# Practitioner based inquiry in networks as knowledge management

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This paper presents the results and experiences from a number collaborative practitioner research networks (CPN's) in a Danish context and tries to answer the question: How can practitioner research network play a role as a knowledge management strategy?

Evidencebased practice as knowledge management

Knowledge management is a loosely defined concept but usually it is associated with a management strategy for using the stream of information and knowledge to give informed answers to important questions. The means often used are culture (sharing) and technology. Looking for best practice is one of the key concepts. One of the inherited dilemmas is to find the balance between the knowledge push and the knowledge pull. In human service and health service organisation implementing evidence based practice (EBP)based on intervention research is seen as a knowledge management strategy.
The Danish psychiatry use a evidence based reference program for treatment of schizophrenia and Assertive Community Treatment (ACT) is used as another evidence based program for social treatment of severely mentally ill in the community. The well-known
strategy is shown in figure 1.
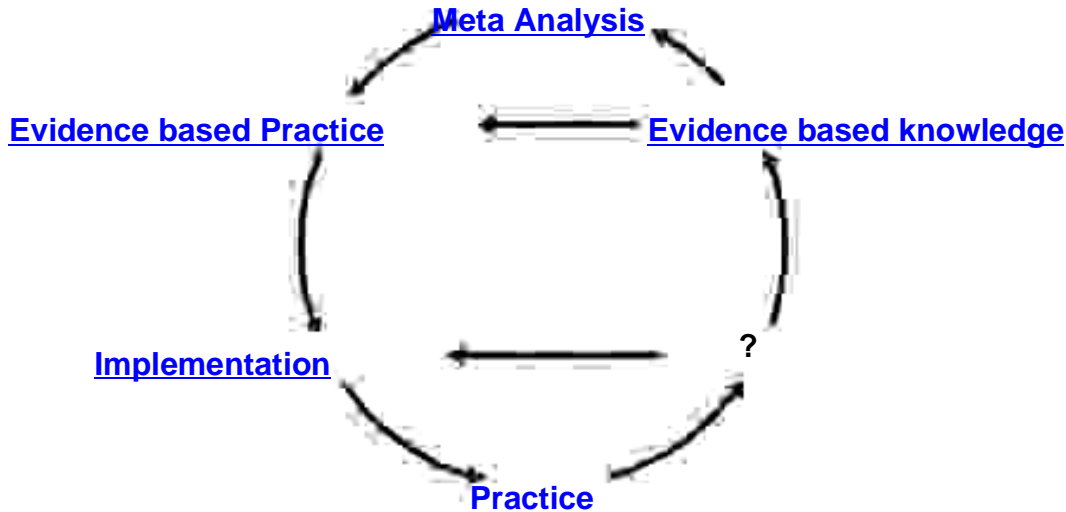
As a knowledge management strategy it is a knowledge push strategy. This is not the place for a full discussion of evidence based practice, but for the purpose of the paper I will mention some of its strengths and weaknesses. Its strength is the endeavour to collect

and integrate existing knowledge and implement this knowledge into practice. We know that research based knowledge only is effective if it is embedded in routine work processes (). Its weaknesses are first of all the dependency on what research is able to tell at the moment. The EBP reflects the power structure in the research field. There is not much research on nursing or mental health social work, but the patients still spend most of their time in a nursing environment or in the society. Many questions could not yet be answered by intervention research. Second evidence-based practice is a slow strategy. The principles of ACT now known as evidence based was proved effective by practitioners some 30 years ago in Madison. What will be evidence-based practice in 30 years is something going on right now - somewhere.

My argument is that there is a knowledge pull that is not satisfied by EBP and I suggest that practitioner research can contribute to close the knowledge gap.

Practitioners research - Phase 1

Practitioner use different kind of knowledge at work. Tacit knowledge is the everyday tool that tells you what to do when (). Tacit knowledge often leave the practitioner without deeper understanding of why he is doing right or wrong. Practitioner research is a growing research paradigm which help the practitioner to deeper understanding. Practitioner research means research carried out by practitioners who spend 80% of their working hours on practice work[2]. PR will often have the following charactics:

1. Done by practitioners in work
2. Focus on problems in the daily life of the practitioner Using scientific strategies & methods
3. Are 'do-able'
4. Are communicated to practitioners

PR develops on many areas of human service and is building its own rules and quality standards ().

what is called practitioner research phase one is often research conducted by solitary researchers in small scale, local grounded and as insider research carried out by practitioners who directly deliver a service they study. Very often PR is run by universities and becomes a personal learning experience as a part of continuing education.

