



Multiprofessional Communities of Practice in a Large-Scale Healthcare Collaboration: Formation, Identity Building and Knowledge Sharing

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Research Questions

- How do multiprofessional and multi-organisational CoPs **develop** in the process of healthcare collaboration?
- How do the members of a collaboration reconcile their professional and organisational **identities** and a new, 'collaborative' identity?
- How is **knowledge shared** within and across multiprofessional and multi-organisational CoPs involved in healthcare collaboration?

Design and methods

Setting: Greater Manchester Collaboration for Leadership in Applied Health Research and Care (GM CLAHRC)—a partnership between the University of Manchester and local NHS organisations

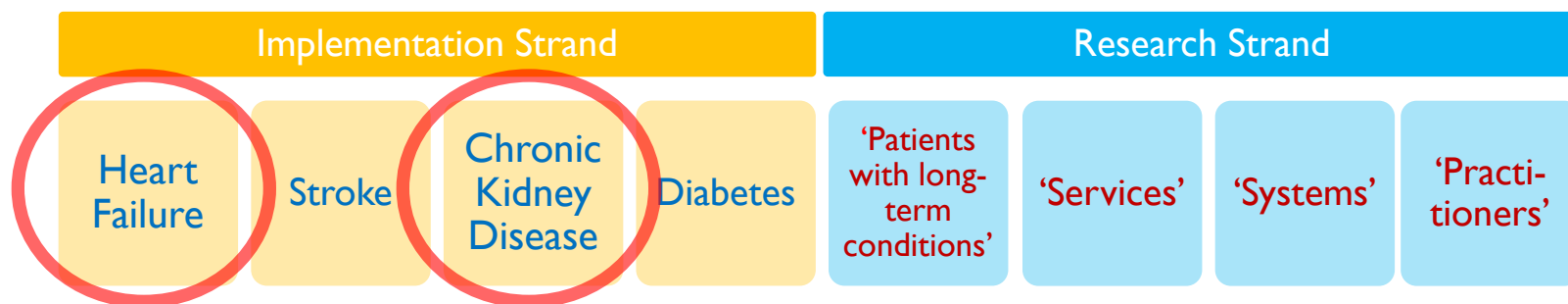
Participants: doctors, nurses, managers, researchers

Methodology: single embedded critical realist qualitative case study

Data collection: 45 interviews, 50 hours of observation, documentary analysis

Data analysis: template and matrix analysis assisted by NVivo

Greater Manchester Collaboration for Leadership in Applied Health Research and Care (GM CLAHRC)



Initial findings: CoP formation

- New multiprofessional CoPs are not likely to emerge 'from scratch'
- They develop on the basis of pre-existing teams, networks and relationships
- This process is enabled by:
 - Distributed, facilitative leadership
 - Personal dispositions of members towards working collaboratively
 - Recruiting 'who you already know' or 'who you think you can work with'
- Transformation from a team to a CoP is more likely when the organisation has a devolved management structure with autonomous teams
- The main obstacle is the existence of traditionally strong uniprofessional communities with established identities and boundaries

Initial findings: Identity building

- The construction of a common identity in a multiprofessional CoP is possible where practice is:
 - shared
 - negotiated and
 - reflected upon
- It takes place in the context of multimembership in several relevant CoPs, most often—uniprofessional ones
- While members of a multiprofessional CoP do have different roles and responsibilities, practice in this CoP is not similar to the practices of the related uniprofessional CoPs
- Constructing a new, ‘collaborative’ identity may be hampered by strong professional and organisational identities as well as by perceived importance of specialist knowledge
- Constructing a CoP identity often implies the existence of ‘*the other*’, which may adversely affect knowledge sharing with similar multiprofessional CoPs

Initial findings: Knowledge sharing

- Within multiprofessional CoPs, sharing knowledge is informal, exploratory and experiential
- Experiential and anecdotal knowledge is often preferred to the 'rigorous' empirical evidence from research, largely because the latter is not applicable to the local context, fragmented or inconclusive
- Multiprofessional CoPs may play a boundary spanning role, bridging the gaps between various organisations and groups
- In doing so, they deploy a number of context-tailored boundary objects and boundary interactions
- Paradoxically, bridging the boundaries between co-related multiprofessional CoPs themselves may be problematic