SUPPORTING INTERIOR HEALTH LEADERS THROUGH A COMMUNITY OF PRACTICE

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An Organizational Leadership Project Report submitted in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

In

LEADERSHIP

We accept this Report as conforming to the required standard

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ROYAL ROADS UNIVERSITY
April 2011

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ABSTRACT

The research question for this action research inquiry was: How can a leadership community of practice (CoP) support current leaders at Interior Health (IH)? Leaders who met the study criteria were invited to participate in individual interviews and a virtual focus group to share their thoughts on how they currently connect, what IH can do to support leaders, and to evaluate a sample structure for a virtual CoP. The research was governed by the Royal Roads University and IH research ethics standards and was conducted with diligence for participant confidentially. Four major themes emerged from data analysis: community support leadership; technology supports, but does not create, community; organized and supported learning is important; and leadership requires accountability. Five recommendations were made: create opportunities for leaders to connect, cultivate community of practice culture, implement a virtual community of practice, identify and fund support resources, and continue and expand formal learning opportunities.

ACKNOWLEDGEMENTS

For my mentor, sponsor, and inspiration, Drew Bird, MA, the reason I began this journey. For Rene Unser, PACE Fitness Owner and my dearest friends and training partners who supported me in continuing my passion for leading fitness classes, trail runs, and tackling triathlons throughout this OLP process. My thanks for understanding when I trained early, late, or not at all—I cherished every moment I spent out there. Most significantly, my husband Scott Bowen, who read so many papers, dried so many tears, and listened to so many theories. He is my biggest cheerleader and reminds me daily of balance, laughter, and love. I learn many leadership lessons from him.

TABLE OF CONTENTS

ABSTRACT ii

ACKNOWLEDGEMENTS iii

LIST OF TABLES vii

CHAPTER ONE: FOCUS AND FRAMING 1
- The Opportunity and Its Significance 2
- Systems Analysis of the Opportunity 5
- Organizational Context 7

CHAPTER TWO: LITERATURE REVIEW 8
- Leader Influence 8
  - Self-Awareness 8
  - Role Modelling 11
- Understanding Communities of Practice 13
  - Definition 13
  - Benefits of Communities of Practice 14
  - Communities of Practice Structure 15
  - Drawbacks of Communities of Practice 16
- Cultivating Community of Practice Culture 17
  - Trust 18
  - Storytelling 18
- Summary 19

CHAPTER THREE: RESEARCH APPROACH AND METHODOLOGY 22
- Introduction and Research Approach 22
- Project Participants 24
- Inquiry Methods 25
  - Data Collection Tools 25
  - Study Conduct 29
  - Data Analysis 31
- Ethical Issues 32
  - Respect for Human Dignity 33
  - Respect for Free and Informed Consent 33
  - Respect for Vulnerable Persons 33
  - Respect for Privacy and Confidentiality 34
  - Respect for Justice and Inclusion 34
  - Balancing Harms and Benefits 34
  - Minimizing Harm 34
  - Maximizing Benefits 35
  - Summary 35

CHAPTER FOUR: ACTION INQUIRY RESULTS AND CONCLUSIONS 36
Study Findings 36
Participant Demographics 36
Interview Findings 37
Virtual Focus Group Findings 42
Study Conclusions 45
Community Supports Leadership 45
Technology Supports, But Does Not Create, Community 46
Organized and Supported Learning is Important 48
Leadership Requires Accountability 49
Scope and Limitations of the Inquiry 50
Summary 52

CHAPTER FIVE: INQUIRY IMPLICATIONS 53
Introduction 53
Study Recommendations 53
Recommendation #1: Create Opportunities for Leaders to Connect 54
Recommendation #2: Cultivate Community of Practice Culture 56
Recommendation #3: Implement a Virtual Community of Practice 58
Recommendation #4: Identify and Fund Support Resources 60
Recommendation #5: Continue and Expand Formal Learning Opportunities 62
Organizational Implications 64
Implications for Future Inquiry 68
Summary 69

REFERENCES 71

APPENDIX A: ACTION RESEARCH TEAM MEMBER LETTER OF AGREEMENT 77

APPENDIX B: INTERVIEW QUESTIONS 78

APPENDIX C: INTERVIEW INFORMED CONSENT 79

APPENDIX D: VIRTUAL FOCUS GROUP QUESTIONS 81

APPENDIX E: POSITIONING STATEMENT AND RESEARCH INVITATION 82

APPENDIX F: INTERVIEW INVITATION 83

APPENDIX G: FOCUS GROUP SERIES INVITATION 84

APPENDIX H: INTERVIEW TOPICS FOR REFLECTION 86

APPENDIX I: UPDATE FOR PROJECT RESEARCH ON COMMUNITIES OF PRACTICE 87

APPENDIX J: VIRTUAL FOCUS GROUP INVITATION 88

APPENDIX K: VIRTUAL FOCUS GROUP INFORMED CONSENT 89

APPENDIX L: SAMPLE VIRTUAL COMMUNITY OF PRACTICE PORTAL MOCK UP AND DESCRIPTION...91

LIST OF TABLES

Table 1 Participant Demographics 37

Table 2 Interview Question Themes and Subthemes 38

Table 3 Virtual Focus Group CoP Portal Review Themes 43

Table 4 Conclusions and Recommendations 53

CHAPTER ONE: FOCUS AND FRAMING

Healthcare in British Columbia (BC) is constantly changing in response to ministry, patient, and employee demands. Shortages of qualified healthcare workers, a changing workforce demographic, and mandated budget concerns are current challenges (Government of British Columbia, Ministry of Health Services [MOHS], 2010, p. 7). Compelling leadership is required to support healthcare at organizational, provincial, and ultimately at wider levels. As Lockwood (2006) states, “The changing nature of leadership—demands solid commitment to the development of future leaders” (p. 2). It is imperative that we look for new ways to support new, existing, and future leaders.

As a Leadership Development Consultant within the Talent Strategies portfolio of Interior Health (a BC regional health authority), my work allows me to explore and enhance a lifelong passion for informal learning and collaboration. I am fascinated with technology and social collaboration and how they can be leveraged to provide a sustainable resource for leaders. My project focus interest was closely connected with a stated need from my sponsor for expertise and understanding of how communities of practice (CoPs) can be used to connect organizational leaders (D. Bird, personal communication, March 16, 2010). The link between learning networks and leadership ignited a drive to understand more about CoPs and whether they are a mechanism we can tap into to support our organizational leaders.

To serve my personal interests, organizational value, and stated sponsor needs, my research question was centred specifically on CoPs and leadership. My primary inquiry question was: How can a leadership CoP support current leaders at Interior Health? Sub-questions supporting this exploration were:

1. What are the benefits of networking and sharing for leaders within Interior Health?
2. What would encourage and support leader participation in a CoP?
3. What delivery mechanisms or structures are best for CoPs?

The Opportunity and Its Significance

Interior Health and other provincial healthcare authorities are increasingly focused on collaborative partnerships, illustrated by formal and informal agreements such as the release of a signed memorandum of understanding between Interior Health and Northern Health (B. Rebman, personal communication, March 9, 2010). This was also demonstrated by the formation of a provincial group connecting on various management and leadership initiatives such as mentoring, coaching, and leadership curriculums (British Columbia Health Authority Leadership Development Collaborative, 2010). As stated in the Interior Health Authority (2010a) *2010/11–2012/13 Service Plan*, Interior Health is committed to:

> provide an environment where employees, physicians, and volunteers can participate and work collaboratively in promoting health and wellness in their workplace. This goes beyond absences of illness, injury and disease to include: leading a balanced life, developing one's potential, making a meaningful contribution to the organization and having a say in decision-making. (p. 12)

An inquiry on leadership practice through CoPs was relevant and transferable learning during this time of organizational change. As Snyder and Wenger (2000) observe, collective intelligence is imperative in fields of expertise that are too complex for individual mastery and in fields where valuable tacit knowledge is not easily transferred in formal learning. Looking to understand effective ways to foster collective intelligence directly impacts leadership practice at Interior Health.

Mergers of healthcare regions and changing public demands require that organizational learning must adapt and broaden to transcend traditional boundaries of position, geographic location, or organization. This concept is fully embraced at Interior Health, and a major

restructuring occurred in May 2010 to support “greater emphasis on integration, collaboration and learning” (Interior Health Authority, 2010a, p. 3). Interior Health’s Accreditation Report conducted in late 2009 includes a commendation for a planned move “towards increased interactive learning modalities” (Accreditation Canada, 2009, p. 13) and asserts that it is “of up-most importance given the geography of the region” (p. 14). In addition to evaluative reports, Interior Health conducted an employee Quality of Life Survey in January 2010. As communicated by both the Chief Executive Officer (CEO) and the Chief Human Resources Officer (personal communication, March 16, 2010), learning and development is an action area for improvement. Finally, high performance leadership development is directly referenced as a strategic approach to the organizational goal “ensure sustainable healthcare by improving innovation, productivity and efficiency” (Interior Health Authority, 2010a, p. 12).

CoPs are an example of social learning that foster powerful collective intelligence. Learning as a social experience is not a modern phenomenon; it is naturally human to seek out those who have needed knowledge and experience (Wheatley, 2002). The exploration of how to provide leaders at Interior Health with an arena to gather and share ideas was important, especially in our turbulent healthcare setting. Collaborative leaders need to be effectively supported and nurtured; Wheatley asserts that a new scale is forming, one that is moving away from individuals and towards CoPs. In an environment of changing and evolving leadership capacity, Interior Health can lead the way for innovate leadership practice, supported with the information that was gathered in this inquiry project.

Collaborative relationships are proven to assist in innovation, strategic alliances, and organizational learning (Baker, 2003). As an organization tasked with budget alignment, staff satisfaction, and consistent quality of care, senior leadership at Interior Health recognize the

requirement for collaboration, as is evident in sponsor statements such as “we have done very little to facilitate leaders learning from each other and we need a way to do this” (D. Bird, personal communication, April 12, 2010). CoPs accelerate learning and allow robust practices to develop quickly (Wheatley, 2002). In an ever-changing public healthcare world, an enhanced ability to access expertise and fast adaptation greatly benefits leaders and the organization.

Leaders engaging in community learning activities gain a forum for expanding skills, assistance with challenges, and a greater sense of belonging. Exploring the application of a leader CoP developed potential to realize greater resources, broader perspectives, increased talent retention, and emergence of unplanned capabilities (Snyder & Wenger, 2000). True to action research methodology of learning, a CoP can create access to non-tangible outcomes, such as a sense of trust between leaders and increased core competencies that support strategic direction and organizational goals (Snyder & Wenger, 2000; Wheatley, 2002). Competency and trust contribute to healthy organizational culture and leadership.

Schein (2004) explores critical leadership tasks of identifying subcultures and then integrating and aligning different groups within an organization. An inquiry into CoPs for leaders provided insight to whether collaboration assists leaders in understanding cultures across functional, hierarchical, or geographic boundaries. In addition, leader partnerships provide an opportunity for Interior Health to further embed desired culture. For a culture change trending towards better relationships, communication, and collective learning, a primary change mechanism is for leaders to deliberately role model wanted behaviours (Schein, 2004). A culture shift is necessary to realize the full benefits of positive change, which is potentially the collaboration and collective learning encouraged in CoPs.

Without better understanding of social learning, its impacts, and models such as CoPs, opportunities to effectively support leadership practice at Interior Health are missed. Leaders will not have the accessible support and collective intelligence provided through CoPs. This creates a risk of disconnected decisions that negatively impact employees, the organization, and ultimately patients. Without the learning gained through this inquiry into collaborative learning practices, such as CoPs, resources may be misdirected into programs or learning initiatives that do not best support leadership development.

Systems Analysis of the Opportunity

A systems approach to informal leadership development opportunities is “strategically important for long-term organization effectiveness” (Yukl, 2010, p. 230). This concept is supported at Interior Health, evident with a stated strategic direction in support of organizational objectives to “commit to a systems approach that supports ongoing quality improvement in health, safety and workplace wellness through knowledge exchange and evaluation” (Interior Health Authority, 2010a, p. 13). Interior Health system considerations included organizational focus, changing workforce demographics, and resource challenges. Broader provincial healthcare system factors also place pressures on the system in which Interior Health operates:

> The most significant drivers of rising demand are the aging population, the increasing need to provide care to the frail elderly, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by worldwide competition for health professionals and health care workers, and the need to maintain and improve the health system’s physical infrastructure (i.e. buildings and equipment). (MOHS, 2010, p. 6)

As a BC healthcare authority, Interior Health operated under additional external system forces including the Ministry of Health and public scrutiny during the time in which this research was conducted. As observed by my project sponsor, organizational focus is increasingly task centred with less and less thinking space or connection outside of deliverables (D. Bird, personal

communication, March 16, 2010). At the same time, mergers and partnerships within the organization and at a provincial level demand that leaders are adaptable, build and maintain good relationships, and are skilled collaborators.

The workforce at Interior Health was another systemic factor that affects leaders. As baby boomers retire, generation Yers are becoming the dominant demographic in the workplace (Lovern, 2001). As inclusive and collaborative leaders, Gen Yers expect teamwork, technology, and community to be a part of their workplace experience (Thorman, 2007). To be successful in cultivating current and future leaders, this must be considered. Human resources issues were also identified as priority at the provincial level; the Ministry of Health (2010) states, "Increased national and international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers . . . [and that] these challenges will require greater flexibility and collaboration to meet these challenges" (p. 7).

Finally, budget mandates and resource challenges placed further constraints on leadership development within Interior Health. Reduced spending, including travel and education expense restrictions, limited networking opportunities. To support and develop leaders, it was imperative that the Leadership Development department of Interior Health explore new ways of collaborating and creating informal learning opportunities. Interior Health as an organization had undergone a substantial restructuring in order to support a new matrix approach to service delivery as Interior Health Authority's (2010a) *2010/11–2012/13 Service Plan* states, "Our new organizational structure puts greater emphasis on integration, collaboration and learning within each of our service streams" (pp. 3–4). Exploring innovative solutions to remove barriers caused by mandate, budget, or demographics provided insights that benefited employees, leaders, and senior executive team members.

Organizational Context

Interior Health is a provincial healthcare authority operating in the BC interior. One of five geographically based authorities, Interior Health was established in 2001 by the Government of BC (Interior Health Authority, 2010b). With approximately 18,000 employees during this inquiry project, Interior Health was responsible for delivering publicly funded health services to the people of the Southern Interior (Interior Health Authority, 2010b). At the time of this research, Interior Health served almost 215-thousand square kilometres including urban, rural, and remote communities (Interior Health Authority, 2010b). Healthcare presents unique leadership challenges, and Interior Health was no exception. Services delivery is described as "complex regional 'network of care' that includes hospitals, community health centres, residential assisted living facilities, mental health housing, primary health clinics, homes, schools, and other community settings" (Interior Health Authority, 2010b, para. 9). During the time in which I conducted my project, my department was located centrally in Kelowna, BC and was part of the Talent Strategies portfolio.

Leaders at Interior Health report through a matrix program based on traditional hierarchical structure including managers, directors, and vice presidents (VPs). Front-line managers and directors are responsible for programs rather than geographical based areas and are funnelled up to a VP. All VPs report directly to the CEO, who in turn reports to a nine-member board of directors. The CEO and the board of directors are accountable to the Ministry of Health at the provincial level and the board of directors are appointed by the ministry. A self-professed collaborative leader, CEO Robert Halpenny (personal communication, March 25, 2010) states his belief in collective intelligence and his support of creating creative learning opportunities within Interior Health.