The knowledge about this kind of PR is summarised in table 1.

Table 1
PR- phase one: PR as a personal enterprise

PR - Phase 1	Practitioner outcome
Personal competence	@ @ @
Scientific thinking and training	@ @
Implementation in practice	@ .

PR is very satisfying for practitioners who feel, that they understand the studied phenomena in a much deeper sense than ever before, and that they can use scientific thinking as guideline in their everyday problem solving. Very often they have difficulties implementing their knowledge in practice because they are alone, just having a small study and no real organisational power. They are not able to match intervention research.

Problems within practitioners research

The intervention research is based on strong organizations building hierakies of evidence from the lowest level the casestudy , chains of randomized trials, efficacy studies, meta-analysis and effectiveness studies. From the perspective of intervention research PR is hardly seen as research.

Table 2
Some differences between practitioner research knowledge and evidence based knowledge

	Practitioner research phase 1 based knowledge	Intervention research
Theoretical perspective	Situated	Global
Metodology	Small scale	Big scale
Generalizations	Situated	Global
Dissemination	Reports and Personal communication,	Journals and books
Implementation strategy	Bottom-up	Top-down
Speed of knowlegde production	Fast	Slow

Practitioners encounter many barriers, if they want to do research - even if they have a relevant education. There is hardly any tradition and understanding for practitioners who carry out research while on work. It is a difficult task is to find time and resources for

research as the daily demands from management, colleagues and clients constantly result in a low priority for research activities. In spite of the difficulties practitioner research is an expanding field of research developing its own research logic for instance the use of casestudies.

The practitioner research network phase two

The developments of practitioner research networks (PRN) are examples of how PR develops more confidence. They can be organised very different, () but we have used PRN that involves 6-9 teams' practitioners from agencies spread out over the country. Each team includes 2-3 practitioners. The network shares a theme and a couple of research questions. A collaborative research network works for one and a half-year. The results are communicated in reports, papers and seminars. During the last 10 years we have tried to produce knowledge to practitioners by training them to make their own research. 12 networks have gathered 51 practitioner research projects and approx. 110 practitioners. Se table three.

Table 3

Theme of practitioner research networks	Number of teams in the network	Number of participants in the network	Nickmame of the network
Lifereview for severy mentally ill people	8	18	Liv i Fokus 1993-1998
Life patterns	4	10	LIFO 98 1998-2000
Phase 3: Everyday life in old age	4	8	VEGA 1994 -
Inclusion in social support	7	14	RUMBO 1999-2000
Training in casestudies and CRN School of social work, Odense	3	7	OVIS 2002
Metodoly in life review for severy mentally ill people	5	11	LIFO 2000 2000-2003
Action plans in mental health social work	8	20	HAPLA 2001-2002
Phase 3: Implementation of action plans in mental health social work	7	11	PLANET 2002-03
Jobtraining in mental health	5	11	JOBFORS 2002-03
Crisis resolution in Mental Health	8	16	SIMIS 2004-
Training in casestudies and CRN	4	10	VISNET 2004
Phase 3 Life-review collaboration	5	10	LIFO-NET

4

			2005
A total of 12 network	51	110	

3 components of collaborative research networks

The PRN- strategy guides the participating practitioners through the phases of the research project towards published results. Three components tie the projects together in a network to create synergy: The shared theme, the shared methodology and the network organisation. I will mention a few important aspects of the thematic collaboration and the research strategy and focus more on the network organisation.

