., 2008). The aim of the communities was to seek innovative solutions to practical problems, applicable across geographically diverse facilities and appealing to a range of disciplines and university staff interested in the development of research, leadership, learning and culture.

Practice development methods were used to establish agreed ways of working within the research group. These included shared responsibility, rather than just one or two people doing the work, setting timeframes and keeping to them, and negotiating ways of meeting.

Motivation

Members' motivations to join the group were internal and external, and included meeting like-minded people across organisations and disciplines, and anticipation of the learning experience and/or acquisition of research knowledge to meet the demands of their roles.

Feelings

Dependent on participants' level of research experience, a range of feelings were evident. Those with previous research experience were typically excited at the prospect of working with likeminded others, while novice researchers experienced uncertainty about the process and their ability to contribute.

> *'Excited to be invited. I like to work with others who have an interest in research and are multidisciplinary'* (Member 2).

> *'Nervous due to inexperience of research and feeling like I wouldn't have much to contribute'* (Member 4).

Table 1: Enablers and barriers to the Community of Practice Research (CoP-R) project		
Moving forward: enablers	***Leadership***	The CoP-R challenged traditional ways of learning within the organisation. The CoP-R leader shared their vision of where the research might lead the group personally and professionally, modelled the group processes of a community, and encouraged others to act through empowerment and delegation as well as encouraged the hearts of the members by being personally involved in the project and being nonjudgmental about member' contributions (Kouzes and Posner, 2007). *'Leadership provided in the initial stage of the CoP and commitment by all members to the goals was the most important aspect of the success of the CoP'* (Member 9). *'Having experienced people in the group that shared their wealth of information was a great aspect of the group and experience for me'* (Member 4).
	Group dynamics	Consistent with Lynch and Frost (2015), our reflections revealed that CoP-R members did not go through the usual group process of forming, storming, norming and performing (Tuckman, 1965). Learnings between meetings occurred in smaller groups as more experienced researchers supported novice researchers, which is more aligned to mentoring. Reflections identified that our organisational values of collaboration, openness, and respect were alive within this group. Our fourth organisational value 'empowerment' was not identified by any of the members, yet the CoP-R was empowered by management as it was given the authority and autonomy to develop its purpose and processes. In the discussions that followed the written reflection, novice researchers stated they viewed this lack of empowerment only in relation to their own readiness to lead a research project in the future. *'Collegiality of the meetings, as different ideas were bounced around and no voice overpowered the others. I think staff felt comfortable to challenge and ask questions. I could see for some this was a valuable learning experience'* (Member 6).
	Executive support	Executive support included administrative support and funds to pay for data entry and data analysis. This funding demonstrated the community had aligned its self-initiated goal with the organisation's needs.
Slowing down: barriers	***Community and organisational changes***	Over time the CoP-R leaders and membership changed. Time was needed to support new members and ensure they understood the aims of the community and the project. New members arrived at different phases of the research process, which proved difficult as processes and relationships had already been established. However, challenges are not unique to this community (Lynch and Frost, 2015). *'New people brought new energy to the group but because of the nature of what we had undertaken it was hard for new people to join the group. New people joined because of word of mouth rather than advertising'* (Member 7). 'Legitimate peripheral participation' is a term used to describe newcomers to communities of practice, and as they engage in the community's practices and become more competent in knowledge and skills, they become part of the social structure and 'full participants' (Lave and Wenger, 2005, p 83). For participants, 'knowing, belonging and doing are not separable' (Wenger, 1996, p 24). Health services are ever-changing environments. As executive portfolios changed, the group lost track of its governance structure, who its executive sponsor was and who to communicate with. These issues highlighted the practicalities of undertaking such a large collaborative project over an extended period.
	Competing demands	Everyone had competing demands (mainly clinical). Timelines were continually revised, causing frustration in the majority of the group. While exploring their reflections the group members felt the process was lengthy but 'normal', highlighting that the group accepted these barriers rather than challenged them. *'CoP is seen as an extra and this has caused the timelines to suffer. I wanted to attend but was unable to, and this lack of attendance did not allow for a structured flow of the agenda as often staff appointed to discuss a topic weren't present'* (Member 3).

Learning to balance on the tightrope

The continuous balancing of enablers and barriers during the research project was a challenge. Enablers that helped the group move forward along the tightrope included transformational leadership, executive support and positive group dynamics. But this progress was hampered periodically by barriers, which included competing demands on the members and changes within the organisation and the community of practice (Table 1, page 3).

Staying focused on the endpoint

Tightrope artists stay focused on an endpoint. The endpoint, or goals, need to be articulated when working in a group. A community of practice should enable both personal and collaborative goals, while achieving a broader purpose within the organisation (Shaffer and Anundsen, 1993).

Organisational purpose

Members identified the health district's research culture as being of interest to the broader community and aligned with the district health service's goals. The importance of the project was evidenced by its being allocated funding by the Chief Executive Officer. Finalising the research report (artefact of the CoP-R) marked a significant point for the group in feeling a sense of achievement and providing something of value to the organisation. This led to renewed motivation to begin publication and share findings.

Personal purpose and motivation to stay engaged

Having personal and learning goals can help members recognise changes in career satisfaction and concentrate efforts towards achieving these goals. This commitment allows personal growth through transforming a vision into reality. The group members did not articulate their individual goals, although doing so may have empowered them (Locke, 1996), providing them with the opportunity to balance their learning with the tasks of clinical work.

