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The role of boundary maintenance and blurring in a UK collaborative research project: How researchers and health service managers made sense of new ways of working

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ABSTRACT

The paper investigates whether, how and in what circumstances boundary blurring or boundary maintenance is productive or destructive of sense in collaborative research based on a case study involving researchers from two universities and two principal organisational stakeholders in a local healthcare system in England between 2009 and 2012. Adopting a narrative method, using meeting observation, document analysis and interviews, we describe two key sets of activities in the evolution of collaboration, which allows us to tackle the question at two levels. Studying the production of documents and their use as boundary objects in project management meetings, we show how these were used to enable cooperation by establishing a truce between worldviews, giving participants a better feel for the game and a clearer perception of its stakes. Studying how the partnership expanded to take in other organisations besides the two formal partners, we show how the project accommodated pre-existing organisational interests but thereby sacrificed its experimental ethos. In showing how actors needed to subvert their experimental script to enact collaborative partnership, we argue for understanding and evaluating the latter as the co-produced outcome of disputes and co-orientations towards a practical ideal, not as an organisational format for knowledge co-production.

1. Introduction

Collaboration is increasingly promoted as a mechanism for addressing the much-decried gap between research and practice. Collaborative forms of enquiry, based on the co-production of knowledge between researchers and practitioners, have become particularly popular over the past few decades with a range of policy instruments and initiatives being developed and implemented including the American Quality Enhancement Research Initiative (www.queri.research.va.gov), Dutch Academic Collaborative Centres for Public Health (Wehrens et al., 2012) and UK Collaborations for Leadership in Applied Health Research and Care. Co-production carries a range of possible meanings. For some it is idiomatic, capturing philosophical claims about the emergence of human experiences as the joint achievements of scientific, technical and social enterprise (Jasanoff, 2004). Others are concerned with the emergence of meaning or sense which is co-produced through practices like turn-taking that mobilise the distributed intelligence of a group (Cooren, 2004). Perhaps the most common use of the term, however, has been as a shorthand for meso-level arrangements that emphasise a situated approach to knowledge production and implementation by leveraging *collaborative partnerships* across professional and disciplinary boundaries using new organisational formats (Rycroft-Malone et al., 2013; Jouvenet, 2013; Wehrens et al., 2014). Such approaches are heralded as the ideal breeding-ground for engaging multiple interested parties from both sides of the research-practice 'divide' and producing research which meets the needs of healthcare practitioners and their organisations (Kottke et al., 2008; Solberg, 2009).

Much of the literature surrounding these initiatives tends to assume that collaborative partnerships are a 'good thing' – the natural answer to the market or systems failures that allegedly prevent societies from exploiting scientific advances (Gustafsson and Autio, 2011). As such, the literature is rich with diagnoses of the barriers to collaborative partnership and how these can be overcome (e.g. Hudson and Hardy, 2002; Stewart et al., 2003; van Wijngaarden et al., 2006). Critical accounts of collaborative

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partnership practice remain relatively rare, however (e.g. Beesley, 2005). This paper aims to address this by reflecting upon the initiation and development of a collaborative research programme involving university researchers and organisational stakeholders in a local healthcare system. We focus particularly on the fundamental problem of alignment between programmes of action within a joint action space (Cooren, 2001).

Linking to debates about what kind of boundary demarcation or organisational configurations facilitate productive forms of knowledge exchange (Gieryn, 1999; Guston, 2001; Nutley, 2010; Parker and Crona, 2012; Wehrens et al., 2014) we address the following question: were boundaries maintained or blurred by research and practice partners engaging in a new partnership and how did this assist (or hinder) collaboration? We investigate the question at two levels – locally situated conversations and inter-organisational meta-conversations. Firstly we study how strategic organisational texts were physically produced and how they (were) performed in meetings of the partnership strategy group. Secondly we follow the interactive moves in a meta-conversation – a conversation of the conversations taking place within every organisation (Taylor, 2011) – between the project manager and representatives of an organisation newly recruited to the partnership. By zooming in on locally situated conversations and then zooming out to see them in context, we aim to show how collaborative partnership is not an organisational format *for* co-production but an outcome that *is* co-produced in disputes about the meaning of boundary objects and co-orientations towards the project as a source of resources and constraints for action.

