Emerald Insight

Journal of Organizational Change Management

Using strategic communities to foster inter-organizational collaboration

Madeleine Audet Mario Roy

Article information:

To cite this document:
Madeleine Audet Mario Roy , (2016),"Using strategic communities to foster inter-organizational collaboration", Journal of Organizational Change Management, Vol. 29 Iss 6 pp. 878 - 888
Permanent link to this document:
http://dx.doi.org/10.1108/JOCM-11-2013-0231

Downloaded on: 11 November 2016, At: 01:35 (PT)
References: this document contains references to 27 other documents.
To copy this document: permissions@emeraldinsight.com
The fulltext of this document has been downloaded 99 times since 2016*

Users who downloaded this article also downloaded:

(2016),"Employees' emotions in change: advancing the sensemaking approach", Journal of Organizational Change Management, Vol. 29 Iss 6 pp. 903-916 http://dx.doi.org/10.1108/JOCM-05-2016-0088

(2016),"A multilevel study of transformational leadership, dual organizational change and innovative behavior in groups", Journal of Organizational Change Management, Vol. 29 Iss 6 pp. 855-877 http://dx.doi.org/10.1108/JOCM-01-2016-0005

Access to this document was granted through an Emerald subscription provided by emerald-srm:563821 []

For Authors

If you would like to write for this, or any other Emerald publication, then please use our Emerald for Authors service information about how to choose which publication to write for and submission guidelines are available for all. Please visit www.emeraldinsight.com/authors for more information.

About Emerald www.emeraldinsight.com

Emerald is a global publisher linking research and practice to the benefit of society. The company manages a portfolio of more than 290 journals and over 2,350 books and book series volumes, as well as providing an extensive range of online products and additional customer resources and services.

Emerald is both COUNTER 4 and TRANSFER compliant. The organization is a partner of the Committee on Publication Ethics (COPE) and also works with Portico and the LOCKSS initiative for digital archive preservation.

*Related content and download information correct at time of download.

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

The current issue and full text archive of this journal is available on Emerald Insight at:
www.emeraldinsight.com/0953-4814.htm

Using strategic communities to foster inter-organizational collaboration

Madeleine Audet and Mario Roy
Faculté d'administration, Université de Sherbrooke, Sherbrooke, Canada

Abstract

Purpose – The purpose of this paper is: to report on an experiment in building up inter-organizational collaboration between healthcare organizations; and to identify how structure and some of the components of the strategic community (SC) approach to organizational change can have a long-term impact on inter-organizational collaboration.

Design/methodology/approach – This paper resulted from participative action-research held from 2007 to 2013. A systematic collection of data (field notes, 746 hours of observations, proceedings, 186 interviews, journals, focus groups, discussion forums) was conducted in the various cycles of the action-research.

Findings – Adapted to the healthcare sector, the SC has taken the form of a temporary inter-organizational collaboration structure composed of health professionals, first-level managers, general practitioners, specialized doctors, and non-profit organization representatives. The SC approach appeared to be an efficient strategy for taking action.

Practical implications – The SC approach appeared to be appropriate for cases where the inter-organizational collaboration had clearly declined, where several other attempts had failed, and where the care trajectory involved vulnerable clients who had to travel between different service points for the required care.

Originality/value – This study illustrates how SC helps to significantly improve inter-organizational collaboration in the healthcare sector. It likewise acknowledges the relevance of Thomson and Perry's (2006) work in analyzing and emphasizing the dimensions required to ensure successful inter-organizational collaboration.

Keywords Action-research, Healthcare sector, Bottom-up change strategy, Inter-organizational change, Inter-organizational collaboration, Strategic communities

Paper type Research paper

Implementing change in independent but complementary public organizations is a major challenge. That is particularly so in public healthcare systems (Parmelli *et al.*, 2011; Dufour and Steane, 2013). This paper has two main purposes: to report on an experiment in building up inter-organizational collaboration between healthcare organizations; and to identify how structure and some of the components of the strategic community (SC) approach to organizational change can have a long-term impact on inter-organizational collaboration.

Inter-organizational collaboration has already been scrutinized (Cropper *et al.*, 2008). According to Gray (1989, p. 5) inter-organizational collaboration is "a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible." Gray's definition is widely used in academia as well as in research. Nonetheless there still is no universal agreement on what inter-organizational collaboration is.