CHAPTER TWO: LITERATURE REVIEW

A plethora of literature is available exploring personal leadership, CoPs, and organizational culture. To best inform this research project, literature review is organized into three sections: (a) leader influence, including leader self-awareness and role modelling; (b) understanding CoPs, which is further divided into defining CoPs, the benefits of CoPs, CoP structure, and the drawbacks of CoPs; and (c) cultivating a CoP Culture, which explores trust and storytelling.

Leader Influence

Leader influence explores how a leader influences themselves, their followers, and their organization through self-awareness and role modelling. This literature review looks at leader influence through the lens of personal leadership required to best support participation in a CoP.

Self-Awareness

Self-awareness is a topic of countless writings on how leaders can increase their leadership effectiveness in guiding themselves, and their organizations, through change. According to many authors, self-awareness is the foundation of personal leadership (Burke, 2009; Friedman, 2007; Kouzes & Posner, 2007; Short, 1998). Other themes emerging in literature are self-management, authenticity, and lifelong learning. While the definition of self-awareness can be "somewhat ambiguous" (Hogan & Warrenfeltz, 2003, p. 81), certainly current literature recognizes it as a foundational component of personal leadership.

In *Learning in Relationship*, Short (1998) asserts that "at the heart of our expertise is awareness" (p. 3). Kouzes and Posner (2007) agree, citing that "they're [leaders] very self-aware" (p. 87) and that "learning to be a better leader requires great self-awareness" (p. 87). Further evidence of self-awareness as a critical aspect of leadership is found in the work of

Friedman (2007), who recognizes that "the issue of self touches on every single leadership issue discussed" (p. 164). Friedman identifies a shift from "Old World" (p. 194) leadership superstitions to "New World" orientation to relationships: "the key to successful leadership is understanding the needs of their followers" (p. 194) to "a leader's major job is to understand his or her self" (p. 194). Loehr (2007) links self-awareness and personal values, declaring that our belief systems can be changed through heightened self-knowledge: "self-awareness can then be accessed to change, modify, or eliminate those beliefs and values of ours that, upon examination, work against our self-interest" (p. 113). Leaders may be seduced into variables that conflict with successful leadership; one of the things Loehr advises leaders to pay attention to is a "very limited capacity for self-awareness" (p. 106). Gardner, Avolio, Luthans, May, and Walumbwa (2005) indicate that while values are more visible with increased self-awareness (p. 358), "knowing oneself involves more than simple awareness of one's thoughts, values and motives"(p. 352). Gardner et al. propose that "as leader self-awareness and self-acceptance increases, leaders become more transparent in communicating their values, identity, emotions, goals and motives to others" (p. 358). Aside from values in self-awareness, Burke (2009) recognizes that self-knowledge is a part of the journey for personal leadership: "there is growing evidence that self-awareness is related to performance" (p. 738).

Self-management. Kouzes and Posner (2007) state that "the instrument of leadership is the self, and mastery of the art of leadership comes from mastery of the self" (p. 344). Understanding one's own emotional impact and reaction assists leaders in developing greater self-awareness: "the clearer you are about you and your reactions, the more you will be able to learn from others" (Short, 1998, p. 138). Gilbert (1992) supports the concept of managing emotions and draws a link with emotional calm, productivity, and freedom of better thinking—

”thinking about self-management as well” (p. 163). Additional researchers recognize self-control as a significant piece of self-awareness; Friedman (2007) alludes to necessary “self-regulation” (p. 165) and Hogan and Warrenfeltz (2003) cite self-control as an interpersonal skill that provides leaders with “ability to restrain one’s impulses, curb one’s appetites, stay focused, maintain schedules, and follow routines” (p. 78). Finally, Kerfoot (2003) declares that if a leader is to manage organizational knowledge effectively, the leader must first manage their own “personal knowledge capital” (p. 383), including “the emotional abilities to manage yourself” (p. 383).

Authenticity. Gardner et al. (2005) deeply explore the concept of authenticity as it relates to self-awareness, in fact declaring that “a key factor contributing to the development of authentic leadership is the self-awareness or personal insight of the leader” (p. 347). Gardner et al. view authenticity and self-awareness as intertwined variables that cannot be separated as distinct entities: “authentic leaders experience heightened levels of self-awareness, and that increasing self-awareness is a core element of the authentic leadership development process” (p. 349). In contrast to this view, Chang and Diddams (2009) challenge that “the assumption that extensive self-knowledge, including moral self-knowledge, is necessary to be authentic” (p. 1). Chang and Diddams suggest that authenticity is an overused concept and assert that “the contribution of authenticity to leadership is underdeveloped” (p. 2) and that the expectation of self-knowledge required for true authenticity “may not be attainable” (p. 2). A main point in Chang and Diddams’s research is that authenticity is framed in dominantly positive traits and offer an alternative to pursuing “extensive self-knowledge” (p. 2); they assert that “authentic leaders should not only recognize weaknesses along with their strengths, but also recognize that self-knowledge is deceptive and unknown” (p. 2).

Life-long commitment to learning. Many authors reference the words continuously or constant in describing a self-aware leader's dedication to the personal learning process (Gardner et al, 2005; Hogan & Warrenfeltz, 2007; Senge, 2006; Southard, 2007). Senge (2006) speaks of "continually seeing more of our connectedness to the world" (p. 156), and Gardner et al. (2005) argue that authentic leaders "continuously ask themselves 'Who am I'" (p. 348)? A gap in self-awareness is identified by Hogan and Warrenfeltz (2003) as the cause of the big mistakes in organizations, one that is resolved by leaders who are "engaged in a constant learning process" (p. 74). Southard (2007) supports the idea of learning as a personal process is supported and states, "Effective leaders . . . constantly seek insight . . . to develop better self-knowledge" (p. 1). Chang and Diddams (2009) refer to an "ever-unfinished process of self-knowledge" (p. 5). Kerfoot (2003) also advises leaders to "develop a life-long program of developing and using the intellectual capital acquired effectively in one's professional and personal life" (p. 383), naming effective leaders as "learning 'machines' that model the continual pursuit of knowledge" (p. 383). While a link to lifelong learning is evident in current literature, Hogan and Warrenfeltz caution that self-awareness attributes such as self-control "cannot be educated in a profound way" (p. 80) and assert that people are not re-educated, but can create "behavioral strategies" (p. 80) in response to greater awareness of personal impact on others.

Role Modelling

Role modelling as a method for leaders to influence culture and change is a well documented concept in the literature. Aitken (2007), Gardner et al. (2005), Schein (2004), and Yukl (2010) identify deliberate role modelling as a mechanism to impact followers and organizational culture. Gardner et al. deepen this connection to suggest that role modelling promotes development of others (p. 345) and that authenticity in leadership is achieved when

followers "see [in leaders] consistency between who they are and what they do" (p. 348). Framed by Kouzes and Posner (2007) as "setting an example" (p. 75), the basics of role modelling are about execution and action: "it's about *putting* your money where you mouth is. It's about *practicing* what you preach, It's about *following through* on commitments. It's about *keeping* promises. It's about *walking* the talk. It's about *doing* what you say" (pp. 75–76). Isaacs (1992) Kouzes and Posner and agree that it is not just about what the leaders does that is important, but what they pay attention to. Isaacs warns that "by not paying attention to something, a leader sends the message that it is not important" (p. 174). Fear is a larger barrier to change, and it is not enough for a leader to only endorses desired change, but, as stated by Isaacs, "support must come in the form of leaders *embodying* the very changes that are being asked of others" (p. 355). Discrepancies in, or lack of, authentic role modelling can cause organizational and follower distress "resulting in inconspicuous and/or unclear cues for what is important (purpose and task focus) and how we should act around here, i.e. organization cultures" (Aitken, 2007, p. 19). This is supported by Reilly (2005): "discrepancies between a leader's statements and actions can also result in a dangerous lack of trust" (p. 20). At the heart of role modelling is a true commitment to our espoused values, which can be a challenging reality for leaders; as Kouzes and Posner attest, "Sometimes the greatest distance we have to travel is the distance from our mouths to our feet" (p. 78). Senge (2006) may best summarize the principle and importance of role modelling with his statement: "the core leadership strategy is simple: be a model" (p. 162).

Self-management, authenticity and commitment to lifelong learning are presented as significant components of leader self-awareness. Self-awareness as the foundation to personal and thus organizational leadership is a theme in modern research. Role modelling is proven as an effective and powerful method of influence in leading organization change. Both self-awareness

and role modelling require commitment and perseverance, which Hogan and Warrenfeltz (2003) identify as a leadership skill of "being persistent and hard to discourage" (p. 79). While different views and principles in leader influence through self-awareness and role modelling are found throughout the literature, it can be argued that indeed, in the words of Kouzes and Posner (2007), "leadership development is self-development" (p. 344). Self-knowledge and role modelling as mechanisms of influence are critical for leaders wishing to support, initiate, or participate in a CoP.

Understanding Communities of Practice

A leader can influence the development and growth of CoPs through self-awareness and leadership effectiveness, yet a deep understanding of CoPs is also required. For CoPs to be nurtured, leaders must understand the definition of a CoP, acquire knowledge about effective CoP structures, celebrate the benefits CoPs bring to organizations, and be prepared to address the drawbacks of CoPs.

Definition

At the core of defining CoPs is the idea, as Wenger (1998b) puts it, that CoPs "develop around things that matter to people" (p. 2). The principles of sharing and the importance of participant value are themes common in many authors' definitions of CoPs (Pemberton & Stalker, 2006; Seaman, 2008; Wenger, McDermott, & Snyder, 2002). Wenge et al. (2002) offer that CoPs are "groups of people who share a concern, set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (p. 4). Similarly Pemberton and Stalker (2006) describe CoPs as "groups of like-minded individuals keen to share existing knowledge and practice, and create new knowledge in the process" (p. 8). The connection must be deeper than sharing an interest or knowledge; however,

a CoP shares “expertise, competence, learning, activities, discussions, information, tools, stories, experiences” (Seaman, 2008, p. 270) and “creates, organizes, revises, and passes on knowledge” (p. 270).

Benefits of Communities of Practice

CoPs, by definition of sharing and connection, generate short- and long-term benefits for individuals and organizations. Individual community members reap the rewards of belonging to a CoP; Lank, Randell-Khan, Rosenbaum, and Tate (2008) list networking, knowledge, skill, and experience enhancement (p. 108). Millen, Fontaine, and Muller (2002) include access to subject-matter experts, confidence in personal expertise, improved reputation, increased trust, and better understanding of what others are doing as individual benefits (pp. 70–71). Wenger et al. (2002) agree with Millen et al. and recognize a sense of belonging, access to expertise, help with challenges, fun, and confidence as short-term personal rewards (p. 15). Wenger et al. also explore long-term individual benefits and cite skill and expertise development, networking, enhanced professional reputation, and a “strong sense of professional identity” as longer term professional development opportunities (p. 15). As individuals realize benefits, the organization too enjoys advantages.

In *Cultivating Communities of Practice*, Wenger et al. (2002) describe CoPs as an organizational knowledge management approach, discuss the ability of CoPs to tap into both tacit and explicit knowledge (p. 9), and assert that “knowledge has become the key to success” (p. 6). Brown and Duguid (2001) support the statement that knowledge is “vital for growth” (p. 93) and acknowledge that knowledge frequently “emerges” (p. 93) from CoPs. Wenger et al. applaud CoPs as “unique in their ability to deal with a broad variety of knowledge related issues” (p. 14), such as linking expertise across unit and geographical areas and crossing team

boundaries for problem solving and analysis. Other organizational benefits are realized through CoPs such as new business, innovation, time savings in problem resolution and information gathering, transfer of best practices, and recruiting and retaining professional talent (Millen et al., 2002; Wenger & Snyder, 2002). CoPs, according to Wenger and Snyder, are renewable organizational resources that "give you both the golden eggs and the goose that lays them" (p. 143).

Communities of Practice Structure

A debate in CoP literature centres on the structure or absence of structure for fostering and encouraging a connection that will result in the individual and organizational benefits. Early exploration of CoPs championed the theory that CoPs were informal, emergent, and often invisible (Brown & Duguid, 2001; Wenger, 1998a). Brown and Duguid (2001) further declared that structure and organization was not needed, and that it can be disruptive to communities (p. 49). Modern research suggests that CoPs can be cultivated and that attention to structure is beneficial. Wenger, a co-creator of the emergent concept, acknowledges in his later co-authored works that CoPs are "spontaneous or intentional" (Wenger et al., 2002, p. 26) and offers a structural model for CoPs (pp. 27-40). Some authors such as Enrico and Ettore (2008) suggest that CoPs "should be cultivated and managed" (p. 376) as part of "deliberate knowledge management" (p. 376). If one views CoPs as groups, then it can be inferred that Schein's (2004) statement that "all groups start with some kind of originating event" (p. 64) supports this hypothesis. Ultimately, it emerges in literature that CoPs lie in the space between the two poles—a balance that Brown and Duguid (2001) recognize as difficult to achieve: "practice without process tends to become unmanageable; process without practice results in the loss of creativity needed for sustained innovation" (p. 95). Bolman and Deal (2008) talk about the same

issue in organizations, naming balance as a critical component in determining how to "hold an organization together without holding it back" (p. 75). While many structural models can be explored with in-depth components for building CoPs, many authors identify that a critical success factor is the necessity of a community leader or central resource responsible for the required management type activities needed to connect members and build communities (Lank et al., 2008; Senge, 2006; Wenger, 1998b).

While authors may title a central community leader role differently, such as community leader, sponsor, or facilitator, it remains that while CoPs are encouraged as organic groups, coordination is required to initiate groups and support their success (Lank et al., 2008; Senge, 2006; Wenger, 1998b). Wenger (1998b) asserts that CoP development is dependent on internal leadership and cites leader tasks, such as "balancing members' interests and agendas; identifying priorities; attending inclusiveness; drawing contributions; facilitating interactions; and encouraging a culture of egalitarianism and co-operation" (p. 380). Lank et al. explore the importance of a facilitator role that is responsible for the administration and infrastructure; event management, membership lists, and member connection are a few of the duties of a facilitator (pp. 104–105). Lank et al. also contribute that supporting a community is "likely to be at least 15% of someone's time" (p. 105). By selecting the right balance and ensuring community leader support some of the drawbacks of CoPs may be mitigated.

Drawbacks of Communities of Practice

Wenger et al. (2002) state that "it is important not to romanticize communities of practice" (p. 139), claiming that there is a dark side to CoPs that can make them "hoard knowledge, limit innovation, and hold others hostage to their expertise" (p. 139). Three themes identified in the literature on the drawbacks of CoPs are exclusivity, power dynamics, and

dogmatism. Exclusivity can cause CoPs to become “cliques” (Wenger et al., p. 145) and “present an insurmountable barrier to entry” (p. 144). This can also give rise to others in the organization becoming jealous and questioning why they are not invited to join (Pemberton & Stalker, 2006). Brown and Duguid (2001) warn that CoPs are “as likely to be cold as warm” (p. 203). Power dynamics are another darker facet of CoPs, resulting in arrogance, excessive zealousness, constraining creativity, and knowledge hoarding (Wenger et al., pp. 141–146). These “power-distance” (Pemberton & Stalker, p. 10) relationships can give rise to an arrogant attitude that CoPs are somehow “superior” (p. 10), creating “badges of status” (p. 10). Bentley, Browman, and Poole (2010) offer that the role of power in CoPs can make them “prone to reproducing the status quo” (p. 4). Finally, CoPs may exhibit dogmatism, lending to unbending commitment (Wenger et al., p. 149) and creating barriers to absorbing new knowledge (Enrico & Ettore, 2008, p. 377).