We begin by describing the background to the collaborative research programme before describing our narrative method. Next we present two narratives recounted from the perspectives of engaged participants, including ourselves as researchers. Then, in the discussion section, we add an interpretive layer by making links to more general ideas about co-production and organising. This allows us to compensate for the limitations of a small case study by offering a description that is sufficiently 'internal' to the reasoning of situated actors that the reader can apply alternative validity claims, followed by an interpretation which, in signposting links to a relatively heterogeneous body of theoretical knowledge, avoids excessively narrowing the range of answers to the question 'what is this a case of?' (Flyvbjerg, 2006).

2. The collaborative initiative: policy context and local implementation

In 2006 the UK Government commissioned a review of health research funding which identified two key gaps in the translation of health research into practice – translating ideas from basic research into the development of new clinical products and treatments and implementing those new products and approaches in clinical practice (Cooksey, 2006). The report positioned collaboration between universities and health care organisations as the solution to these translational gaps. The following year, the English Department of Health published a National Health Service research and development strategy, *Best Research for Best Health* (Department of Health (2007a)), and a report into clinical effectiveness (Department of Health (2007b)). Both reports recommended the development of initiatives to better harness the capacity of academia to improve the quality of health care services. Among these new initiatives were Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). In 2008 nine CLAHRCs across England were funded by the National Institute for Health Research (NIHR) for a period of five years. These were envisaged as partnerships between a university and the surrounding health and social care organisations which would produce and implement health-related research geared to the needs of their local populations. (Call for CLAHRC proposals, October 2007). As multi-organisational collaborations which cut across sectors and academic/practitioner boundaries, they were seen as a novel effort to move beyond linear models of the research-practice relationship (Nutley et al., 2007) and commonly interpreted as a recipe for blurring boundaries between organisations and professions by ushering in 'new ways of working'. Each of the nine CLAHRCS comprised a number of distinct research and implementation themes which were linked to local and national priorities such as reducing emergency admissions, self-management of long term conditions and health care planning for people with chronic vascular disease. In 2009 we were invited to design and conduct a developmental evaluation of the collaborative aspects of one research theme situated in one of the CLAHRCs. The CLAHRC comprised 2 research and 3 implementation themes, each of which aimed to develop a range of projects which would benefit local health service partners by generating and/or implementing new knowledge. Each theme fed into a centralised management structure comprising an executive group, an operational group and a scientific advisory group, but discussion and decisions about the direction of travel within each theme were taken by theme management groups. Unlike some other CLAHRCs this one did not support the purposeful engineering of knowledge translation activity (D'Andreta et al., 2013), allowing themes to develop their own approaches. The research theme we were invited to evaluate focused on vascular disease prevention in primary care and was managed by a research team (Principal Investigator, project manager, research fellows and a PhD student) based at a health research department at one University. Other actors involved in the management of the research theme were academics and a PhD student from a health research department at a nearby University and managers from a local primary care commissioning organisation. A large number of further actors from health and social service organisations became involved in sub-projects or research 'strands' as the project developed. The research theme was linked to a pre-existing research programme carried out by one of the academic partners which had already begun to be translated into practice at a national level (for example, by influencing national clinical guidelines and policy) but this research had not been carried out in partnership with local primary care organisations. The Principal Investigator's vision was, in large part, to establish the department as the local research partner of choice for primary care organisations. The primary care organisation's main incentive was to validate commissioning models in use and develop research capacity.

Recognising that there was no blueprint for this kind of collaborative endeavour, we were asked by the Principal Investigator to examine how collaboration was unfolding within the research theme with a view to informing the development of these new relationships. Both the research theme and our developmental evaluation work began in September 2009, although funding had been in place for a year.

3. The narrative method

Narrative is a useful tool for helping actors make sense of and cope with change, uncertainty or accelerated social dynamics (Kurtz and Snowden, 2007; Kabele, 1998) whilst narrative skills are also acknowledged to be important during episodes of organisational foundation (O'Connor, 2002). We therefore judged that adopting a narrative approach would help partners articulate and reflect on their newly-forming collaboration. Our approach was largely observational, but also involved presenting our participants with narrativised accounts of their experience and providing them with opportunities for self-reflection using narrative techniques.