The authors would like to thank the Canadian Foundation for Healthcare Improvement and the MSSS (Quebec Health and Social Services Ministry) for their financial support.

Journal of Organizational Change Management
Vol. 29 No. 6, 2016
pp. 878-888
© Emerald Group Publishing Limited
0953-4814
DOI 10.1108/JOCM-11-2013-0231

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

It would take different forms according to various contexts (Andersson *et al.*, 2011). It can be anything between simple informal intermittent coordination between organizations to more lasting full and formal network structures (Mandell and Steelman, 2003). It would further be associated with a number of management practices such as building trust, power, and information sharing. Those are sometimes labeled good management practices (Kelman *et al.*, 2013). They are further referred to as building blocks (Pitsis *et al.*, 2004). Rigg and O'Mahony (2013) pointed out that the lack of central coordination, individual organization's agendas, inter-agency competition, as well as many other institutional factors and features prevent inter-organizational collaboration. Furthermore some such as Huxham and Vangen (2005) as well as Kelman *et al.* (2013) stress that it is sometimes not an advisable option.

Notwithstanding many are asking questions about how to implement successfully inter-organizational collaboration. Gray (2008) offers a step by step process and classifies the various strategies, tactics, and actions intended to support collaboration in a framework that counts four key steps: problem setting; direction setting; implementation; and institutionalization. Ring and Van de Ven (1994) stressed that inter-organizational collaboration would result not from a linear but from a cyclical process that would achieve a balance between formal and informal process.

Thomson and Perry (2006) pointed out that although most of the knowledge does not come from traditional public administration research, it still provides insights into the complex nature of the collaborative process between public organizations. Based on the work made by Wood and Gray (1991), Thomson and Perry (2006) have argued that inter-organizational collaboration can be understood by analyzing five key processes: collaborative governance; collaborative administration; reconciling individual and collective interests; forging mutually beneficial relationships; and building norms of trust and reciprocity. The present research answers their call for more empirical research.

Research context

As in most developed countries around the world the healthcare system in Québec is made of large number of self-governing institutions that do have a complementary mission. However, each of them is typically concerned about and concentrates primarily on the care episodes and services under its own jurisdiction.

When our action-research began in 2007 the gap between the provision of services and the needs of the population was significant in particular for those often referred to in England, Australia, New Zealand, and Canada as the "Cinderella services." It soon became obvious that none of the organizations involved would be able to change the situation on its own. However there were nearly no formal relationships between those organizations. Previous attempts at collaboration had proven rather disappointing; the situation in many ways looked like what Huxham and Vangen (2004) described as "collaborative inertia."

In this action-research the approach developed in particular by Kodama (2002, 2005, 2007) called "SC" was used. SC is a bottom-up change strategy that aims to accelerate innovation development by bringing together resources from various organizations. It had been used successfully in Japan for the development of web applications for cell phones. When applied to healthcare that approach would rely on a provisional structure bringing together professionals, first-level managers, general practitioners and specialist physicians, representatives from the community, and so on. The term of office of that provisional structure would be to formulate, implement, and evaluate new and innovative strategies, tactics and ideas to deal with the flow of work, decisions, and actions between healthcare organizations (Roy *et al.*, 2013).

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Methodology

Participatory action-research is at the same time a research methodology and a strategy for change. The process is made of several cycles of problem solving and cogeneration of knowledge involving organization members and researchers working together (Whyte *et al.*, 1991). This methodology is one of the open research approaches of the pragmatic epistemological perspective in management sciences (Robson, 2011). It is considered particularly well suited for studying and implementing organizational change (Marshall, 2011).

Systematic data collection and information feedback was carried out weekly. It allowed the research participants to share their experience and to receive feedback about the impact of the project in each of the organizations involved. A number of methods of systematic and continuous data collection (namely field notes, observations, proceedings, interviews, focus groups, discussion forums) were used (Table I).

The data analysis was performed using open coding. That allowed for the main themes to emerge from listening to the data. Those themes were used in order to write down the numerous analytical reports along the change process. These were put together and submit to the participants for approval.

Findings

This section describes the structure put into place, the way it worked and the achievements in three main healthcare areas. Between 2007 and 2011, three strategic communities were put into place in order to improve the organization and delivery of services in three important areas: oncology; mental health – adult; and mental health – pervasive developmental disorder (PDD). In average they counted ten members. Most of those members were recognized as leaders in their field. They were all from the operating core carrying out the basic work and tasks associated with producing the services of their organization.