The shared themes

The themes cover the complex problems in the daily life of the practitioners. The questions relevant by practitioners is very often why and how questions. It turns out to be explorative, explanatory studies.
The themes of the networks are shown at the overhead. The themes are carefully selected and refined by interviews by practitioners. It is not studies of the same variables in the same context as you find in controlled multi-site studies. The themes such as everyday life, The themes attract participants from different contexts. In the project you will meet people from all over the country who are professionally occupied with the same problems in different contexts. This adds much energy to dialogs and the synergy. Projects of one year's duration are not naturally comprehensive, but when 6-7 projects address the same problem from different viewpoints, a synergetic effect makes the individual study more meaningful and adds a depth to the whole study. When we studied action plans we got studies of the contracting process, the diagnostic phase, the prioritising, the goal setting, the decision processes and the feed back processes - it is quite a wealth of documented experiences.

The shared methodology: the case study strategy

As the daily life phenomena are complex, the single elements cannot be separated and studied individually. The study of these complex phenomena demands the use of methods suitable for analysing the complexity. The case study strategy - the study of individual cases - is a suitable method for this type of phenomena. Thus the use of and training in case studies is a part of the project, and a manual for planning of case studies has been worked out. The training is based on the case research strategy outlined by Robert K. Yin [3]. The methodological similarity between the projects is an advantage in order to learn from each other. Besides the strategy is very similar to the practitioners' way of thinking

The network organization

The network organisation is a driving force in the research

Who take the initiative and get a network set up?

We have a very carefully designed procedure to make sure, that we have success from the very beginning. Usually some one from the field ask us 'to do something' about a theme fx. "Action plans" or the ministry have special funds for specific developments "Homeless mentally ill persons". Some networks are natural followers on earlier networks. (Action plans, life reviews, prevention of exclusion) We design a network for such a follow-up study.

Then we invite a selected group of up to 35 sites to a one-day conference. It is usually seen as an honour to be invited. You agree to write and present a case or two which represents compelling problem in your work. In small workshops you try to define central questions to be answered by the network.

At the end of the conference we discuss possible adjustments of the project with the participant to make sure it is relevant to central questions and inform about the offering and requirement for participation in the network. We stress that the contracting part is the agency. The participants should be sent to the network by their agency.

The agencies can apply for participation by sending a draft of the project they want to conduct. We then decide who should be in the network. Usually we get a sufficient number of teams so we do not have to refuse participation.

Funding

We usually get the project funded from different sources. Very often we get funding from the ministry of social affairs. The funding covers two months salary, our work organising the network and writing a cross-study analysis. It usually takes a year to get a project funded.

 Practitioner's research is constantly threatened by the daily acute problems. Therefore a great number of outside "forces" must support the research work and must be able to compete with the demands of everyday life. The network construction and culture contributes considerably to the success of the projects[4].

Contracting

 Participation in a CPN is based on a written contract with the employer - not the participants. We have obtained funding worth 2 months salary of the researchers for each project under the condition that employer provides appropriate and defined working conditions for the participants. The participants are in the contract obliged to draw up a report on their research and an article for publication.

 It appears from the contract upon signing on what dates all the meetings take place the following year - the network organization has a longer time perspective than the working place.

 One of the most motivating factors is the seminar, where the participants meet for 24 hours every second month. Some of the seminars are open for invited guests, who can discuss the projects. A running e-mail conference contributes to strengthen the "project consciousness" in everyday life.

A number of days have been allotted a year ahead to consultant assistance for the projects.
The network provides assistance in areas, where the participants are not expected to have the resources: tape recorders, secretarial assistance, statistic advice, literature search and critical reading.

The dissimination

The publications of the results are compiled reports or a published book and most often there will be one or two seminars with invited participants.

Table 5
PRN-phase 2: PR as an agency enterprise

PRN - Phase 2 Collegial	Practitioner outcome	Agency outcome
Personal competence	@ @ @	@ @
Scientific thinking and training	@ @	@ @
Inter-organisational learning		@
Implementation in practice	@	@ @ .

Results of phase two PRN

 No complicated documentation is needed to note the presence of 12 networks and 51 accomplished projects, an extensive written presentation and a number of current projects. The three components form a practicable strategy with a high degree of finished work. The distance between research and practice is minimal in agency based practitioner research and thus the results of the projects and the inter-organisational learning are often implemented during the project. We have seen new knowledge used locally and for educational purposes. The network organisation makes the single studies more relevant when their results is confirmed or moderated by the other studies. The importance of context will usually be confirmed. New and better research question grow out of the first ones. We have seen the preliminary profiles of a PR-career. Ten people out 75 have already participated in more than one CPN.