It is clear that for CoPs to be successful, leaders must understand the definition and structure of CoPs. CoPs bring many benefits, but they also have drawbacks that inhibit connection and learning; at its worst a CoP can “become an ideal structure for avoiding learning” (Wenger et al., 2002, p. 141). Organizational culture is a significant factor in CoP success and a culture that cultivates CoP should be fostered and encouraged.

Cultivating Community of Practice Culture

Culture impacts significantly how a CoP will function, as Ajmal and Koskinen (2008) state, “Organizational culture thus has the potential to constrain or facilitate knowledge creation and transfer within an organization” (p. 11). Two components of organizational culture that directly foster CoPs are trust and storytelling.

Trust

Trust is an "essential ingredient" (Enrico & Ettore, 2008, p. 381) in exploring CoP culture. Low trust results in what Covey (2006) labels "organizational taxes" (p. 250), while high trust provides "high-trust organizational dividends" (p. 254). A critical theme arising in research is that giving trust generates trust, or, as Kouzes and Posner (2007) declare, "trust is contagious" (p. 228). Lingis (2005) agrees, asserting that "once trust takes hold, it compounds itself" (p. 273). Trust as a self-fulfilling prophecy is described by both Handy (1995) and Short (1998). Handy warns that trust must be consistent; "if a trust-based organization means trust for some and the old instrumental contract for the less able, then trust will become a dirty word" (p. 50). Kouzes and Posner advise leaders to "be the first to trust" (p. 227) as a primary step in fostering a trusting culture (p. 227). Covey advocates putting energy in trust rather than suspicion and asserts that "people want to be trusted. They respond to trust. They thrive on trust" (p. 29). If, as Kouzes and Posner state, "at the heart of collaboration is trust" (p. 224), then a link can be made to trust as a key to effective CoPs. A trusting culture will realize many benefits in the CoP, such as better ideas, disagreement resolution, improved communication, innovation, partnering, and better relationships (Galford & Drapeau, 2003; Covey). In the words of Handy, "Trust is tough" (p. 45); treating trust as contagious supports the open sharing nature of CoPs. Trust is also essential in creating and honouring stories, which can also encourage CoP culture.

Storytelling

Yukl (2010) cites stories as one of the mechanisms through which organizational culture can be influenced (p. 174), while Short (1998) describes a learning culture as a "collective state" (p. 11) in which stories are shared, edited, and rewritten (p. 11). Stories can be a powerful method of communication, a key principle in cultivating a CoP culture. Gargiulo (2006)

describes stories as "fundamental" to communication and "the most efficient way of storing, retrieving, and conveying information" (p. 5). Gargiulo also asserts that stories maximize the potential of informal networks and that "stories have a front seat in discussions about how to transform the cultures of organizations" (p. 6). Both Gargiulo and McLellan (2006) recognize stories as a way of bonding people; McLellan also states that "storytelling provides a vocabulary of change" (p. 19). Stories can be used to lead change, build communities and influence culture (Brown & Duguid, 2001; Burke, 2009; Driscoll & McKee, 2007). However, it must be acknowledged that literature suggests dangers in embracing storytelling alone without deeper analysis (Schein, 2004, p. 269).

Denning (2004) makes a strong point with the warning "beware the well-told story!" (p. 123). Driscoll and McKee (2007), Schein (2004), and Yukl (2010) acknowledge the power of stories in culture but caution that stories "are more a reflection of culture than a determinant of it" (Yukl, 2010, p. 176), there are multiple ways of interpreting stories (Driscoll & McKee, p. 210), and, as a method of communication, stories are "somewhat unreliable" (Schein, 2004, p. 268). In *Telling Tales*, Denning (2004) asserts that many authors and articles "mistakenly equate organizational storytelling with entertainment storytelling" (p. 130) and defunct a storytelling culture as an organizational myth (p. 131). Even in the presence of these cautions, it remains recognized that stories, whether in the form of myths, legends, or tall tales, do influence culture. Since CoPs are founded in openly sharing, encouraging storytelling has the potential to assist in cultivating a CoP culture.

Summary

A review of literature in support of leader effectiveness, CoPs and CoP culture highlights important themes which must be considered. To effectively influence, a leader must first deepen

personal leadership and self-awareness through self-management, authenticity, and commitment to lifelong learning. Role modelling is also highlighted as an important element in leader influence. CoPs present a unique challenge in their apparent oxymoron principles, two poles of control versus freedom emerged in both CoP definition and structure review. Understanding CoPs means also understanding the benefits they offer, but also the drawbacks from the darker side of CoPs. To encourage CoP, it is necessary to cultivate CoP culture, two key components of CoP culture are: (a) trust, primarily recognizing trust to be reciprocal in nature; and (b) storytelling, proven to influence culture. In summary, the world of leadership and CoPs are complex, founded in personal leadership and knowledge through which CoP culture can be fostered.

Guiding principles and goals supported the inquiry into leadership CoPs. Interior Health's stated principles such as continual growth and learning, innovation, and teamwork are supported through informal and formal leader collaboration (Interior Health Authority, 2010a, p. 6). Formal leadership programs, such as the Pathways to Leadership program, coaching, and mentoring, demonstrate Interior Health's commitment to developing current and new leaders. Research on leadership CoPs is supported by positive organizational politics around a desire to collaborate and connect.

I was fortunate enough to secure the sponsorship of both an influential leader within my organization as well as a Royal Roads University Masters of Leadership graduate. Director of Talent Strategies Drew Bird lent expertise, guidance, and extensive organizational knowledge to my inquiry. An identified risk factor in my research was the non-involvement of senior executive. Mr. Bird's solid relationships with executive members and others within the organization helped me to manage the political relationships important for action research

(Coghlan & Brannick, 2007). Mr. Bird, my direct supervisor, and I also shared a commitment to building a collaborative approach to my project. Clear communication, detailed preparation and purposeful conversations ensured that the researcher–sponsor relationship remained transparent and without ethical concern. The connection between my research, my daily work, and my reporting structure to my sponsor created risk for conflict of ethical interest (Canadian Institute of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada [TCPS], 1998). The potential risk was created through my sponsor relationship as a result of a perception that working closely with the Director of Talent Strategies on a leadership-focused project would be biased in results and focus. As reflected in my inquiry log, disclosure of biases and acceptance of research results mitigated any ethical risk arising from my sponsor relationship.

CHAPTER THREE: RESEARCH APPROACH AND METHODOLOGY

Introduction and Research Approach

Action research (AR) characteristics are congruent with my organization's values and my research question: How can CoPs support the practice of leadership at Interior Health? AR combined with qualitative data collection methods and governed under an overarching appreciative inquiry (AI) philosophy was an appropriate approach for my organizational leadership project (OLP). AR and AI support effective exploration of collective intelligence, the underpinning of CoPs. This chapter presents the AR approach for my project, my participants, my data collection approaches, and concludes with ethical issues. Certainly, the collaborative focus of AR supports an inquiry into CoPs.

Stringer (2007) defines AR as "a collaborative approach to inquiry . . . that provides people with the means to take systematic action to resolve specific problems" (p. 8). Further described by Stringer as "interacting spirals" (p. 8) of "look, think, act" (p. 9) loops, AR is governed by an explicit set of social values including democracy, equitably, liberation, and life enhancement. The critical inclusion of participants in AR and a focus on, as Coghlan and Brannick (2007) state, "collaborative, democratic partnership" (p. 4), made AR an appropriate methodology for my OLP and my organization.

In an OLP exploring CoPs, AR is a complimentary methodology. Wenger (1998) describes "learning as social participation" (p. 4). The concepts of participation, collaboration, and community are threads through both CoPs and AR. A connection between CoPs and AR is supported by Stringer's (2007) assumption that all stakeholders be engaged in the "processes of investigation" (p. 11) and Huang's (2010) assertion that we have to get into an organization and be engaged with the practitioners. My organization encourages partnerships; therefore, the

collaborative nature of AR creates a harmonious relationship. In exploration of data within research, qualitative methods best supported my intention and approach.

My focus was to connect deeply with my participants and learn their ideas, thoughts, and perceptions of reality while creating an opportunity for them to also connect with each other. Qualitative approaches, described by Glesne (2006), “generally begin with a theory about the phenomena in question” (p. 4) and that a researcher’s role is one of “personal involvement” (p. 5) and “empathetic understanding” (p. 5). Palys and Atchison (2008) share that “the criterion for understanding is Verstehen: understanding behavior in context in terms meaningful to the actor” (p. 13). Finally, Gelo, Braakmann, and Benetka (2008) solidify the connection between community-based AR and qualitative data methods with an observation: “qualitative approaches consider reality as socially and psychologically constructed” (p. 268). Themes of social involvement in qualitative collection and AR are also inherent in AI, the overarching philosophy of my research.

In the opinion of some researchers, using AR and AI as an interconnected methodology exploits similarities and differences (Bushnell, Bergthold, & Agger-Gupta, 2002). Bushnell et al. reflect that “both paths can effectively serve as a ‘double-loop’ process with relationship building at their core” (p. 54). Similarities such as focus on improvement, stakeholder involvement, and a human system orientation also supported using AI as the questioning philosophy guiding the AR approach (Egan & Lancaster, 2005). If my OLP generates enthusiasm and commitment for my participants, it directly contributes to a continuation of change (Hammond, 1996). Finally, as Egan and Lancaster explore, using a combination of AR, which is problem focused, and AI, which has a positive focus, create balance and depth within a research exploration.

Project Participants

The participants in my OLP were all current leaders within Interior Health. Leaders are identified at Interior Health as employees who have (a) direct reports or (b) one of the following designations within their specific job title: leader, manager, coordinator, and analyst. With approximately 1,200 employees meeting this description (Interior Health Authority, 2010c), participants were further filtered by completion of at least four People Management Series (PMS) courses, resulting in 225 potential research participants. The PMS curriculum consists of eight 2-day courses covering the critical components of personal, change, and organizational leadership. This requirement filter had additional benefits of familiarity with foundational leadership principles and experience with the benefits of leader connection, such as those achieved through attending these face-to-face workshops. Thus, the participants targeted for my OLP were specifically defined as: current Interior Health leaders who had completed a minimum four of the eight PMS curriculum courses.

Rationale for participant selection criteria was based on stated organizational need and research literature. Leaders who have previously completed all PMS learning opportunities have requested a mechanism for further and continued connection in order to share leadership lessons and learning (D. Bird, personal communication, April 10, 2010). This underpinning is supported by The Industrial Society (1996), which states that a piece of participant selection should be "identifying people who are in some way affected by, or interested in, the subject concerned" (p. 1). Since the centre of my OLP was exploration of a leadership CoP, it was reasonable that the research participant group be composed of leaders with a stated need and a common focus. Participants were selected for the final research opportunities on a first-respond basis. A total of 26 leaders responded and received communication of acceptance confirmation or thanks, next

steps, and an Outlook calendar item to reserve applicable time in personal and business calendars. Of the 26 respondents, 2 participants subsequently withdrew and 12 participated in the interviews, and the remaining 12 participants were informed and invited to take part in the virtual focus group.

An invested research team supported my research. This team included the PMS program manager, an organizational AI and facilitation expert, and a current organizational leader in the Professional Practice department. The roles of the research team included participant invitation review and feedback; interview question review and feedback; focus group invitation review and feedback; and focus group questions, focus and structure review, and feedback. As well, research team members participated in anonymous data analysis, focus group observation, and a post-session debrief and feedback. All research team members signed an AR Team Letter of Agreement (see Appendix A).

Inquiry Methods

Data Collection Tools

Glesne (2006) advocates that three key variables need to be considered when selecting techniques and that choices should be made that "(1) elicit data needed to gain understanding of the phenomenon in question, (2) contribute different perspectives on the issue and (3) make effective use of the time available for data-collection" (p. 36). I used two data gathering tools:; individual interviews and a virtual focus group. In addition to multiple data gathering methods, triangulation was also addressed through employing these techniques on a parallel basis, rather than iterative, basis. Interview data and themes did not inform focus group discussion, and in the virtual focus group, participants were given an opportunity to review a possible infrastructure and provide feedback without influence from themes derived from individual interviews.

Individual interviews. Eleven individual interviews facilitated my ability as a researcher to allow space for participants to describe their experiences through reflective practice (Stringer, 2007). Interviews also had the advantage of higher rates of participation (Palys & Atchinson, 2008, p. 157). Question development is critical in planning interviews; interview questions should be contextual and specific, not simply a carbon copy of the research question (Glesne, 2006). Questions were framed using a positive AI approach geared towards drawing out the positive stories and experiences of participants. Interview questions (see Appendix B) were evaluated and tested by my AR team and organizational sponsor with the instructions that they "reflect critically on the usability" (Glesne, p. 86) of my questions. It was an expectation of this process that questions be drafted and redrafted, and I was be prepared, as Glesne cautions, "to let some questions fall to the ground" (p. 86). The feedback and modifications suggested by my sponsor and research team enhanced the quality and value of my individual interview sessions.

Basic logistical issues were mitigated by conducting interviews at convenient, available, and appropriate locations (Glesne, 2006). Schedules and locations for the interview sessions were jointly determined and were conducted face-to-face whenever possible. In the event that face-to-face interviews were not feasible (e.g., due to geographical locations) telephone interviews were used. All individual interviews were concluded during a single session and no follow-up interviews were necessary.

Interview participants granted permission via informed consent forms (see Appendix C) and verbally confirmed their consent at the beginning of each session; the interviews were recorded. The start and stop point of the recording was shared with participants. All interview audio was recorded using an iPhone application called iTalk, and the resulting audio files transcribed into Microsoft Word files by a professional transcriptionist. As Stringer (2007)

advises, the transcription notes were distributed to each interview participant with an invitation to "check for accuracy" (p. 73). Recording the interviews allowed me to interact fully with my participants without the distraction of note-taking and eliminated any possible bias of using my own preferred words or descriptions.

Virtual focus group. The second data collection tool used was a virtual focus group. The decision to run a virtual focus group rather than a traditional face-to-face session was the result of true AR. Potential focus group participants received the location and details of the scheduled focus group once they had confirmed interest in participating. Once location details were shared, participation dropped significantly and was too low to facilitate a face-to-face focus group. This learning, combined with multiple participant requests for a virtual connection option, resulted in a modified plan and new offering of a virtual focus group. Within one day, the group had reached the "norm size between four and eight" participants (Silverman, 2004, p. 178). Six leaders indicated attendance at the virtual focus group; in the live session four participants were present, three of whom had also participated in an interview. Turney and Pocknee (2005) compare virtual focus groups to traditional groups and conclude that "new technologies and ICTs [online information communication tools] provide unique and inventive opportunities for qualitative researchers" (p. 8). Casey (2001) advocates that "qualitative research has become one of the many beneficiaries of the electronic revolution and evolution, specifically in the development of online focus groups" (p. 130).

Structural and design considerations for virtual focus groups parallel those of a face-to-face session; as Murray (1997) states, "The best results for VFGs [virtual focus groups] can be obtained by generally applying similar rules as those for conducting face-to-face focus groups" (p. 548). The Industrial Society (1996) provides many structural considerations such as a semi-

structured format, scheduled breaks, procedure explanation, and combined analysis, including group theming or grouping as well as the critical planning for reviewing results, feedback, and next steps. The virtual focus group was designed with the intention to offer participants an opportunity to view a mock-up of a possible online CoP website. The website prototype was created with a group mentoring software application from TripleCreek called Open Mentoring® (2010). In the 90-minute virtual focus group, the site was presented and participants provided feedback on structural, design, user interface, and functionality. Since, according to Casey (2001), "online focus groups are ideal for locating and researching markets that are hard to recruit . . . and geographically dispersed . . . [and that] website evaluation . . . [is] particularly appropriate" (p. 134) for online focus groups, using a virtual method for evaluating a potential CoP online portal was a effective match.