As opposed to a community of practice – that is an informal structure for sharing knowledge, problems, and experiences among individuals holding similar positions in their organization (Wenger and Snyder, 2000) – a SC is a formal interdisciplinary structure and its members are entrusted with a clear mandate. Furthermore a SC is also different from a project team that must perform, within a limited timeframe a specific set of tasks. In contrast to a project team a SC committee enjoys a great deal of freedom in decision and action. Putting into place and managing such a structure would go through episodes of exploration, of incubation, and of trial and error. The process would lead to new strategies and new actions ensuing from the collaboration between the organizations involved. For some that would feel like developing an innovation at the same time that it is getting implemented. Participants belong to different organizations therefore that allow them to step out of their usual silos in order to understand what the situation looks like from the point of view

Table I. Summarizing the main data sources between 2007 and 2011

Number of individual and group interviews	186
Number of participant-observation sessions in the SC	71
Number of team-manager meetings observed	83
Number of feedback meetings with managers	26
Number of monitoring meetings with various parties	81
Number of actively present hours in the field	746

of the other organizations involved. Furthermore that gives free rein to the development of ideas in a less formal more receptive environment.

Figure 1 shows the structure of the SCs. The members came from different organizations such as health and social service centers (CSSS), NPOs, hospitals, etc. Each of them played a role during the patients' care episodes. The relationships between those various organizations as well as between the people belonging to that network were traditionally difficult; many of them did not know each other. The mandate of the provisional structure was to formulate, implement, and evaluate new and innovative strategies, tactics and ideas to deal with the flow of work, decisions, and actions between healthcare organizations providing for particular healthcare need. In their undertaking they were supported by a team of consultant-facilitators. The meetings were often led by someone who was not directly involved in the change process but who knew quite well the problems that were being addressed.

Each of the three strategic communities was under the responsibility of a steering committee bringing together the general manager of the institutions, some of their directors, the consultant-facilitators, and the researchers. The projects designed by the SC would be put on the agenda of the steering committee for approval. In order to successfully complete its mission each SC could rely on the help of a group of managers and head of departments affected by the project of change. Their key role was to identify the potential stumbling blocks and to ensure that the projects would be implemented as smoothly as possible. There was another group called the monitoring group gathering together various people who were asked to step in by the steering committee. Its main role was to make sure that the formulation and the implementation of a project was not standing idle in particular by smoothing the progress of communication and by getting support at political level (Table II).