### *Phase Three: Collaborative practitioner research networks*

As seen in table 5 three of the networks are called 'phase 3' - which is a collaborative enterprise phase. They have a practitioner relevant theme (actions plans and life-review methodology and are founded on former PR-networks, but have much more differentiated tasks. Some of them have a research program to guide practitioners. Core members are participants from earlier PRN who becomes 'practice experts', but it is now a much more public enterprise open for every agency which want to implement the knowledge from the group. The networks are still based a written contract about a project, but the project could be further studies, implementation projects, training seminars, establishing of a knowledge base. Membership of the network is based on a contract for a year but the network organisation is thought to exist for several years.

Table 6
PRN as a collaborative enterprise: a hypothesis

PRN - Phase 3 Collaborative	Practitioner outcome	Agency outcome	Sector outcome
Personal competence	@@@	@@	@@?
Scientific training	@	@@	@@?
Interorganizational learning		@	@@
Implementation in practice	@	@@	@@@? .

Results

The core members of the VEGA- network and the life-review have now been working for almost ten years. The Action Plan network has been active for five years, and they survive without much funding. It is this CPRN - collaborations we think might contribute to a knowledge management strategy. If this way of doing practitioner research was implemented to a knowledge management strategy the practitioner pull for relevant knowledge could be satisfied faster and more effectively. The results from the networks could on the other hand inform further intervention research as seen in figure 2
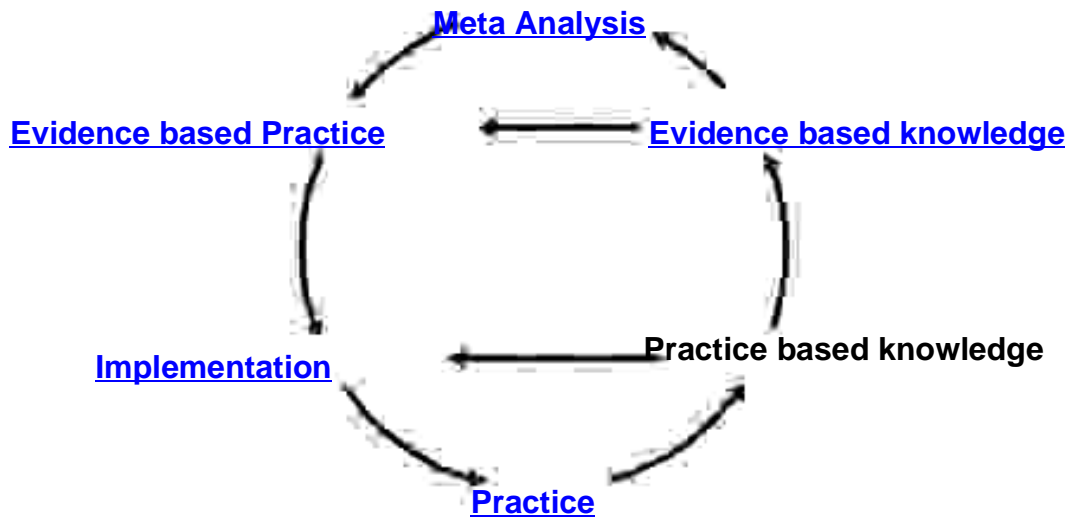
Conclusion

The results show that Phase 2 practitioner research "The practitioner research network' is a research strategy that gives the practitioners in social work an opportunity to plan, carry out and report case studies while at work, the network creates synergy between the projects and add inter-organisational learning to the studies. Founding the research in the agencies rise the implementation success rate.

A phase 3 The development of the collaborative enterprise is a promising way The collaborative practitioner research network advances the making of proper "practitioner researchers" and creates communities of practitioners for a longer period of times. They specialise on a theme and are able to run a wide repertoire of research, dissemination and implementation strategies.
If this kind of network should contribute to a knowledge management strategy it should be acknowledged that practitioners play a role in the knowledge production and the networks should be integrated into the organisation of the evidence production.

There is no opera unless some people are singing in the bathroom.

Litterature

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