I validated design details and focus group questions by "testing the structure" (The Industrial Society, 1996, p. 28). Purpose of the virtual session and clarity of focus group questions (see Appendix D) were examined in consultation with the research team. The virtual focus group was recorded and a research team member participated in the role of observer. The question and answer function within Microsoft Live Meeting (2007) was used to capture individual responses after a period of reflection. Dedicated time was taken in the beginning of the session to demonstrate how the technology would be used and allowed for both practice and questions prior to beginning the focus group session. Each participant's comments were copied into a Microsoft Word document with identifiers stripped. Once all comments were provided, the list of comments was made available to all participants via the Live Meeting desktop sharing tool. As a group, all comments were reviewed and themes agreed upon collaboratively. After the end of the virtual focus group, question responses and themes were sent to all participants to

confirm accuracy. This format was extremely effective in that communication and data were immediate and available to all participants, no transcription was needed since each participant typed in their responses, and themes were created and validated by research participants in real-time. Focus groups were a valuable match to the OLP focus since, as The Industrial Society (1996) declares, they are a "method for getting people to think creatively and share openly" (p. 1).

Summary. Interviews and virtual focus groups can be considered as information collection methods, but also as organizational interventions. By connecting leaders in a collaborative study on an issue that directly impacts them, the information collection becomes a "harvesting and planting the seeds of change" (Egan & Lancaster, 2005, p. 140). By collecting data through system interventions, Alban and Bunker (2002) state measurable outcomes, shifts in perception, and builds social capital are created (pp. 667–678).

Study Conduct

The data collection methods of interviews and a virtual focus group were conducted to gather the best possible data and foster actionable change. An initial communication introducing my OLP with an invitation to express interest in participating was distributed via email from my sponsor 4 weeks prior to the first formal focus group session (see Appendix E). Formal invitations to both the interview (see Appendix F) and the focus group series (see Appendix G) were included.

Interviews. Participants expressed interest in participating in an individual interview as a result of the initial positioning statement and invite distributed (see Appendices E and F). Microsoft Outlook was used to facilitate scheduling and gave participants an opportunity to request an alternate date, location, or time. Prior to the scheduled interview, a list of general

interview topics for reflection (see Appendix H) and the informed consent form (see Appendix C) was sent; this also served as a reminder. Understanding of informed consent was also confirmed at the start of each interview. Eleven individual interviews were conducted over three weeks and within one week of each interview a transcription of the interviews was sent with one week allotted for feedback.

Virtual focus group. Participants stated interest in participating in a focus group series in response to the research participation invite (see Appendices E and G). Originally, the focus group series consisted of two 90-120 minute face-to-face focus groups three weeks apart located in Kamloops, BC. Decline due to travel constraints, time commitment, and stated requests for a virtual focus group option precipitated a conversation with my project supervisor and sponsor. As a result, the focus group series was re-structured into one virtual session with a purpose of evaluating a sample online CoP portal. Six weeks prior to the virtual focus group, all those who had responded with interest in either the focus group series or had requested a virtual option were sent a notice that the format and focus had changed (see Appendix I). Three weeks prior to the virtual session participants received a formal invitation to the virtual focus group (see Appendix J); this was supplemented with a Microsoft Outlook calendar item. A few days prior to the virtual focus group a reminder was issued with the informed consent attached (see Appendix K). At the start of the virtual focus group the informed consent was confirmed for understanding. Microsoft Live Meeting (2007) software in conjunction with a teleconference bridge was used to facilitate the virtual focus group; this enabled the four participants to login directly from their individual workspaces.

Summary. Methods of interviews and focus groups were selected due to the collaboration involved and influence for further change. Coghlan and Brannick (2007) speak of

collaborative data analysis leading to collaborative action based on the diagnosis and joint evaluation, which then leads to further planning (p. 94). For change to occur, Coghlan and Brannick assert that a sense of need for change as well as involvement in defining the desired future is required.

Data Analysis

For data analysis, I drew from the work of experts, including Miles and Huberman (1994), Palys and Atchison (2008), Rothwell (2010), Silverman (2004), Stringer (2007), and The Industrial Society (1996). I used Palys and Atchison's "iterative process" (p. 308) approach for data reduction and analysis. Initial analysis included data distilling through theming, categorizing, and coding. The codes were "generated from the data themselves," allowing for additional codes as necessary (Palys & Atchison, p. 176). Interview data were transcribed by a professional transcriptionist and sent to interviewees for review. Once interviewees confirmed acceptance of data, I stripped out all identifiers and created a merged list of comments recorded as responses to each question. In conjunction with my research team, themes for each question response were identified and agreed upon. Once all interview questions had response themes identified and coded, each research team member individually reviewed the comments again and coded each comment to a theme. The responses from each research team members were collated and merged as follows:

1. If all three team members were in agreement on comment theme code, code was accepted and filed.
2. If two of three responses matched for a comment theme code, code was accepted and filed.

3. If all three responses were different on a comment theme code, the responses were deleted and once again the research team members individually assigned comments to codes.
4. Steps 1 to 3 were repeated for iteration two. Any responses from iteration two generating three different responses were reviewed and filed as per team agreement.

Through this patterned process, a contextual and interpretive understanding was gained by me as well as by the research team. By processing data both as a team and individually, reliability and validity of identified results were maintained.

A similar iterative method was used for the virtual focus group analysis, with the key difference being that the research participants themselves were responsible for data theming and coding. This allowed, as Silverman (2004) states, for a real-time effort to "test the truthfulness" (p. 283) of results. Notes and observations from the focus groups were validated with participants, following the advice of Stringer (2007) to conduct a "member check" (p. 72). Each focus group participant typed in responses to questions, thus eliminating the need for either interpretation or transcription. Once all individual responses were received, personal identifiers were stripped and participants themed responses. To ensure reliability and validity, all participants were given an opportunity to review both data and themes after the focus group session had closed.

Ethical Issues

The Royal Roads University (2007) *Research Ethics Policy* guided my OLP ethical process by providing "principles, practices and procedures to . . . ensure . . . the ethical conduct of research" (Purpose section, para. 1). Royal Roads University required that a full ethical review be conducted and that all research be "carried out in accordance with the Tri-Council Policy

Statement on Ethical Conduct for Research Involving Humans" (para. 1–2). The *Tri-Council Policy Statement* (Canadian Institute of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada [TCPS], 1998) covers ethics in eight areas presented below.

Respect for Human Dignity

The *Tri-Council Policy Statement* (TCPS, 1998) describes "Respect for Human Dignity . . . [as] the cardinal principle of modern research ethics" (p. i.5). Paramount to this principle is the avoidance of treating people "solely as means" (p. i.4). Using an AR approach supported this principle as "action research is built on participation within the system" and "involves authentic relationships between the action researcher and the participants" (Coghlan & Brannick, 2007, p. 77).

Respect for Free and Informed Consent

Free and informed consent, which the *Tri-Council Policy Statement* (TCPS, 1998) describes as an individuals "capacity and right to make free and informed decisions" (p. i.5), was addressed via multiple means in my OLP. Positioning statements, research invitations, and an informed consent form covered detailed information on Stringer's (2007) list of important components, including the right to refuse to participate, the right to withdraw, data protection, and how data would be shared (p. 55).

Respect for Vulnerable Persons

The need to protect vulnerable persons such as "children, institutionalized persons or others who are vulnerable" (TCPS, 1998, p. i.5) was a low risk in my OLP. My OLP did not include any vulnerable participants and should the status have changed for any involved participants, they were able to withdraw or refuse to participate at any time.

Respect for Privacy and Confidentiality

Privacy and confidentiality of participant information and data were closely protected. All records were kept in secure password protected electronic or locked physical storage. I shared with participants that supporting data and records would be destroyed 2 years after OLP confirmed acceptance. I required a signed Letter of Agreement (see Appendix A) from all research team members.

Respect for Justice and Inclusion

This principle is described by the *Tri-Council Policy Statement* (TCPS, 1998) as "fairness and equity" (p. i.6). This was honoured in my OLP through a transparent participant selection process in collaboration with sponsor, supervisor, and Royal Roads University faculty. The collaborative AR approach ensured continued involvement of participants and community during the entire research process.

Balancing Harms and Benefits

A "favourable harms–benefits balance" (TCPS, 1998, p. i.6) is critical to modern research. A transparent and collaborative approach to research, sponsor engagement, and continued communication to participants regarding their right to refuse or withdraw from participating supported this ethical principle. The intent of my research to create mutual benefit without harm was reinforced with my sponsor and participants through written and verbal means.

Minimizing Harm

Risks of harm in my OLP were low. Through careful and consultative participant selection, I was able to adhere to the guidelines to involve the "smallest number" (TCPS, 1998, p. i.6) of human participants. The voluntary approach to participant involvement and the stated ability to withdraw also supported this ethical principle.

Maximizing Benefits

The design and intent of my OLP was centred on realizing maximum benefits for my organization and the participants. Results were shared and hopefully knowledge gained. The structure of my OLP research created a voluntary opportunity for a stated need of connection. Using positive focus frameworks such as AI supported the realization of benefits and positive change.

Summary

I remained committed to creating and following ethics guidelines throughout my OLP. Glesne (2006) states, “The degree to which your research is ethical depends on your continual communication and interaction with research participants throughout the study” (p. 146). Collaborative planning and execution of participatory AR supported my ethical excellence.

CHAPTER FOUR: ACTION INQUIRY RESULTS AND CONCLUSIONS

An AR approach was used to explore the research question: How can a leadership CoP support current leaders at Interior Health? Through individual interviews and a sample virtual community of practice (VCoP) evaluation conducted via a virtual focus group, data were gathered, analyzed, and themed into results and conclusions. To protect participant anonymity, I use codes to reference direct participant input and or quotes. Interviewees are coded I1 to I11, focus group participants are coded F1 to F12, and participants who took part in both interviews and the focus group are coded B1 through B12. This chapter presents the study findings from the individual interviews and the virtual focus group and then offers conclusions based on literature review and the research results. Finally, the scope and limitations of this AR project are explored.

Study Findings

Participant Demographics

Eleven individual interviews and one virtual focus group were conducted with leaders across geographical, hierarchical, and functional areas of Interior Health. Four organizational leaders participated in a virtual focus group evaluating a sample VCoP (see Appendix L for mock up and description). Of the four attendees, three had also participated in an individual interview. Participant demographics are presented in Table 1.

Table 1

Participant Demographics

Interview, Focus Group, or Both	Participant Code	# of years with IH	Organizational Level	# of years with IH	# of years as leader	# of PMS courses complete	Gender
Interview	I11	29	Team Leader	29	13	4	Female
Interview	I4	28	Professional Practice Leader	28	4	4	Female
Interview	I9	13	Professional Practice Leader	13	8	4	Female
Interview	I10	11	Team Leader	11	2.5	7	Female
Interview	I3	7	Human Resources Business Partner	7	5	5	Female
Interview	I7	5.5	Team Leader	5.5	2.5	5	Female
Interview	I1	3	Program Advisor	3	3	6	Female
Interview	I5	3	Health Area Administrator	3	3	5	Female
Focus Group	F12	8	Human Resources Business Partner	8	4	4	Female
Both	B8	29	Director	29	25	7	Female
Both	B2	8	Team Leader	8	8	8	Female
Both	B6	6	Program Manager	6	6	5	Female

Note. IH = Interior Health; PMS = People Management Series.

Interview Findings

Eleven individual interviews provided valuable data in the exploration of a leadership CoP at Interior Health. Table 2 summarizes interview findings by question, themes, and subthemes for each interview question.

Table 2

Interview Question Themes and Subthemes

Question	Themes	Subthemes
What leadership issues keep you awake at night?	Lack of Clarity Values Disconnect HR Issues	Roles and Responsibilities Communication Conflict Coaching
Describe a high point at IH when you felt most connected with a fellow leader.	Recognition Collaboration Connection	
What contact/connection would you like to have with other leaders at IH?	Mentoring Informal Connections Formal Connections	
Visualize three years down the road . . . what are three things you would like to see happening to support leaders at IH?	Learning Opportunities Support Networks	Formal Informal Multidiscipline
If a structure was put in place to connect IH Leaders, what topics/information/conversations would be of value to you?	Real Life Stories People Skills Situational Support	Team building Communication Skills Business Skills
What do you feel is the best format (i.e., face to face, virtual) to connect current IH Leaders?	Face to Face and Virtual	
Other general questions/anything to add?	More Connection Leadership Accountability Ongoing Learning Organizational Chaos	

Note. HR = Human Resources; IH = Interior Health.

From this initial analysis, overarching themes emerged that could be leveraged to inform the larger CoP research question. Overarching themes applicable in a CoP inquiry are: (a) leader connection is valuable and desired, (b) learning opportunities support leaders, (c) networks support leaders, and (d) Collaboration is key for effectiveness.

Theme #1: Leader connection is valuable and desired. Interviewees consistently repeated the term connection; creating opportunities for leaders to connect formally, informally, and even virtually is valued among interviewees. One leader described it as “yearning for something to connect you with the outside world” (I3). The human connection aspect is one that could bring, as one respondent stated, a “sense of satisfaction to know that we are all human and we’re all working towards the same thing and we’re all have the same fears” (I3). The same participant said that when she is connected with another leader it is “much easier to work through the hard stuff” (I3) and this was supported by a fellow participant’s view that when connected, she feels “engaged and involved” (I5).

More opportunities to informally connect with other leaders was raised as valued. The ability to “just pick up the phone” (B8) and “call on them anytime” (B8) were recorded comments. A barrier to informal connections emerged as lack of time as leaders “are all so busy” (B8) and that “in the day to day operational world you can get kind of overwhelmed” (B6). Multiple interviewees stated busyness as a number one barrier to connecting with other leaders. Finding a way to connect regardless of busyness could assist leaders in their commitment to their leadership; as one participant stated, “Having those kind of group discussions can really remind you what kind of leader you want to be and bring you back to what’s important” (B6, I11, I3).

Formal connection opportunities was mentioned often by interviewees as a desired way to have “direct contact, and face- to-face” (I11) communication with other leaders. Manager forums, meetings, and leadership gatherings were mentioned by multiple participants as valuable. Results indicated blended approach including both face-to-face and virtual connections was most desirable to interviewees. A caveat to the dominant blended theme is that while face-to-face could be used without a virtual connection, it was suggested that the virtual aspect of

connection be included only after an initial face-to-face meeting, or after “you have that relationship” (B8) established. One leader asserted, “I think having face-to-face periodically would be critical. I think that’s what builds relationships” (B6). Some ideas on virtual connections were offered including video conferencing, Microsoft Live Meeting (2007), leadership blogs, Microsoft SharePoint (2010), and content posts such as articles with a space for comments. Many of these ideas were evaluated in the virtual focus group, which looked at a VCoP.