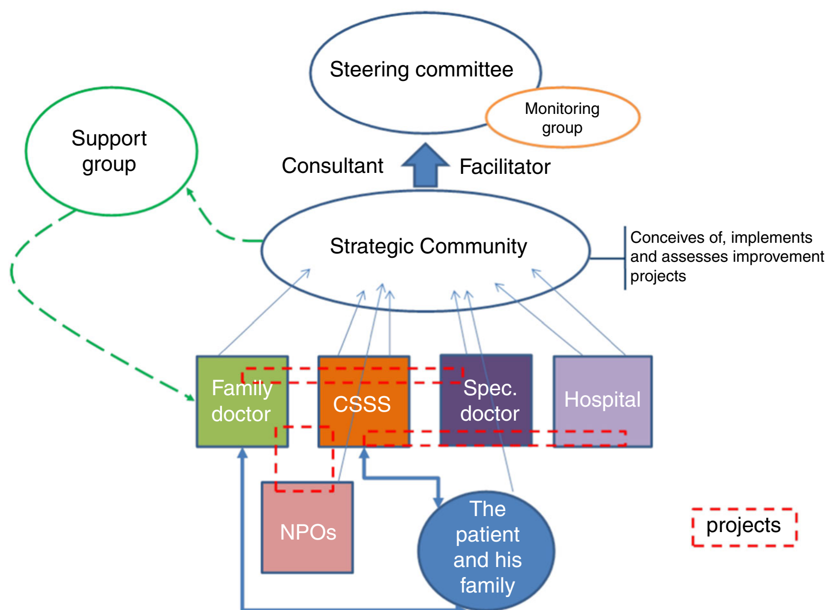

Figure 1.
The structure of the strategic community

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Periods	Stages
3 to 6 months Pre-start-up	Political alliance and commitment of the players Establishment of the partnership Formation of steering committee, including directors Consultation with senior managers in the possible care trajectories Preliminary choice of a care trajectory Adoption of an operating budget Adoption of a supervisory structure Choice of a consultant-facilitator Choice of an SC moderator Identification of support group members
1 month Diagnosis	Drawing up of a portrait of the initial situation (trajectory diagnosis) by the researchers Selection of SC members
Roughly 18 months Commencement of the SC and implementation of trials	Public presentation of the trajectory portrait Presentation of other initiatives undertaken in the trajectory Training and awareness raising of SC participants Familiarization of the SC members with the care trajectory and inter-institutional services Emergence of ideas Choice of project(s) to be tried Development of projects Implement trials Continuous monitoring and assessment Dissemination and institutionalization
After two years Continuation	Continued cooperation across existing structures

Table II.
Stages in an SC's progression

The starting point and main results of the three SCs

As already pointed out between 2007 and 2011, three strategic communities were successfully put into place in order to improve the organization and delivery of services in three important areas: oncology; mental health – adult; and mental health – PDD.

Oncology

Our diagnosis of the opening situation in oncology indicated that patients had to deal with a rather large number of duplication. A closer look revealed that this was the result of health professionals from one organization not being familiar with the health professionals of the others. Care teams dedicated to cancer patients were put into place in each of the three institutions involved. Those teams then help implementing new improvement programs and contribute to establish and maintain communication within as well as between organizations. Trials of self-medication programs for patients and better coordination between the hospital and the various community organizations were conducted and evaluated (Roy *et al.*, 2009).

Mental health – adult

At the outset of the mental health project the various participants were showing signs of rather low level of confidence in each other. This was fed by serious doubts about other people's competency as well as about their willingness to truly cooperate.

A few months later they had been able to put forward a number of good ideas to improve in the short term the organization of work. Three pilot trials aiming primarily at improving the flow of communication in general and the flow of information about patients in particular were conducted and evaluated. Although modest in scope those experiments had a positive impact on the units involved and they increased the health professionals' ability to deal with more complex problems such as determining the flow of patients between organizations on the basis of the level of care specialization required. The participants then set up a way to meet and exchange clinical strategies about more complex cases. The participants saw the SC approach as an effective strategy to get things done. In only one year all indicators were suggesting that collaboration between the organizations had clearly progress (Roy *et al.*, 2013).

Mental health – PDD

When the project began the waiting time to get a pre-diagnosis in PDD was more than a year and a half. That had been going on for a number of years. The SC participants came up with a streamlined itinerary for moving files from one institution to the other. The detection tools were reviewed and standardized and certain stages judged to be redundant were eliminated. After only a few months of work, major gains had been achieved on both respects: quality and speed. The average waiting time for a pre-diagnosis felled from a year and a half to less than two months.

The inter-organizational collaboration: an analysis

The following analysis is structured around Thomson and Perry's five key processes. It aims to improve our understanding of the processes that can help inter-institutional collaboration.

A process of collaborative governance and decision making

According to Thomson and Perry (2006) collaboration entails putting into place a new form of decision making. Indeed the decisions must now be made together. A SC uses a bottom-up decision-making approach that is to say that the decisions are made by the same people who carry out the actions in the organizations. Given the highly hierarchical nature of the healthcare sector this is a counter-cultural approach. All the initiatives are entrusted to and undertaken by the people who are in close contact with the operations and services that are at the heart of the mission of the cooperating organizations. The projects to be implemented are first developed by the SC and then presented to the steering committee that must approve them. The implementation and evaluation are likewise carried out by the SC. This particular way of doing things has numerous advantages as well as some disadvantages.

Among the advantages, there was the increased commitment of the people involved in providing the services. We observed a high rate of participation that was maintained over time for each SC, even on the part of those professionals who were reputed to be difficult to involve, such as doctors. The second advantage was the relevance of the selected ideas. When people at the base of an organization were given the responsibility to come up with improvement ideas and to put them into motion, they chose to work on aspects that were genuine, daily irritants. The challenges raised by this type of approach were numerous. The most important came from

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

the fact that a bottom-up approach to change is counter-cultural in the decidedly hierarchical civil service. Combining these projects with the classic decision-making structure was one of the elements that required the most discussion and adjustment throughout the whole project.