> *'I did not set any goals before joining the group'* (Member 3).

> *'I failed to appreciate the significance of the opportunity of the CoP in my career development'* (Member 9).

Despite not setting individual goals and experiencing work frustrations, several members remained committed and motivated to progress the project. Motivational factors such as autonomy, mastery and relatedness, were present (Ryan and Deci, 2000). The members had autonomy over the project's purpose and processes, although they perceived they did not always have autonomy over their work demands. Mastery of research skills (individual and collective) was gained over time. The group members were from a range of disciplines and organisations and expressed that being connected to something larger was an important factor in maintaining motivation (Amabile and Kramer, 2011).

Performing

Tightrope artists perform to an audience once skills have been mastered. Likewise, the CoP-R members have mastered the research process and are now sharing their research findings with a local and wider community through presentation and publication.

Learning as an outcome

Learning lies at the heart of practice development (Clarke and Wilson, 2008). The CoP-R provided a vehicle for people to come together regularly with shared research concerns and passions, and learn how to improve their work (Wenger and Wenger-Trayner, 2015). The CoP-R learning was manifested in three ways:

- Learning the research process
- Learning about oneself
- The organisation's learning

Learning the research process

The ability to learn the research process was dependent on the members' previous level of research knowledge. New skills were developed through doing the project; this occurred mainly in groups with more experienced researchers supporting those with less experience and role modelling collaborative processes.

> *'I built confidence by being involved in each stage (playing a large or small role)'* (Member 4).

> *'Confidence boost demonstrated how far I had come from the beginning. Being around accomplished staff in varying fields has shown me the way to continue in my profession, and hopefully be seen as a mentor in the future. It was the most positive experience'* (Member 3).

Learning about oneself

The outcomes from the CoP-R were greater than the research project itself. Experienced and less-experienced researchers reported transformations within themselves. Those with previous research knowledge developed learnings about working in research teams and those with less experience learned new research skills.

> *'I have felt more confident to speak up and the group have welcomed people to do this'* (Member 3).

> *'My personal learning is I am open to sharing and working collaboratively and taking time to listen to others' ideas'* (Member 1).

These reflections highlight the additional social and relational outcomes gained from the participants' engagement with the CoP-R (Smith, 2003).

Organisational learning

The organisation now has evidence of its current research culture, which will be used as a baseline to measure transformations in the future. The CoP-R members are now part of a growing number of researchers at the micro and mezzo levels of the organisation, who align and have the skills to support the macro research vision of the health district.

Walking the rope again

The final stage of Gibbs' reflective framework prompts the question 'if this arose again what would you do?' Our CoP-R identified key learnings through the reflection that would guide any future communities. These include organisational and personal strategies.

Organisational strategies

Promotion of the group and support for new members

- Consider and appeal to individuals' motivations to join a community of practice
- Encourage ongoing engagement and membership throughout the life of the community
- Pay sufficient attention to newcomers and provide early supported learning opportunities

Implementation plan

- To mitigate frustrations over conflicts between individual members' clinical work and their learning, there should be more engagement with the mezzo level (line managers) to develop clinical and learning priorities, as well as the support required to achieve these
- Use an implementation framework such as the 'Knowledge to action' framework (Graham et al., 2006) to provide a systematic process for planning, implementing and sustaining a community of practice

Leadership

- New communities of practice should consider the leadership style required to progress and sustain the community and plan for future changes in leadership (Wenger-Trayner, 2015)

Personal

Learning goals

- Integrate community of practice involvement into personal career goals and work plans to provide another layer of management support

Celebrating achievements and reflection

- Use Specific Measurable Achievable Realistic Timeline (SMART) goals to ensure projects are not too ambitious (Doran, 1981)
- Small wins should be celebrated; setbacks should be discussed rather than accepted and solutions explored
- Learning outcomes should be discussed openly within the community, using group critical reflective processes. These learnings should be promoted regularly to the wider stakeholders, including executive sponsors
- Structured and formal reflection should be built into the community. The Gibbs model was used for this publication although CoP-R members acknowledge it has several disadvantages, including that some reflections require a more critical approach, the questions are general and it does not taking into account the expectations of learners (Jasper, 2003). The assumptions we made were identified in our ongoing discussions rather than in our written reflection

Conclusion

Transformational leadership and practice development principles were pivotal to the community's progress along the tightrope. The processes supported the blending of different professions and organisations, which resulted in project outcomes and learning that were beneficial to members and the organisations. Communities of practice grown from these principles have the potential to support culture change. Relationships developed within the community were seen to be more supportive and collegial than those arising from other group processes.

The collective reflection highlighted the difficulty of walking this CoP-R tightrope and undertaking a large collaborative research project. By stopping periodically and reflecting back, issues may have been resolved earlier. Learning should not have been taken for granted but reflected on regularly and discussed openly with relevant stakeholders, as a measure of the individuals' and community's success. Workload barriers should have been addressed and challenged, not just accepted. Continuous engagement with all levels of the organisation should have occurred to aid the progression, promotion and sustainability of the community of practice.

The research findings from the project, including the enablers and barriers that staff experience in undertaking and using research, have been reviewed. They have become part of a future research directions paper for the district, indicating the chief executive's commitment to transforming the existing research culture.

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