Theme #2: Learning opportunities support leaders. Commitment and support of ongoing learning is demonstrated by interviewees in requests for more learning and an appreciation for the “organic approach” (I1) in relation to CoPs. Paying attention to learning methods is important, one respondent advised to inspire leaders in their learning by making it “fun” (B8). An area of significant interest to leaders is people skills, most dominantly, communication. Communication skills including “informal communication” (I9) was mentioned, citing challenges of communicating effectively. Other skills interviewees mentioned as important revolve around staff, and include “how to motivate your staff, how to reward your staff, how to not get rid of but certainly work with staff that aren’t performing up to par” (B8) and “dealing with negative energy from many of our staff” (I5). Both informal and formal leadership learning opportunities were referenced; however, emphasis was placed on formalized learning. “More opportunities for education” (I9) wish lists included: “formalized orientation” (I5), “lunch n’ learns” (B8), and “series of topics” (I1). Leaders recognized the value of learning opportunities as evidenced in comments, such as “it’s very helpful for me to continue to grow on my knowledge” (I11).

Theme #3: Networks support leaders. A dominant theme in response to how a CoP could support leaders was in creating support networks; as one interviewee described, "a huge support system" (I1). This "resource network" (B6) would provide leaders with an opportunity to "know what the roles are of other leaders and how they do their work" (I11). Creating support networks also allows leaders to learn from each other without "fighting to try and find the connection" (B8). Multiple interviewees mentioned using such a network to access and foster multidisciplinary connections (I1, I3). One suggestion to focus on "creating more networks that are not so team based" (I3) was offered and "community of practice" (I1) was specifically mentioned by another participant as a way of fostering such networks. A significant component of a resource network was the idea that leaders could access support when they needed it. Participants indicated that specific situational support is important, especially with issues involving unions. In describing specific situational support, one interviewee stated, "I think everybody is kind of looking for support and for somebody else to connect with when it comes to those types of situations" (I3). An area to post questions or find expertise would give leaders a "resource network we can tap into" (B6).

Theme #4: Collaboration is key for effectiveness. Various project teams and working sessions were mentioned under the collaboration category. One interviewee described their experience as getting "people aligning in a great way . . . [for] mutual collaboration" (I1). Interior Health is a member of the Provincial Mentoring Collaborative, which provides leaders with the opportunity to create a personal profile and be matched with appropriate mentors. Expressions of interest in either continuing current mentoring relationships or in joining the mentoring collaborative are a clear response theme. One participant aptly described the benefits of a multidisciplinary collaboration as an "opportunity to collaborate with other health

professionals from other disciplines . . . and continue to support for growth and knowledge" (B8).

Real life stories and case studies support emerged as a way of collaborating through hearing what others are doing. Including "success stories right in the process" (I1), real life stories, and case studies would enable leaders to learn from each other. Hearing about "challenges and some examples of successes" (I2) from others has direct impact on how leaders might work, as one interviewee responded: "I can change my practice if I could see a better way of doing it that someone else is doing" (I11). Without collaboration and alignment, leaders feel less engaged with leadership and change within the organization.

Virtual Focus Group Findings

The virtual focus group provided an opportunity for the attendees to experience a sample mock up of a CoP portal or a VCoP (see appendix L) and to offer evaluative feedback. Table 3 summarizes the virtual focus group questions and corresponding themes.

Evaluative feedback from the virtual focus group directly informed this research and was grouped into three themes of sample VCoP evaluation: (a) leader benefits of a VCoP, (b) VCoP activities facilitating leader connection, and (c) Deterrents to leader participation in a VCoP.

Table 3

Virtual Focus Group CoP Portal Review Themes

Question Focus	Themes
Over all impression of CoP portal	Great Information/knowledge Sharing Training Needed Needs to be inviting
Look and feel of portal (positive factors)	Familiar to other applications
Benefits of CoP portal	Locate Resources Knowledge Sharing Brainstorm Ideas Receive feedback
Deterrents of CoP portal	Lack of safety Lack of Timely and relevant information Lack of Organization
Suggestions for portal Improvement	Search functionality Up-to-date/Maintenance Member Locator
CoP portal Activities that Facilitate Leader Connection	Learning Opportunities Knowledge Exchange Real Time Discussions/Timely Responses

Note. CoP = Community of Practice.

Theme #1: Leader benefits of a virtual community of practice. Virtual focus group participants identified many VCoP benefits, as evident in statements such as: the VCoP is a "great idea for sharing information" (F12) and is a "great learning opportunity" (F12). All virtual focus group participants agreed that the look and feel of the VCoP appears to be "similar to other applications" (B2). This familiarity with other applications used is the top positive factor in regards to the look and feel of the VCoP. Participants agreed that maintaining a consistent look and feel supports the "intuitive" (B2) use of the application. Other benefits of a VCoP identified in participants' responses included "knowledge sharing, find solutions to challenges, [and]

brainstorm ideas" (F12) as well as receiving feedback. As one participant shared, she would visit the CoP portal to "locate resources/answers to questions that others may have already posed, to pose new questions and look for new updates for relevant training or information" (B2). Another participant simply stated she would visit the portal "to connect with colleagues" (B6).

Theme #2: Virtual community of practice activities facilitating leader connection. Overall, the consensus was that with attention to an inviting layout and with user training, the CoP portal could be a useful organizational tool. The virtual focus group discussed what VCoP activities support leader connection including learning opportunities, knowledge exchange and real-time discussions or timely responses. Formalized learning opportunities are valued, as one participant suggested, events such as "live meetings" (B8) and "webinars" (B8) are appreciated. Another participant offered that a facilitated "monthly learning series" (F12) fosters leader connection via the VCoP. Being able to connect real-time with other leaders as well as timely responses to online inquiries facilitate the instant connection and answers that leaders require. Discussion groups to exchange knowledge and an opportunity to meet face-to-face were also identified as important connection activities.

Theme #3: Deterrents to leader participation in a Virtual community of practice. Virtual focus group attendees identified common deterrents of a CoP portal in three main areas being a lack of (a) safety, (b) timely and relevant information, and (c) organization. Participants offered feedback that the VCoP layout should be "more attractive" (B6) and that it has the potential to confuse users if it is not clear "what they can see and what they can't" (B8). Organization of portal information is important and if the site is "too cluttered with information" (B8) or full of "non-relevant" (B8) topics it would not be engaging to leaders. Lack of safety is identified as critical; if online conversations have "sarcasm/discomfort" (B6) then, as a

participant stated, leaders could be left "feeling unsafe in the discussions, (i.e., being verbally beat up because of differing opinions)" (B6). Attendees of the virtual focus group were polled for specific suggestions for improvement on the reviewed VCoP. Site search functionality, keeping the site up-to-date and maintained, and a member locator are request themes. Searches, including a member locator linking to profiles are important; one participant wanted to "easily find discussion streams you are interested in" (F12) and another offered multiple suggestions including "availability 24x7, from home and office, up-to-date, large community/broad depth of knowledge, lack of judgment for dumb questions, search functionality, [and] live response" (B8).

Study Conclusions

From individual interviews exploring leadership connection and a virtual focus group evaluating a sample CoP portal, data analysis demonstrates strong response themes. Based on study findings, general conclusions could be made about how current Interior Health leaders view leadership, and leadership community, within the organization. Conclusions offered in this study include: (a) community supports leadership; (b) technology supports, but does not create, community; (c) organized and supported learning opportunities are important; and (d) leadership requires accountability.

Community Supports Leadership

It is apparent, both in literature and through this study, that community supports leadership. Leaders want to be connected to other leaders and a sense of community creates a feeling of belonging. As one team leader stated, connecting with other leaders was valued in "having the same language, and being able to talk the same language as other leaders and understand the perspectives" (B2). This is supported by Wenger et al. (2002) who describe CoP members: "These people don't necessarily work together every day, but they meet because they

find value in their interactions" (p. 4). Another significant benefit of community in leadership is access to the knowledge of others; Wenger et al. cite a function of CoPs is to "share information, insight, and advice" (p. 4) and " help each other solve problems" (p. 4). This is aligned with research participant views; one leader stated she would like to connect with other leaders to "find out that we're going through the same things" (I4). The aspect of multidisciplinary interaction was raised in the research study and emerged, as one participant stated, a desire to connect "not only with leaders within their own disciplines but with leaders in other disciplines" (I11). The same participant elaborated on the benefit of cross-functional collaboration: "you understand what other people are doing and you know what their role is so that you can lead your teams to support the client in the best way they can" (I11). This observation is substantiated in current literature; Lank et al. (2008) recognize the benefits of connecting people across organizational units as a way of "reducing duplication of effort, achieving synergy, retaining knowledge and experience" (p. 102). Stories are another avenue through which community supports leadership; research participants specifically named "success stories" (I1) and "case studies" (B2) as desired conversations for learning from each other. McLellan (2006) describes this as "'bootstrapping' on other people's experiences" (p. 18) while Gargiulo (2006) states that leaders can leverage shared stories "to move information, manage change, promote new understandings, encourage people to take ownership of the organization's success, and catalyze action" (p. 6). Based on the findings of this research project and current literature, it is clear that community supports leadership.

Technology Supports, But Does Not Create, Community

It is important to use and select appropriate technology, but also to remember that the technology should enable without hindering a CoP. It is also significant to note that while

technology could connect leaders virtually, a face-to-face connection is critical as a component of effective CoPs. Research participants consistently indicated that a face-to-face opportunity supports a more successful virtual connection. Whether it is an initial event or regular meetings, meeting face-to-face is important, as one participant asserted, “having face-to-face periodically would be critical” (B6). Lank et al. (2008) agree and state that a virtual community “requires an investment—especially in the early days of a community—in face-to-face meetings” (p. 106). Dubé, Bourhis, and Jacob (2005), while advocating VCoPs, acknowledge that they cannot exclude face-to-face meetings and Wenger et al. (2002) issue a caution that “purely online connections can feel timeless and out of sync with the often urgent rhythm of everyday work” (p. 129).

Should a VCoP be employed to connect leaders, technology needs to be used with attention to community needs. A research data theme from a sample VCoP indicates that any virtual setting requires support and training; one participant noted that “with training and consistent use, I believe it would be an excellent tool” (F12). Bourhis and Dubé (2010) also stress the importance of removing barriers to participating in a VCoP by “providing IT training to inexperienced community members, [and] supplying them with a technical support team” (p. 177). Enrico and Ettore (2008) explore the importance of selecting technology that does not define a VCoP and to pay attention to the “degree of reliance” (p. 382) on technology. Again, technology should make connection easier but should not, in and of itself, be the connection. This was apparent in focus group feedback; indeed technology could move from being supportive to a deterrent if it at anytime becomes “overwhelming or unorganized” (B6) with “no support” (B8). With clear indications from both data research and literature, I assert that

technology must aim to foster, not create, community and also that technology supplements, rather than replaces, face-to-face connections.

Organized and Supported Learning is Important

The issue of balance between control and freedom in fostering CoPs was explored in Chapter 2. A conclusion resulting from the literature review and research findings indicates that not only is some organization and guidance appreciated in CoPs, but it is also an important component of effectiveness. This is not an assertion that CoPs should be controlled or dictated, but rather that a central community coordinator role is necessary to monitor appropriateness of comments, initiate discussions, organize events, and facilitate some formal learning opportunities. Due to extreme busyness, formal opportunities are appreciated as the informal opportunities do not always happen. Another participant shared that she leaves formal learning opportunities “feeling resolved [and] refreshed” (I7) but that “within a few days” (I7) the enthusiasm is “so mired down by the day to day” (I7) that “it’s hard” (I7) to keep the momentum. Connection without coordination or organization is difficult, as one interviewee described the problem: “it’s easy to make that not a priority; always putt[ing] it forward or say[ing] we can’t today how about we do it next week? When you’re working with multiple people schedules it’s that much harder” (I7). A supporting coordinating role offering some organized connection and learning opportunities is critical; Enrico and Ettore (2008) assert that “a community is not self-sustaining and requires a number of formally defined supporting roles” (p. 380) with responsibility for “balancing members’ interests and agendas; identifying priorities; attending inclusiveness; drawing contributions; facilitating interactions” (p. 380). These organized learning opportunities assume different forms, as suggested by research participants, they could be facilitated discussions, an article review, virtual lunch and learns, or face-to-face

courses and forums. The key is that they are organized and coordinated by someone other than CoP members. In *Cultivating Communities of Practice*, Wenger et al. (2002) allude to this requirement and state that distributed communities need "a set of regular events to give the community a heartbeat" (p. 128) and that "without intentional cultivation, the communities that do develop will depend on the spare time of members, and participation is more likely to be spotty, especially when resources are lean" (p. 13). Given that multiple priorities and budget constraints are a reality in the context of this research, the conclusion that organized and supported learning opportunities are important is supported by both data and literature.

Leadership Requires Accountability

Leadership accountability emerged as a theme in research data and is also a concept supported in current literature. CoPs require trust and consistent role modelling by members to foster the valuable connection and knowledge sharing available. Covey (2006) cites practicing accountability as a required leadership behaviour to build trust. Specifically, Covey asserts that practicing accountability means to "hold yourself responsible. Hold others accountable. Take responsibility for results. Be clear on how you'll communicate how you're doing—and how others are doing. Don't avoid or shirk responsibility. Don't blame others or point fingers when things go wrong" (p. 207). Research participants clearly articulated accountability in leadership as necessary and desired. As one leader stated, "there should be a focus on leadership . . . and accountability for your behavior and what leadership looks like. And are you actually adhering to what that is" (I10)? There is a clear connection between accountability and behaviour. As explored in Chapter 2, leaders have significant influence in how they role model or walk the talk. Discrepancies between what you "collectively want and how you behave" (Short, 1998, p. 12) are minimal in a learning culture. As CoPs are dependent on a culture of learning and trust,

leaders must demonstrate accountability in their behaviors. Differences are noted, apparent in one participant's comment that "leadership is compartmentalized for visioning or teambuilding days and not consistently applied in every day work" (I10). It is not enough for a leader to simply be a member in a leadership CoP; they must embrace and apply leadership—they must be participants. Aitken (2007) also explores the gap between values and behaviour and states that alignment, or lack thereof, influences "perception of the functionality" (p. 27) of leadership culture. Defined simply, leadership accountability is about honouring consistent messages whether they are formal or informal, and recognition, as Schein (2004) states, that "informal messages are the more powerful teaching and coaching mechanism" (p. 258). Accountability means looking for solutions, rather than scapegoats, and avoiding situations described by one program manager as "basically instead of looking to fix the problem we had a situation of looking for blame" (I3). One research participant also observed that much more work could be accomplished when "nobody worries who gets the credit" (B6). A leadership CoP is about finding solutions, collaboration, and open brainstorming and learning. The ability to practice accountability is essential in a leadership CoP and in the words of one leader, allows us to work "from a place of the soul instead of the ego" (I1).

Scope and Limitations of the Inquiry

This research project was undertaken in the method and spirit of AR, the cyclical approach of learning and applying that learning for future actions. Even in the learning spirit of AR, this project did have a specific scope and limitations. These include single disciplinary focus, number of participants, gender bias, a lack of depth in the AR cycle, and research timeframes.

Scope was defined as current organizational leaders that had previously completed at least four of a possible eight PMS courses and that have specific job titles. While this created a manageable and specific scope, it also introduced limitations. One result was that only organizational leaders as defined by job titles were eligible to participate; if one embraces a theory that we are all leaders, many healthcare leaders were excluded. As well, by including only current leaders with similar educational backgrounds, there was a potential for participant bias in responses—that they know the right thing to say rather than sharing candidly. The scope also precipitated another limitation of single discipline focus. Including only leaders as defined excludes other voices from the organization that might be relevant and offer new insights and interpretation. Conclusions offered are applicable to a specific leadership group at Interior Health, wider generalizations cannot, and should not, be inferred.