A process of collaborative administration that supports action

According to Thomson and Perry (2006) organizations decide to collaborate because they have something to achieve together. This requires at least a minimum of administrative support to carry on. The emphasis is not so much on structure as on management, in particular the management of change. This poses a particular challenge to the extent that the traditional coordination mechanisms such as hierarchy, standardization, and routine cannot be used in the same way, the participants being autonomous and voluntary players who are free to pull out whenever they wish.

Several forms of support helped SC work to move forward. A major element was hiring a consultant-facilitator paid by all the participating institutions to serve the collective project rather than the individual organizations. This key person was necessary to the approach's success. She saw to it that the work progressed between meetings. She helped in monitoring, following-up, and re-launching initiatives, and in formalizing and translating ideas into concrete activities. She provided support for the evaluation of experiments by making it easier both to identify the information that would let people know if the change was occurring and to assess the results.

A process for reconciling individual and collective interests

According to Thomson and Perry (2006) organizations that collaborate must maintain their separate identities while contributing to the creation of a collective and collaborative identity. Organizations generally decide to collaborate because they cannot solve the problem they are facing on their own. They must thus strike a balance between resolving this common problem and meeting those individual interests which initially motivated them to commit to the project.

This factor was probably the main reason that previous attempts at collaboration did not produce the results. Reconciling individual and collective interests was largely made possible by exchanges between participants, by the feedback/discussion structure integrated into the project, by facilitating and supporting work in the field, as well as by work on the steering committee.

In the SC, no one "officially" represented their institution. That being said the composition of the SC meant that the trajectory's diversity was represented. The exchanges helped people to become more aware of their collective interests and to establish their shared objectives. They also made people aware that, when one organization's management of a service focussed on resource distribution efficiency, it sometimes proved to be a considerable hindrance in the patient follow-up and cost management of their neighboring institutions. Some organizations had to re-organize their internal services to better serve their clientele and adequately meet the needs of their partner organizations, thereby shaking up operational methods that had been in place for many years.

A process for forging mutually beneficial relationships

According to Thomson and Perry (2006) the relations developed between partners can be either complementary or mutual. In all cases, the SCs were set up to address

problems that were beyond each participating organization's individual field of intervention. As another indication of reciprocity the institutions accepted to fairly share the costs of the project.

When we began to work in oncology, mental health, and PDD, we were told that several previous improvement attempts had failed, the meetings usually started late, many people were absent, and so on and so forth. The participants clearly saw no advantages in collaborating. People spoke of "turf wars" and ideological wars. At best there were sometimes agreements to share information but generally people agreed that nothing worthwhile came out of these talks there being no obligation to produce results only to meet. However the SC insists on concrete results. One must be convinced that a situation is no longer tenable and that people must move and act together.

A process for building norms of trust and reciprocity

According to Thomson and Perry (2006) whether the collaborative experience is enhanced or diminished depends on what the participants think of their reciprocal commitment. Different levels of commitment will sap confidence between partners. Conversely, respect for commitment, achieving results where each party wins, and a fair sharing of costs will build confidence between the partners and thereby reduce the complexity of the initial issues and encourage them to pursue the undertaking.

Confidence was developed in large part due to in the field facilitation and support. Small, quick improvements helped to build confidence between partners regarding their ability to jointly deal with more complex issues. In each case, we observed that, after a few months, the participants from the various institutions had developed the habit of contacting each other directly when incidents occurred. They knew each other, were used to working together, and felt able to solve problems directly rather than passing them on to a higher level of management.

Originality, value, and implications

The SC approach as developed and experimented in this action-research project appears to be innovative. It has the potential to establish and maintain collaboration, particularly when the inter-institutional situation has greatly deteriorated and the partners acknowledge that they cannot solve problems on their own. The SC fosters contact and communication between participants, maintains links between collaborating organizations, encourages members to respect their commitments, manages conflicts and never loses sight of common interests. Furthermore, it builds and supports confidence, facilitates the work, and evaluates continuously, just so many activities that are considered important in nourishing collaboration (Axelsson and Axelsson, 2006). Further research is needed to test the suitability of SC in other contexts (i.e. suicide prevention, drug abuse, etc.) and identify ways of maintaining inter-organizational collaboration when SC is dismantled at the end of the project.

