A Constellation of Disconnected Practices: Boundaries in a Healthcare Boundary Spanning Initiative

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Outline

- *Background:* Constellations of interconnected practices
- *Context:* CLAHRCs as boundary spanning initiatives
- *Case and method:* a single qualitative case study of one of the CLAHRCs
- *Findings:* Mechanisms of boundary discontinuity
- *Conclusion*

Background

- Wenger's *communities of practice theory*
- Organisations as *constellations of interconnected practices*
- *Boundaries:* sociocultural differences between practices leading to discontinuity in action or interaction
- *Boundary bridges:* knowledge brokers, boundary objects, boundary interactions

Context

- Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)—large-scale boundary spanning initiatives bringing together:
  - Applied health researchers
  - Commissioners
  - Implementation experts
  - Clinical practitioners
- Emerging constellations of interconnected practices aiming to bridge the gap between producers and users of applied health research

Case and method

- One of the nine CLAHRCs
- Single qualitative case study
  - 45 interviews
  - 69 hours of observation
  - Documentary analysis
- *Stage 1:* Identifying the boundaries leading to major discontinuities in knowledge sharing
  - Between researchers and implementers
  - Between different implementation teams
- *Stage 2:* Identifying the mechanisms of boundary discontinuity

Fragmented organisational design: (Re)producing the boundary

- The configuration of boundaries replicated the formal organisational structure of the Collaboration

- Organisational design can:
  - Reinforce existing boundaries (e.g. between researchers and implementers)
  - Create new boundaries (e.g. between implementation teams)
  - Blur boundaries and promote continuity (e.g. within multiprofessional implementation teams)

Divergent meanings and identities: Legitimising the boundary

- Co-existing discourses tend to generate comparisons across different perspectives but do not necessarily involve the development of a shared understanding or collective action
- Divergence of meanings may be perceived as so significant that it can block the process of negotiation
- Differences between practices may be encountered, rationalized and integrated into collective identities without overcoming discontinuities
- Members of different groups are predominantly involved in their group-specific practices whereas participation in the 'shared space' within a constellation as a whole is seen as less important
- Comparable levels of power across groups involved

Marginalised boundary bridges: Protecting the boundary

- Boundary interactions may be 'neutralised' by overformalisation, infrequency, competition, low trust, absence of incentives and lack of opportunities for informal knowledge sharing

- Boundary bridges may turn into rhetorical devices which are unable to challenge the status quo but can create an illusion of cross-boundary knowledge sharing

- A tension between preserving and enhancing *'the healthy autonomy'* of communities of practice and *'building an interconnectedness'* (Brown & Duguid 1991)

- Partial alignment of the local practices with the proposed organizational design: boundaries are willingly reproduced but 'nominated' boundary bridges become marginalised

Conclusion

- Setting up a boundary organization does not automatically mean that boundary continuity is going to be achieved
- Boundary organizations should:
  - actively facilitate the negotiation of concepts, approaches and objectives that are interpreted in conflicting ways by different communities
  - create their own systems of incentives to support joint working at their boundaries
  - articulate the overarching goals and philosophy of a collaborative enterprise at early stages
  - create new boundary practices, which can take the form of joint projects bringing together the representatives of separated communities
- Research is needed on managing boundary discontinuity