The number of participants in the research project was another limitation. While individual interview response was high and a solid sampling conducted, only four leaders attended the virtual focus group, which is the minimum number considered for effectiveness (Silverman, 2004, p. 178). As well, all attendees had a certain comfort level with technology and again this could bias results; it is a danger to recommend a technological solution when only techno-savvy leaders participated.

Gender bias is also recognized as a scope limitation of this research. While unintentional, the end result was that only females participated in the research project. Without an opposing gender voice, there is potential that gender bias could influence results and conclusions.

The final two limitations of this research project, lack of depth in the AR cycle and timeframes, are closely linked. It is proven practice that CoPs require time and nurturing to mature; attempting to explore and evaluate a possible CoP portal in a definite and short

timeframe was challenging. Experiences of participation and reflections on the value derived from an actual CoP would have greatly informed the data and conclusions of this project, but time frames required that research skim the surface of CoP value rather than truly evaluate. Short time frames also caused a lack of depth in an authentic AR cycle. While the basic AR routine of “look, think, act” (Stringer, 2007, p. 8) was embraced, multiple repetitions of the basic routine were limited, and thus the valuable “action research interacting spiral” (p. 9) was not fully implemented. Ideally, research participants would have had an opportunity to create such a spiral, and in learning about how to be in a CoP would have, in essence, created a CoP.

Summary

Data results and themes were explored and the resulting conclusions supported by research results and supporting literature. The conclusions that (a) community supports leadership; (b) technology supports, but does not create, community; (c) organized and supported learning is important; and (d) leadership requires accountability are important aspects in how a leadership CoP could be effective and embraced at Interior Health. These conclusions combined with scope and limitations of this research project inform the discussion in the next chapter regarding study recommendations, organizational implications, and implications for future inquiry.

CHAPTER FIVE: INQUIRY IMPLICATIONS

Introduction

The purpose of this chapter is to deepen the knowledge and insights gained from the research inquiry into how a leadership CoP can support current Interior Health leaders. Research conclusions are transitioned to specific recommendations, which are explored in more depth. Recommendations are presented, and the resulting organizational implications are investigated. Finally, implications for future research offer additional inquires that would further inform the understanding gained in the scope of this research.

Study Recommendations

Study recommendations are made in context of the research question: How can a leadership CoP support current leaders at Interior Health? Recommendations are based on research facilitation, literature, and research participant data. The five recommendations offered link to conclusions presented in Chapter 4. Table 4 details the research conclusions and related recommendations.

Table 4

Conclusions and Recommendations

Conclusion	Recommendations
Community supports leadership	Create opportunities for leaders to connect Cultivate CoP Culture
Technology supports, but does not create, connections	Implement a VCoP Identify and fund support resources
Organized and supported learning is important	Continue and expand formal learning opportunities

Note. CoP = Community of Practice; VCoP = Virtual Community of Practice.

Recommendation #1: Create Opportunities for Leaders to Connect

In Chapter 4, I presented the research conclusion that community supports leadership. It is through community learning, support, and collective intelligence that leaders grow and develop effective leadership knowledge and skills. Creating opportunities for leaders to connect creates a space for leaders to learn from each other and access support networks that provide reassurance, advice, and shared experiences. Leaders appreciate and value opportunities to work with each other and recognize the aspect of collective intelligence; one participant stated that taking part in joint-work projects and witnessing the process is “great learning” (I1). Wenger et al. (2002) assert that “today's complex problem solving requires multiple perspectives” (p. 10) and that “we need others to complement and develop our own expertise” (p. 10). Creating opportunities for leaders to connect gives leaders a chance to access efficient solutions to issues without having to reinvent the wheel, avoiding, as one participant stated, “bleed[ing] all over it” (B8) if someone else has already been through a situation and can share their knowledge. Two team leaders expressed gratitude for the support received from connecting with other leaders on an informal level to “bounce stuff around” (I10) and using others as a resource for “great advice” (I7). Connections between leaders create a sense of camaraderie and help to boost morale and commitment in leaders. As one team leader stated she always feels like she is “out of step” (I10), but has been successful in “holding the course” (I10), partly due to conversations with other leaders that offer reassurance that she is “on the right track” (I10).

Research participants mentioned PMS courses, building in networking time to existing meetings, and manager forums as valued ways of providing face-to-face opportunities for leaders to connect and network. In existing PMS workshops, leader connections can be encouraged by purposefully shifting participants throughout the course to ensure that they sit with people

outside of their area; I recommend that purposefully shifting participants throughout the course be built into the course guide and that facilitators are trained to re-mix learner seating. I also recommend that a review of leader resource programs (e.g., Business Management Skills, eLeader, OnTrack) and the VCoP (if implemented) be built into each PMS course so that leaders are aware of how they can connect outside of the PMS classroom. The Leadership Development department would be responsible for the implementation and sustainment of these practices. Current leadership and cross-functional meetings are also an opportunity for leaders to connect with each other. I recommend that meetings include scheduled time before, during, or after the formal meeting for leader connection. Manager forums are another venue at which leaders network with others; manager forum agendas should include time and activities that encourage leaders to connect. Open question-and-answer breakouts, brainstorming breakouts, and connecting activities at existing manager forums support leader community. While each business unit running the meeting or forum would be responsible for implementation and facilitation, awareness of the value of structured time to connect can be increased. The InsideNet webpage (found on the Interior Health intranet) and polling options and the Interior Health newsletters such as the *IH Leader* newsletter can be leveraged for education on the benefits of community. The Leadership Development department would be the initiator of such communication and awareness activities, liaising with organizational development facilitators and other business units as necessary.

If opportunities to connect leaders are lacking, an organizational risk arises that leaders become isolated in their roles and feel unsupported. One participant shared that she has not yet "found [her] network" (I7). Lack of connection directly impacts leaders and leaves some feeling "alone" (I10) without "a peer to use as a sounding board" (I10). If leaders are expected to

embrace a common vision and practice collaboration, they need to be provided with opportunities to connect and learn from each other.

Recommendation #2: Cultivate Community of Practice Culture

As explored in Chapter 2, cultivating CoP culture requires fostering an environment of trust and honouring people's stories. Many research participants spoke of powerful connections that were achieved through building trusting relationships that enabled them to share when and why they felt "scared" (I3). A significant factor in influencing trust is "shared experiences and goals" (Dani, Burns, Backhouse, & Kochhar, 2006, p. 952); this was demonstrated by leaders who stated that hearing of others experiencing the same things makes them feel secure in "trusting safely" (B6). Sharing experiences commonly manifests in the form of stories; leaders expressed enthusiasm for hearing the success stories and case study experiences of other leaders or departments (B2, I9). Current trust issues in the organization were discussed and common values and goals were cited by research participants as a source of connection (B8, I4, I10). Trust and authentic storytelling requires time and patience for relationships to be developed and deepened. Recommendation #1, creating opportunities for leaders to connect, supports an organization in cultivating CoP culture. Indeed, as Kouzes and Posner (2007) state, "At the heart the heart of collaboration is trust" (p. 224).

If leaders are provided with more opportunities to connect through the specific actions described under Recommendation #1, trust will be fostered and built between organizational leaders. I assert that structures and venues also be built to facilitate the sharing of leadership stories, which is another important component of building CoP culture. The *IH Leader* newsletter is an existing tool that can be leveraged for this purpose, a regular segment (e.g., entitled "Trench Stories" or "Learning Lessons") could be added, in which organizational leaders

share an experience or story that others can learn from. I also believe that more real stories can be built into the PMS curriculum; powerful stories are shared at each course, and these could be documented and added to all facilitators' repertoire as anecdotes or case studies, which replace current generic, non-organizational, or industry examples. "Ancedote circles" (Callahan, Rixon, & Shenk, 2006, p. 9) could be considered as effective closing activities in a face-to-face PMS course, encouraging leaders the share stories in the form of experience or application of PMS course content. Stories directly from current leaders supporting learning objectives could be posted and shared on the current online PMS facilitator materials website. Each course evaluation could include a request that a story be shared about how the content impacted a leader's work. The Leadership Development department would be responsible for implementing these recommendations. In a VCoP, stories can be encouraged through specific story-based discussions that ask leaders to share their experiences, either in general or on a specific topic, and I also suggest that virtual ancedote circle be explored as a connection process. I also suggest that a success story of the week be posted to the InsideNet webpage or that the recognition tidbits from around the organization be reframed as stories, rather than reports or interviews. This recommendation would be put forward to the corporate communications area for implementation.

Without cultivating CoP culture based on trust and sharing, organizations, at best, miss opportunities for growth and excellence; at worst, organizations create a self-defeating toxic environment. Mistrust will generate a culture based on fear and perceived selfishness (Short, 1998, p. 10). When leaders are not safe and are unable to share stories and learn from each other, the focus shifts from collaboration to self-preservation, and people's goals become about the good for one rather than the good for all. Covey (2006) asserts that the first job of a leader is to

"inspire trust" (p. 319), which is supported by organizational alignment or "ensuring that all structures and systems within the organization are in harmony with the cores and behaviors" (p. 283). Advocating a culture that values trust and storytelling allows an organization to "nurture openness, involvement, personal satisfaction, and high levels of commitment to excellence" (Covey, p. 227).

Recommendation #3: Implement a Virtual Community of Practice

While this research recognizes the value and importance of a traditional CoP, I offer a recommendation that Interior Health implement a VCoP. This recommendation is founded in research and feedback that, while face-to-face connection is critical (as addressed in Recommendation #1 and #5), a VCoP can appropriately support leaders. Interior Health is a dispersed organization spanning a huge geographical area, which includes city, rural, and remote work locations. The geographical area and its impact are recognized by research participants, who stated that face-to-face connections are challenged by distance and cost at Interior Health (B8, I7, I11). Enrico and Ettore (2008) declare that "in large dispersed CoPs, members cannot interact and exchange knowledge effectively without the support of KMS [Knowledge Management Systems] applications" (p. 382). VCoPs also support the dynamic and fast-paced culture at Interior Health; knowledge sharing opportunities need to be real-time, responsive, and accessible. As Dubé et al. (2005) assert, "Holding face-to-face meetings on a regular basis is slow, costly, and time-consuming" (p. 146). A VCoP would provide a common area for leaders to ask questions, share expertise, and explore issues without waiting for a formal meeting or face-to-face event. The nature of technology also supports principles of current, up-to-date information, transcending space and time (Dubé et al.).

Leaders involved in this research project indicated their familiarity and support of connective technologies. Office communicator, blogs, Internet articles, and newsletters were examples of virtual solutions leaders are currently accessing to "see what people are doing" (B2). SharePoint (2010), or TeamSites as it is labelled at Interior Health, was specifically suggested by one leader: "a virtual SharePoint [website] for group for leaders would be fantastic—a one-stop-shop" (I5).

A direct action that supports this recommendation is the implementation, communication, maintenance and facilitation of a VCoP. Interior Health currently uses TeamSites, and a leadership VCoP could leverage this technology. While this would require a central facilitator and coordinator resource, no technology costs would be incurred if the current TeamSites application is used for a leadership VCoP. I suggest that the Leadership Development department leads this initiative and contributes the expertise, coordination, and facilitation support necessary. Current organizational communication venues such as PMS courses, the InsideNet, Interior Health newsletters, the OnTrack program, the Business Management Skills (BMS) program, and the *IH Leader* newsletter could be leveraged to announce the leadership VCoP. Live Meeting (2007) software and short eLearning modules could be created and provided by the Leadership Development department to educate organizational leaders on access, use, and etiquette of the VCoP. The VCoP structure, as mocked up (see appendix L), should include the reviewed elements of discussion forums, learning events, learning tasks, polls, documents, a member listing, and easy search capabilities. The VCoP requires ongoing review and effort to remind leaders to participate and to offer relevant and up-to-date information. The coordinator or facilitator would be required to ensure the VCoP is communicated and assessed for participation, topics, and events or tasks to keep leaders engaged and aware. Regular feedback opportunities

for members should be provided to offer evaluation on content, usability, or topic suggestions and requests. For a manageable implementation I recommend that PMS alumni (i.e., people who have completed four or more courses) be invited to join a VCoP to participate in activities and provide feedback for future and wider implementation.

A VCoP is an effective way to support and connect leaders. A VCoP offers an alternative to a CoP that allows Interior Health to connect leaders with lower costs and faster response. It supports the vision of "One IH" (R. Halpenny, personal communication, March 25, 2010) and respects that leaders need resources and connection that they can access on demand. A VCoP opens possibilities for leaders who span a large geographical area to learn and share expertise. One leader stated, "I think we naturally just go to those relationships that are physically close to you, as opposed to people that could offer you so much more, [those that are] a better fit in terms of what their experiences are" (I3). A VCoP offers a low cost, accessible alternative to bringing leaders together to collaborate.

Recommendation #4: Identify and Fund Support Resources

As proven in Chapter 2, a central coordinating resource is critical for CoPs (or VCoPs) to be successful. Leaders are asking for support from management for learning that does not "disrupt" (I11) operational requirements. Bourhis and Dubé (2010) state that providing adequate CoP and VCoP resources is an important role for top management and assert that identifying resources "made things possible" (p. 185). Enrico and Ettore (2008) refer to the "Economic Dimension" (p. 381) and indicate that it is critical to establish who will benefit from a CoP or VCoP, and "who pays for it" (p. 381). Depending on the size and activity level of the community, a central coordinating role requires funding for "20 to 100 percent of the coordinator's time so he or she can focus attention on the development of the community and its

practice" (Wenger et al., 2002, p. 184). Wenger et al. also advise that a community be corporately funded when it spans business units or is being established as an initiative (p. 184). Interior Health matches both of these criteria.

If the VCoP is implemented, as suggested in Recommendation #2, costs for implementation are negligible as the technology application (i.e., TeamSites), network, and infrastructure are already in place. As referenced in Recommendation #2, I offer that a central coordinator or facilitator resource be provided by the Leadership Development department. This provides a central resource and matches the existing resource structure for other Interior Health leadership development programs. As well, leadership development responsibility offers the context of leadership and expertise in facilitation required to support such an initiative. To initiate a VCoP, resource requirements would be higher in order to setup the VCoP and coordinate communication, invitation, and training to leaders. I estimate that 30% of a full-time resource would be required to offer the coordination and facilitation necessary to kick off a VCoP. As the VCoP matures, it is likely that the resource requirement for these functions will drop to 10 to 20% of a full-time role, depending on VCoP membership levels, new invitee volume, and VCoP activity.

Without a support resource being both identified and funded, the value and continuance of a CoP, either traditional or virtual, is comprised. As illustrated in the research data, leaders are challenged by time and workload; it is not feasible that a self-organizing community will organically emerge to any significant level at Interior Health. If leadership within a CoP or VCoP is lacking, unfocused, or unorganized, the members of the CoP will be negatively impacted. An ineffective community will fade and die, leaving members dispirited and demoralized, perhaps

even more than before the community was ever attempted. It is not a matter of whether Interior Health should fund a central resource for a CoP or VCoP, but how.

Recommendation #5: Continue and Expand Formal Learning Opportunities

As the research data indicated that organized learning is important, a recommendation is offered that formal learning opportunities for leaders be both continued and expanded. Leaders want scheduled learning opportunities that are “posted well in advance” (B8) and recommended a “series” (B8) of learning sessions that could be shorter in length, such as lunch-and-learns. Programs currently underway such as the PMS courses, BMS, and the eLeader series should be continued and reviewed for other areas of added value. Leaders do notice and appreciate formal learning opportunities; they feel supported and valued by Interior Health’s demonstrated commitment to leadership learning programs (B6, I4, I7, I11). The PMS is a valued and respected leadership program; continued investment in these 2-day courses allow leaders to connect face-to-face, network, and learn a common leadership language that creates a shared understanding of principles. An enhancement to this program could manifest in follow-up learning or in a way for alumni to connect and continue to learn from each other. As explored in Recommendation #2, PMS alumni could be invited to form a specific VCoP group. As one participant shared “it would be nice to have a cohort you can work with” (B8). Deeper exploration of the leadership principles in the PMS courses would also support leaders in taking their leadership to “an even higher level” (I1) as well as to “keep your practice updated” (I11).