Sandfort and Milward's (2008, p. 156) claimed that "there is no empirical evidence that either mandated or emergent collaborative service models constitute a superior method of collaborating." Our work suggests that the initiatives that emerged from the SC had significantly more impact than mandated ones. The literature on employee's participation suggests that involving employees in decision making can have at least two outcomes: building a sense of ownership which can both reduce resistance and enhance commitment to the implementation of a plan; and improving the quality of the decisions and resulting plans (Packard *et al.*, 2012). The results of our study are in line with those findings. Collaboration assumes that participants voluntarily commit to

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

carrying out changes in each environment so as to improve the overall functioning and thereby properly meet the clientele's needs.

Giving operators the power to change operational practices should not be done haphazardly however. Such a counter-cultural style in the health and social services sector requires a structured approach, the firm commitment of the general manager, and the support of an external resource person (consultant-facilitator). The latter should be impartial and able to build a close working relationship with each one of the parties.

To sum up our analysis suggests that the five processes proposed by Thomson and Perry (2006) are closely related to one other and that they could not simply be approached sequentially. The structural processes of governance and administration precede the others. Without a dedicated governance structure and support for managing change the SC approach would not have got off the ground. The three other processes kept the structure standing by reconciling individual and collective interests, forging mutually beneficial relationships, and building confidence and reciprocity in the participants' relationships. Those processes seem to act simultaneously and to reinforce each other. In light of our action-research the analysis framework proposed by Thomson and Perry (2006) appears to be useful in explaining how the structure and components of the SC approach can have a helpful impact on collaboration and change in independent but complementary public organizations.

References

Andersson, J., Ahgren, B., Axelsson, S.B., Eriksson, A. and Axelsson, R. (2011), "Organizational approaches to collaboration in vocational rehabilitation – an international literature review", *International Journal of Integrated Care*, Vol. 11 No. 4, pp. 1-10.

Axelsson, R. and Axelsson, S.B. (2006), "Integration and collaboration in public health – a conceptual framework", *The International Journal of Health Planning and Management*, Vol. 21 No. 1, pp. 75-88.

Cropper, S., Ebers, M., Huxham, C. and Smith Ring, P. (2008), "Introducing inter-organizational relations", in Cropper, S., Ebers, M., Huxham, C. and Smith Ring, P. (Eds), *The Oxford Handbook of Inter-Organizational Relations*, Oxford University Press Inc., New York, NY, pp. 3-21.

Dufour, Y. and Steane, P. (2013), "Implementing disruptive innovation: a wicked problem for health care managers?", *Management et Avenir Sante*, Vol. 1 No. 1, pp. 33-52.

Gray, B. (1989), *Collaborating. Finding Common Ground for Multiparty Problems*, Jossey-Bass Publishers, San Francisco, CA.

Gray, B. (2008), "Intervening to improve inter-organizational partnership", in Cropper, S., Ebers, M., Huxham, C. and Smith Ring, P. (Eds), *The Oxford Handbook of Inter-Organizational Relations*, Chapter 25, Oxford University Press Inc., New York, NY, pp. 664-690.

Huxham, C. and Vangen, S.E. (2004), "Doing things collaboratively: realizing the advantage or succumbing to inertia?", *Organizational Dynamics*, Vol. 33 No. 2, pp. 190-201.

Huxham, C. and Vangen, S.E. (2005), *Managing to Collaborate: The Theory and Practice of Collaborative Advantage*, Routledge, London.

Kelman, S., Hong, S. and Turbitt, I. (2013), "Are there managerial practices associated with the outcomes of an interagency service delivery collaboration? Evidence from British crime and disorder reduction partnerships", *Journal of Public Administration Research and Theory*, Vol. 23 No. 3, pp. 609-630.

Kodama, M. (2002), "Transforming an old company through strategic communities", *Long Range Planning*, Vol. 35 No. 4, pp. 349-365.

Kodama, M. (2005), "Knowledge creation through networked strategic communities: case studies on new product development in Japanese companies", *Long Range Planning*, Vol. 38 No. 1, pp. 27-49.

Kodama, M. (2007), "Innovation and knowledge creation through leadership-based strategic community: case study on high-tech company in Japan", *Technovation*, Vol. 27 No. 3, pp. 115-132.

Mandell, M. and Steelman, T. (2003), "Understanding what can be accomplished through interorganizational innovations the importance of typologies, context and management strategies", *Public Management Review*, Vol. 5 No. 2, pp. 197-224.

Marshall, J. (2011), "Images of changing practice through reflective action research", *Journal of Organizational Change Management*, Vol. 24 No. 2, pp. 244-256.

Packard, T., Patti, R., Daly, D. and Tucker-Tatlow, J. (2012), "Organizational change for services integration in public human service organizations: experiences in seven counties", *Journal of Health and Human Services Administration*, Vol. 34 No. 4, pp. 471-525.

Parmelli, E., Flodgren, G., Beyer, F., Baillie, N., Schaafsma, M.E. and Eccles, M. (2011), "The effectiveness of strategies to change organisational culture to improve healthcare performance: a systematic review", *Implementation Science*, Vol. 6 No. 33, pp. 1-8.

Pitsis, T.S., Kornberger, M. and Clegg, S. (2004), "The art of managing relationships in interorganizational collaboration", *M@n@gement*, Vol. 7 No. 3, pp. 47-67.

Rigg, C. and O'Mahony, N. (2013), "Frustrations in collaborative working", *Public Management Review*, Vol. 15 No. 1, pp. 83-108.

Ring, P.S. and Van de Ven, A. (1994), "Development processes of cooperative interorganizational relationships", *Academy of Management Review*, Vol. 19 No. 1, pp. 90-118.

Robson, C. (2011), *Real World Research – A Resource for Users of Social Research Methods in Applied Settings*, 3rd ed., Wiley, West Sussex.

Roy, M., Audet, M., Fortier, L., Lortie, Pier, B., Gosselin, A. and Cyr, S. (2009), "La pénurie de la main-d'œuvre et la transformation de l'organisation du travail au sein du réseau de la santé et des services sociaux de l'Estrie", Ministère de la Santé et des Services sociaux (MSSS), Sherbrooke, available at: www.usherbrooke.ca/ceot/fileadmin/sites/ceot/documents/Publications/Projets_de_recherche/Rapport_de_recherche_14dec09.pdf (accessed 12 August 2013).

Roy, M., Audet, M., Fortier, L., Lortie, Pier, B., Gosselin, A. and Cyr, S. (2013), "Strategic community: an approach for developing interorganizational collaboration", Canadian Foundation for Healthcare Improvement (cfhi-fcass), Ottawa, available at: www.cfhi-fcass.ca/Libraries/Reports/Strategic-Community-InterOrg-Collab-Roy-E.sflb.ashx (accessed 12 August 2013).

Sandfort, J. and Milward, H.B. (2008), "Collaborative service provision in the public sector", in Cropper, S., Ebers, M., Huxham, C. and Smith Ring, P. (Eds), *The Oxford Handbook of Inter-Organizational Relations*, Oxford University Press Inc., New York, NY, pp. 147-174.

Thomson, A.M. and Perry, J.L. (2006), "Collaboration processes: inside the black box", *Public Administration Review*, Vol. 66 No. S1, pp. 20-32.

Wenger, E.C. and Snyder, W.M. (2000), "Communities of practice: the organizational frontier", *Harvard Business Review*, Vol. 78 No. 1, pp. 139-145.

Whyte, W.F., Greenwood, D.J. and Lazes, P. (1991), "Participatory action research: through practice to science in social research", in Whyte, W.F. (Ed.), *Participatory Action Research*, Sage, Newbury Park, CA, pp. 19-55.

Wood, D.J. and Gray, B. (1991), "Toward a comprehensive theory of collaboration", *Journal of Applied Behavioral Science*, Vol. 27 No. 2, pp. 1139-1162.

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:35 11 November 2016 (PT)

About the authors

Madeleine Audet, DBA, is the Director of the DBA program and a Professor of Change Management in the Université de Sherbrooke. Her current research interests focus on knowledge transfer in organizations and change management in Health and Social Services. Madeleine Audet is the corresponding author and can be contacted at: madeleine.audet@usherbrooke.ca

Mario Roy, PhD, is the Director of the Research Chair on Work Design and a Full Professor of Organizational Psychology and Change Management in the Université de Sherbrooke. His current research interests focus on change management in Health and Social Services.

For instructions on how to order reprints of this article, please visit our website:
www.emeraldgrouppublishing.com/licensing/reprints.htm
Or contact us for further details: **permissions@emeraldinsight.com**