Concrete activities that support the recommendation to continue and expand formal learning opportunities can leverage the existing PMS and BMS programs. To respond to an organizational need for organized yet feasible learning opportunities, I offer that a lunch-and-learn program be implemented for both leadership skill (i.e., PMS) and BMS learning

opportunities. Lunch-and-learns could be offered on a monthly basis, use Live Meeting (2007) technology so geographical barriers are irrelevant, and run for one scheduled hour mid-week. A bi-monthly rotating schedule could be designed so that one month the topic has a leadership focus and following month the topic has a transactional management focus. Suggestions for leadership skill learning opportunities that could be offered in this short format are a courageous conversations refresher, coaching refresher, difficult employee refresher, and a Myers-Briggs Type Indicator (Myers & Briggs Foundation, n.d.) refresher. Transactional management skills topics could include business presentations, budgeting, and various internal systems training including eStaffing, Insight, iLearn, and BudgetTracker. For facilitation, it is suggested that experts be identified for each topic or area, and while the Leadership Development department provides a resource to facilitate scheduling, registration, and link details, the business area owner is responsible for presentation preparation, delivery, and any content follow-up. This structure is currently being used in the BMS programs for coordinating experts from various business units to contribute online learning modules, expert mentoring, and Live Meeting facilitation supported by a Leadership Development consultant. The existing structure and course offering can be expanded to include a set monthly Lunch-and-learn schedule covering both PMS and BMS topics. By adopting this Lunch-and-learn approach, Interior Health can offer expanded, accessible learning to leaders on topics they have indicated as valuable. Resourcing is shared amongst staff in Leadership Development and functional areas so that implementation is not onerous and siloed in responsibility.

Interior Health leaders would be negatively impacted by the elimination of learning opportunities, and any reduction in education opportunities would be viewed by some leaders as a “short-sighted move” (I4). It could also result in a lack of aspiring leaders or current leaders

leaving the organization to further their education and development elsewhere. By continuing to support and expand formal learning opportunities, a commitment to the development of leadership and investment into organizational leaders is illustrated. Regardless of format, content, or infrastructure, the key factor is that formal learning connections are organized, scheduled, and regular.

Organizational Implications

Organizational change requires commitment, support, and dedication of organizational resources. True culture change is not a fast-paced process with clear milestones, rather, it is a slow journey that requires both patience and perseverance. Composed of subtle shifts in awareness, action, and adoption, organizational change is complex and often emergent, responding to environment, leadership, and values. In the words of Senge (2006), organizations must see the “whole elephant” (p. 66) and should not attempt siloed change. A benefit of this principle is that while change must be considered in the context of the whole, smaller changes can be implemented, which then have the potential to, in turn, change the whole. The most critical principle for organizational implication is that for change to begin, it must just begin. Creating small wins has the power to build momentum, which can then be leveraged for true organizational transformation. The key is not to start with a lofty goal of transformation, but to start with a feasible, realistic, and concrete shift, however small. In context of this research on how a leadership CoP can support leaders, the easy wins would be to incorporate leaders’ stories into current communications, implement a pilot VCoP, and initiate a monthly Lunch-and-learn program. Implications for Interior Health include commitment to learning community culture, legitimizing CoPs, and valuing the leadership accountability necessary for authentic CoP participation.

To implement recommendations, it is necessary for Interior Health to commit to fostering a learning community culture. This is specifically phrased as a commitment rather than adoption to honour the concept that true learning organizations engage in the practice of life-long learning. Community learning culture is not an organizational goal or objective, not something that is achieved or reached. Brown and Duguid (2001) speak of such exploratory organizations as "enacting" (p. 52):

> Do not assume that there is an ineluctable structure, a "right" answer, or a universal view to be discovered; rather, they continually look for innovative ways to impose new structure, ask new questions, develop a new view, become a new organization. (p. 52)

Senge (2006) describes this adoption of a path rather than end point as:

> You can never say, "We are a learning organization," any more that you can say, "I am an enlightened person." The more you learn, the more acutely aware you become of your ignorance. Thus, a corporation cannot be "excellent" in the sense of having arrive at a permanent excellence; it is always in the state of practicing the disciplines of learning, of getting better or worse. (p. 10)

One of the disciplines that Senge (2006) advises organizations to practice is "team learning" (p. 9), which is directly connected with the recommendations that Interior Health create opportunities for connection, cultivate CoP culture, implement and resource a VCoP, and continue with formal learning. Allowing for formal team learning opportunities requires that the organization have supporting design and structure, a component of embedding culture (Schein, 2004; Yukl, 2010). The concept of community learning in CoPs is echoed in Senge's description of team learning, which he describes as occurring when "the intelligence of the team exceeds the intelligence of the individuals" (p. 9).

While it may seem challenging to provide concrete examples of how organizations embrace such a malleable and undefined community culture, there are some suggestions. A knowledge sharing culture can be fostered through communication, social norms, and symbolic actions (Bourhis & Dubé, 2010; Schein, 2004; Senge, 2006; Yukl, 2010). Bourhis and Dubé cite

marketing community successes, naming a prominent executive as a CoP or VCoP sponsor, and including CoP or VCoP as a recognized piece of performance management as symbolic gestures (p. 177), which can "contribute to the organizational culture of knowledge sharing" (p. 177). Senior leaders can further influence the shift towards a community learning culture by formally recognizing the collective intelligence in the organization's leaders and by legitimizing CoPs and VCoPs.

What leaders pay attention to sends a strong message to the organization about what is important or, conversely, what is not important (Schein, 2004; Yukl, 2010). Legitimizing CoPs and VCoPs is the work of the organization. Wenger (1998b) states that "organizations can support communities of practice by recognizing the work of sustaining them; by giving members the time to participate in activities; and by creating an environment in which the value communities bring is acknowledged" (pp. 7–8). Strengthening CoPs and VCoPs illustrates the collective knowledge is valued and encouraged. Providing communities with official sponsors and support teams is another way that organizations legitimize CoPs and VCoPs. In a corporate world of budgets, allocating funding to a specific initiative speaks loudly and clearly that it is important, sustainable, and visible. The common requirement is that many such community connections are run off the sides of desks; without allocated resources, a community initiative tends to wither and disappear and is at risk of being viewed cynically, as one research participant shared, "just a flavour of the month" (B6). A legitimized CoP or VCoP becomes a structural, symbolic, and mythical story embedded within the organizational culture. With the participatory nature of communities and commitment to a community learning culture, leadership accountability becomes a natural requirement for leaders.

Leadership accountability can be explored through a lens of personal accountability, community accountability, and enterprise accountability. Being accountable in one's own leadership requires leaders to explore their values, beliefs, and actions. An accountable leader is responsible for leading others with responsibility to exhibit behaviours that match espoused values. Non-accountable leaders generate confusion, disengagement, and potentially a lack of respect and even resentment. One team leader also noted that "a little more transparency would be great" (I10). As community members, leaders' accountability directly increases the trust, which is critical to community health. Covey (2006) offered accountability as one of the behaviours required for building trust; Covey describes accountability as,

> Hold yourself responsible. Hold others accountable. Take responsibility for results. Be clear on how you'll communicate how you're doing—and how others are doing. Don't avoid or shirk responsibility. Don't blame others or point fingers when things go wrong. (p. 207)

Taking responsibility within a CoP or VCoP means that leaders understand the practice deeply enough that they "take some responsibility for it and contribute to its pursuit" (Wenger, 1998b, p. 137). The idea of collective responsibility extends beyond a community into organizational culture; as explored in the research results in Chapter 4, more could be accomplished when employees are not worrying about who gets the credit or blame (B6, I10). Personal, community, and enterprise accountability is increased by empowering leaders to be involved and to seek collective answers to individual, community, and organizational, dilemmas. Leaders want this; contributing to organizational decisions and planning makes leaders feel connected, recognized, and valued (I11).

Leadership accountability, legitimizing CoPs and VCoPs, and committing to the practice of promoting a community learning culture are significant organizational implications for Interior Health. Ensuring that leaders are involved and responsible for their actions changes

leadership culture and supports clarity and cohesion in leadership behaviours. Showing symbolic, structural, and budgetary support of CoP and VCoPs sends a message that collective intelligence is important at Interior Health. This, in turn, is a significant influence in the commitment to the practice of promoting a community learning culture. It is acknowledged that this is a journey lacking a set destination, it is about willingness to learn and evolve rather than enforcing change. Through this organic flexibility Interior Health can tap into the creativity, ingenuity and loyalty if its leaders.

Implications for Future Inquiry

Many additional interesting areas for further research and inquiry were highlighted as a result of this inquiry. Exploration of leadership accountability and much more detail on CoPs and VCoPs would support future learning. A pilot study of both a VCoP and a localized CoP would inform further structural and organizational questions.

This research was conducted within a single discipline within a single health authority. Learning and knowledge would be enhanced through continued exploration of CoPs and VCoPs that transcend organizational roles and even authorities. Multidiscipline CoPs may offer unique intelligence and insights not highlighted in this research. Collaboration at a provincial level within healthcare authorities would support the ministry-mandated shift to better interauthority cooperation and knowledge sharing. How CoP and VCoP principles apply when connecting cross-disciplinary or across health authorities would be an interesting inquiry. This would include what, if any, community connections or tools other disciplines and healthcare authorities are using as well as the learning experiences associated. including participation and resourcing.

Using a pilot approach for further learning into CoPs or VCoPs would generate knowledge directly applicable to organizational challenges. A CoP or VCoP experience can be

extremely different when actually participating in a live community versus researching what might or might not work. Deeper understanding of incentives, deterrents, and benefits of participating in a CoP or VCoP would be gained in a live pilot study. The study could explore cohort-based VCoPs, such as the previously mentioned PMS alumni cohort. This could further inform the feasibility of specialized or rolling cohorts that have access to a specialized group or topic as well as more centralized and general information. Localized CoPs could also be piloted, thus exploring the differences when face-to-face is more feasible and the physical proximity to other members is manageable.

A significant factor in CoP and VCoP design and efficiency is the size or the number of members. Inquiry into the ideal membership size would be directly applicable to any implementations of localized CoPs or VCoPs.

The area of leadership accountability was only skimmed in the scope of this research project, yet it was a hot topic for research participants. An inquiry into what leadership and organizational behaviours support leadership and how Interior Health could further foster accountability would be interesting. Exploring the culture, systems, processes, and structural aspects of providing a safe way for leaders to call each other to accountability would be a fascinating topic.

Summary

Five recommendations were offered in this chapter: (a) create opportunities for leaders to connect, (b) cultivate CoP culture, (c) implement a VCoP, (d) identify and fund support resources, and (e) continue and expand formal learning opportunities. The benefits of implementing each recommendation and the organizational risks of nonimplementation were developed. Organizational implications of the recommendations were explored, and I offered

that Interior Health commit to a community learning culture, legitimize CoPs, and encourage leadership accountability. Easy wins for Interior Health to illustrate commitment to its leaders and foster a CoP culture are identified as incorporating leader stories into courses, communication, and information, to adopt a VCoP for PMS alumni, and to offer a monthly Lunch-and-learn Live Meeting (2007) series on topics requested by the leaders themselves. Future areas for inquiry provided suggestions for how knowledge on CoPs, VCoPs, and leadership accountability can be deepened. The recommendations, implications, and future inquiry offered in this research paper serve to enhance the ability of Interior Health to realize a stated goal to "cultivate a healthy workplace and an engaged workforce" (Interior Health Authority, 2010a, p. 12). The information and recommendations in this inquiry can also be directly linked to the guiding principles of Interior Health, which include teamwork, continual growth and learning, and evidence-based practice (i.e., sharing lessons). To engage current leaders and encourage aspiring leaders to continue their career at Interior Health, the organization must ensure leaders are not isolated and left feeling alone and frustrated. Time, resources, and opportunities for learning and connection facilitate loyalty and excellence in current, and future, leadership at Interior Health. In closing, I offer that the knowledge provided through the inquiry into how a leadership CoP supports leaders is a critical component of the Interior Health Authority vision to "To set new standards of excellence in the delivery of health services in the Province of British Columbia" (p. 6).

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APPENDIX A: ACTION RESEARCH TEAM MEMBER LETTER OF AGREEMENT

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, *Karen Humes* (the Researcher) will be conducting an action research study at *Interior Health* to *explore how a leader community of practice can support leaders at Interior Health*. My name is Karen Humes and my credentials with Royal Roads University can be established by calling Niels Agger-Gupta at [phone number].

Research Team Member Role Description:

As a volunteer Research Team Member assisting the Researcher with this project, your role may include one or more of the following: providing advice on the relevance and wording of questions and letters of invitation, supporting the logistics of the data-gathering methods, including observing, assisting, or facilitating a focus group, taking notes, transcribing, or analyzing data, to assist the Researcher and the *Interior Health* organizational change process. In the course of this activity, you may be privy to confidential research data.

Confidentiality of Research Data:

In compliance with the Royal Roads University Research Ethics Policy, under which this research project is being conducted, all personal identifiers and any other confidential information generated or accessed by the research team advisor will only be used in the performance of the functions of this project, and must not be disclosed to anyone other than persons authorized to receive it, both during the research period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information.

Personal information will be collected, recorded, corrected, accessed, altered, used, disclosed, retained, secured and destroyed as directed by the Researcher, under direction of the Royal Roads Academic Supervisor.
Action Research Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Karen Humes, the Researcher.

Statement of Informed Consent:

I have read and understand this agreement.

____________________________	____________________________	_______________
Name (Please Print)	Signature	Date

APPENDIX B: INTERVIEW QUESTIONS

1. How was it that you came to be a leader at IH?
2. What leadership issues keep you awake at night?
3. Describe a high point at IH when you felt most connected with a fellow leader . . . what were you doing? what were they doing?
4. What contact/connection would you like to have with other leaders at IH?
5. Visualize three years down the road . . . what are three things you would like to see happening to support leaders at IH?
6. If a structure was put in place to connect IH Leaders, what topics/information/conversations would be of value to you?
7. What do you feel is the best format (ie: f2f, virtual) to connect current IH Leaders?
8. Any other general comments/thoughts etc around a CoP and leaders at IH?

APPENDIX C: INTERVIEW INFORMED CONSENT

Research Project: How can a leader community of practice support leaders at Interior Health?

Researcher: Karen Humes

I,____________________________, agree to participate in this research project to explore how a leader community of practice can support leaders at Interior Health.

I agree to participate in an interview (formal or informal) on the following conditions:

1. I have the right to withdraw at any time for any reason from participation in the project.
2. Any themes from information that I have provided will remain part of the research data however interview transcripts will be destroyed immediately upon my withdrawal.
3. I understand my involvement in this study will consist of an interview lasting from 30 to 120 minutes with an opportunity to review my responses and request changes or clarifications.
4. I understand that audio recording of my participation may be made for subsequent transcription and analysis relating to this study.
5. All documentation including audio recordings will be kept strictly confidential, safely stored in a locked cabinet or password protected secure electronic location and destroyed after two years from granting of the Masters of Arts to Karen Humes.
6. I understand that participation or withdrawal will have no effect upon my position at Interior Health.
7. I understand that my identity outside of the interview will be kept confidential and that my identity will be removed from the study findings.
8. I understand additional research team members may have access to response themes in order to assist with further research design. Any personal identify data will not be shared with research team members.
9. I understand that the research findings may be used for other publication including: presentations, reports, design specifications, awards submissions, HR scorecards and Ministry Key Results Areas. The Organizational Learning Project (OLP) report may also be published in the National Archives of Canada, UMI/Proquest or the RRU library.
10. I understand that the benefits to participating in this study may include increased understanding of communities of practice and sharing of best practices.
11. I also understand that, other than the cost of my time in participating, there may be few, if any potential liabilities in participating in this study.

12. I understand that the Researcher will endeavor to ensure that no harm will come to me through my participation in this project. No deception will be used in this study.
13. I understand that at any time the Researcher can have a conversation with me to ensure that there is a clear understanding of the data gathered, and to review draft findings and recommendations.
14. If you have concerns about your rights as a research participant, you may contact the

Chair of the IH Research Ethics Board through the Research Office at [phone number].

I agree to these conditions and have received a copy of this consent form.

Participant Name:

Signature:

Date:

For further information regarding the purpose and methods for this project, please contact:

Karen Humes, Researcher
Email: [email address]
Telephone: [phone number]

APPENDIX D: VIRTUAL FOCUS GROUP QUESTIONS

1. Why did you agree to participate in this virtual CoP Evaluation?
2. What is your overall impression of the sample virtual leader CoP portal?
3. What works well in the look and feel of the sample portal?
4. Rate your top 3 components of the sample portal for relevance and value.
5. Why would you visit an online CoP portal?
6. What would deter you from visiting an online CoP portal?
7. What are your suggestions for improving this portal? (Future Recommendations)
8. What portal activities would support you in connecting with other IH leaders?

APPENDIX E: POSITIONING STATEMENT AND RESEARCH INVITATION

In partial fulfillment of the requirement for a Master of Arts in Leadership at Royal Roads University, Karen Humes (the Researcher) will be conducting an action research study to explore how a leadership community can support leaders at Interior Health.

The data collection portion of this research will occur between November 2010 and March 2011. You are invited to participate because you are considered a member of the People Management Series (PMS) Alumni, as you have completed at least 4 of the 8 PMS courses. Participation will both inform Karen's research to create a larger leadership community of practice within IH, as well as respond to our stated need of a PMS Alumni Community.

The project includes two separate phases: individual interviews, and focus groups. You may participate in either the interview or the focus group series, or both.

- Interviews will collect general observations, experiences and thoughts centering on leadership connections, and will last approximately 30 minutes. Interviews will be scheduled around participant's availability.
- The Focus Group Series will consist of two in-person focus group sessions and includes participation in a pilot implementation. The first focus group session will design a Community of Practice (CoP), and plan pilot implementation activities. The CoP will then be implemented, and participants invited to participate in the CoP for a period of three weeks. It is anticipated that activities related to participation in the CoP pilot could require a maximum of 120 minutes. A second focus group post-pilot will then evaluate the methods and structure of the CoP, and create a list of recommendations for future engagement and improvement. Each of the two focus groups are anticipated to last 90-120 minutes.

Timeframes and locations for the focus group series are below:

Focus Group Session 1
Monday, Nov. 22 9:30 am – 11:30 am Royal Inland Hospital, Kamloops

Focus Group Session 2
Monday, Dec. 20 9:30 am – 11:30 am Royal Inland Hospital, Kamloops

Participation in any aspect of this project is voluntary and you can withdraw at any time during the process. Detailed invitations for the interview and focus group series are attached to this email. Please let me know if you have any concerns or would like to be removed from the potential participant list provided to Karen.

Should you wish to participate in an interview or the focus group series, please contact the Researcher, Karen Humes directly at [email address] no later than November 3rd, 2010.

I encourage you to participate in Karen's project and to support this valuable work.

APPENDIX F: INTERVIEW INVITATION

I would like to invite you to be part of a research project that I am conducting as part of the requirement for a Master's Degree in Leadership, at Royal Roads University. My name is Karen Humes and my credentials with Royal Roads University can be established by calling Dr. Niels Agger-Gupta, Program Head, MA-Leadership Programme, School of Leadership Studies, at [phone number], or [email address].

The objective of my research project is to determine how a leadership Community of Practice (CoP) can support leaders at Interior Health. Snyder and Wenger define a CoP as: "groups of people who share expertise and passion about a topic and interact on an ongoing basis to further their learning in this domain" (2000, p.3).

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Masters of Leadership, I will also be sharing my research findings with Interior Health. Information gathered will be used in requirements and specifications for a Community of Practice and will be shared in leadership team presentations, system design project teams, and in Ministry scorecard and key result area reporting.

My research project will consist of individual interviews and a Focus Group Series. This is an invitation to participate in a interview from which the insight will be used to inform the focus group series and further research. Interviews will be approximately 30 minutes in length.

Information will be recorded by hand and interviews will be recorded for audio. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential and secure. Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

I am currently working in a role as a Leadership Development Consultant and this project is sponsored by my direct supervisor, [Supervisor Name]. You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate, information will also be maintained in confidence.

If you would like to participate in an interview informing my research project, please contact me no later than Wednesday November 3, 2010 at:

Email: [email address]

Telephone: [phone number]

Sincerely,
Karen Humes

APPENDIX G: FOCUS GROUP SERIES INVITATION

I would like to invite you to be part of a research project that I am conducting as part of the requirement for a Master's Degree in Leadership, at Royal Roads University. My name is Karen Humes and my credentials with Royal Roads University can be established by calling Niels Agger-Gupta [phone number].

The objective of my research project is to determine how a leadership Community of Practice (CoP) can support leaders at Interior Health. Snyder and Wenger define a CoP as: "groups of people who share expertise and passion about a topic and interact on an ongoing basis to further their learning in this domain" (2000, p.3).

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Masters of Leadership, I will also be sharing my research findings with Interior Health. Information gathered will be used in requirements and specifications for a Community of Practice and will be shared in leadership team presentations, system design project teams, and in Ministry scorecard and key result area reporting.

Information will be recorded by hand and summary reports may be recorded for audio. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential and secure. Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

My research project consists of individual interviews and a Focus Group Series. This is an invitation to participate in the Focus Group Series consisting of two in-person sessions three weeks apart. The Focus Group Series participants will design a Community of Practice, and perform a "pilot" implementation over three weeks. The Focus Group Series participants will then meet in a second session to evaluate methods and structure as well as create a list of recommendations for future engagement and improvement. Total time required to participate in the Focus Group Series is two in-person sessions of 90-120 minutes each and transition activities to a maximum of 120 minutes.

Focus Group Session 1
Monday, November 22 9:30 am – 11:30 am Royal Inland Hospital, Kamloops

Focus Group Session 2
Monday, December 20 9:30 am – 11:30 am Royal Inland Hospital, Kamloops

I am currently working in a role as a Leadership Development Consultant and this project is sponsored by my direct supervisor, [Supervisor Name]. You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

If you would like to participate in the Focus Group Series, please contact please contact me no later than Wednesday November 3, 2010 at:

Email: [email address]
Telephone: [phone number]

Sincerely,
Karen Humes

APPENDIX H: INTERVIEW TOPICS FOR REFLECTION

Topic 1: Your leadership at IH Personal leadership journey

- High points and challenges

Topic 2: IH Leader Connections

- What connection you have with other leaders at IH
- What connection you would like to have

Topic 3: IH Leader Community of Practice

- 3 things you would like to see for leader support
- Leadership topics/conversations that would be of value
- Structure of a community of practice

APPENDIX I: UPDATE FOR PROJECT RESEARCH ON COMMUNITIES OF PRACTICE

Good afternoon. Thank you to all of you for responding with interest in participating in my research project. Due to geography and limited travel, the numbers for the scheduled face to face focus groups was too low to move forward with the sessions. Based on learning from this response, the focus group session requirements have been changed to be facilitated in a virtual format and also reduced to one from two. Through interviews, I will explore the meaning, structure, value and topics of a Community of Practice for Leaders. At the same time, a proposed "mock-up" of a system or structure will be created. The focus group will be presented with the structure and provide feedback and recommendations.

At this time, I have a final list of interviewees. I appreciate the overwhelming response for interviews, and have selected the first 12 respondents that cover cross functional and geographic areas of IH. If applicable, you will receive a personal email regarding an interview. All those interviewed as well as those who accepted the focus group series invite will be provided with further details and formal invitation to the virtual focus group. The date for the virtual focus group is still set for Dec 20, 2010 9:30 am to 11:30 am.

Again I wanted to extend appreciation and thanks for your interest and response. Please feel free to contact me should you have any questions or concerns.

Kind Regards

Karen

APPENDIX J: VIRTUAL FOCUS GROUP INVITATION

I would like to invite you to be part of a research project that I am conducting as part of the requirement for a Master's Degree in Leadership, at Royal Roads University. My name is Karen Humes and my credentials with Royal Roads University can be established by calling Niels Agger-Gupta at [phone number].

The objective of my research project is to determine how a leadership Community of Practice (CoP) can support leaders at Interior Health. Snyder and Wenger define a CoP as: "groups of people who share expertise and passion about a topic and interact on an ongoing basis to further their learning in this domain" (2000, p.3).

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Masters of Leadership, I will also be sharing my research findings with Interior Health. Information gathered will be used in requirements and specifications for a Community of Practice and will be shared in leadership team presentations, system design project teams, and in Ministry scorecard and key result area reporting.

Information will be recorded by hand and summary reports may be recorded for audio. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential and secure. Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

My research project consists of individual interviews and a Virtual Focus Group. This is an invitation to participate in the Virtual Focus Group. The Focus Group participants will connect in a Live Meeting session to evaluate a proposed CoP portal structure as well as create a list of recommendations for future engagement and improvement. Total time required to participate in the Focus Group is a virtual session of 90-120 minutes.

Virtual Focus Group

Monday, December 20 9:30 am – 11:30 am (PT) Via Live Meeting and Teleconference

I am currently working in a role as a Leadership Development Consultant and this project is sponsored by my direct supervisor, [Supervisor Name]. You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

If you would like to participate in this Virtual Focus Group, please contact please contact me no later than Wednesday December 08, 2010 at:

Email: [email address]
Telephone: [phone number]
Sincerely,

Karen Humes

APPENDIX K: VIRTUAL FOCUS GROUP INFORMED CONSENT

Research Project: How can a leader community of practice support leaders at Interior Health?

Researcher: Karen Humes

I,_____________________________, agree to participate in this research project to explore how a leader community of practice can support leaders at Interior Health.

I agree to participate in a Virtual Focus Group on the following conditions:

1. I have the right to withdraw at any time for any reason from participation in the project.

2. Any themes from information that I have provided will remain part of the research data however focus groups transcripts will be destroyed immediately upon my withdrawal.

3. I understand my involvement in this study will consist of a virtual focus group lasting from 30 to 90 minutes with an opportunity to review my responses and request changes or clarifications.

4. I understand that audio recording of my participation may be made for subsequent transcription and analysis relating to this study.

5. All documentation including audio recordings will be kept strictly confidential, safely stored in a locked cabinet or password protected secure electronic location and destroyed after two years from granting of the Masters of Arts to Karen Humes.

6. I understand that participation or withdrawal will have no effect upon my position at Interior Health.

7. I understand that my identity outside of the virtual focus group will be kept confidential and that my identity will be removed from the study findings.

8. I understand additional research team members may have access to response themes in order to assist with further research design. Any personal identify data will not be shared with research team members.

9. I understand that the research findings may be used for other publication including: presentations, reports, design specifications, awards submissions, HR scorecards and Ministry Key Results Areas. The Organizational Learning Project (OLP) report may also be published in the National Archives of Canada, UMI/ProQuest or the RRU library.

10. I understand that the benefits to participating in this study may include increased understanding of communities of practice and sharing of best practices.

11. I also understand that, other than the cost of my time in participating, there may be few, if any potential liabilities in participating in this study.

12. I understand that the Researcher will endeavor to ensure that no harm will come to me through my participation in this project. No deception will be used in this study.

13. I understand that at any time the Researcher can have a conversation with me to ensure that there is a clear understanding of the data gathered, and to review draft findings and recommendations.

14. If you have concerns about your rights as a research participant, you may contact the Chair of the IH Research Ethics Board through the Research Office at [phone number].

I agree to these conditions and have received a copy of this consent form.

Participant Name:

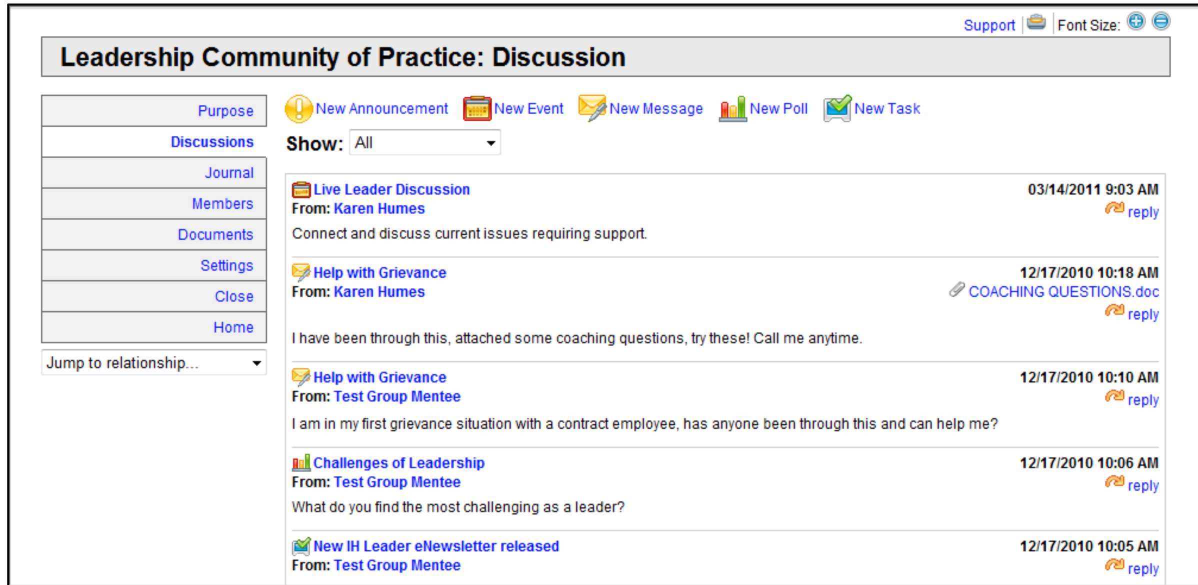
Signature:

Date:

For further information regarding the purpose and methods for this project, please contact:

Karen Humes, Researcher
Email: [email address]
Telephone: [phone number]

APPENDIX L: SAMPLE VIRTUAL COMMUNITY OF PRACTICE PORTAL MOCK UP AND DESCRIPTION



The above screenshot displays a portion (Discussions area) of the sample VCoP portal evaluated by virtual focus group participants. Significant components are listed in the table below:

VCoP Component	Description
Purpose area	The purpose area of the VCoP summarizes recent activity, lists events and announcements.
Discussions Area (Screenshot view)	The discussions area of the VCoP shows current events, discussion threads, polls, tasks, and any related documents.
Journal	Private and confidential area for participants to record their thoughts and reflections – only viewable by participant.
Members	The members area of the VCoP provides a listing of all current members
Documents	The documents area of the VCoP provides a listing of all current documents in the site library