



Positively deviant networks: what are they and why do we need them?

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Abstract

Purpose – This paper aims to report “positively deviant” experiences of three public sector networks seeking to enhance organizational and system level capacities. It is the authors’ thesis that the knowledge base concerning the true benefits and pitfalls of networks can be captured and interpreted only through intense, ongoing learning effort embedded in practice on the ground, combined with sustained in-depth observation and collaborative research.

Design/methodology/approach – The paper describes through case examples why and how different kinds of networks within different jurisdictional contexts and different organizational cultures are being used to enhance the climate for change towards better health care and improved health. The authors describe the contexts, structures, processes and impacts of three “positively deviant” networks.

Findings – The network form can provide opportunity for nurturing changes and innovations within large organizational and complex system environments. This opportunity to create additional and different pathways for improved decision making and service provision comes with challenges that should be recognized.

Practical implications – The authors’ experiences indicate that, for networks, a key component of success relates to pulling and pushing at the edges of multiple connections and boundaries in “positively deviant” ways. This pushing and pulling is intrinsically evidence of organizational and intraorganizational learning – in the examples presented – for the improvement of health care and health.

Originality/value – Other networks can learn from the reported experiences and add their own cases to the empirical understanding of how networks can make a difference; this in turn can help the conceptual and theoretical understanding of them.

Keywords Networking, Learning organizations, Change management

Paper type Research paper



The very nature of the work of building and using networks involves many participants. This paper reflects the collaborative efforts of many individuals and teams operating within and alongside all three of the cases and their respective networked activities and achievements. While they are not all listed as authors, they are recognized and valued for their contributions and ongoing commitment to making a positive difference.

The potential for successful complex change and sustained innovation within complex organization, system or sector environments will depend in large part on our ability to think differently about learning [and on harnessing and spreading learning through positively deviant networks] (Casebeer, 2007; adapted by Casebeer *et al.*, 2009).

Introduction

There is growing literature concerning the roles and values of networks (e.g. Provan and Milward, 1995, 2001; Huxham and Vangen, 2005; Huerta *et al.*, 2006; Casebeer *et al.*, 2006a, b; Provan *et al.*, 2007). There are conceptual frames for identifying and mapping networks and their constituents, connections and capacities (Wasserman and Faust, 1984; Krebs and Holley, 2004). There is vast experiential understanding of the intricate and significant contributions and challenges of networks in a myriad of contexts (O'Toole, 1997; Hill, 2002; Agranoff, 2003; Milward and Provan, 2006). The importance of networks and networking for building and sustaining social and human capital also is also increasingly well documented and conceptualized (Hawe and Shiell, 2000; Kawachi *et al.*, 2008). The literature describing the value of communities of practice for both the individuals and their professions and organizations contains rich information for why networks are useful spaces for generative learning and innovation (Wenger, 1998, Wenger and Snyder, 2000; Argyris, 1999; Knight, 2002; Soekijad *et al.*, 2004; Quinn, 2004; Casebeer, 2007). As a result, the possibilities for doing both good and evil through networks are increasingly investigated and exposed (Moynihan, 2005).

This paper describes through case examples why and how different kinds of networks within different jurisdictional contexts and different organizational cultures are being used to enhance the climate for change towards better health care and improved health. We describe the contexts, structures, processes and impacts of three "networks" operating in Canada. One network is national with coast-to-coast activity; one is primarily provincially oriented; one is mostly regionally focused; all have made national and international contributions. We explore the terrain of all three cases in order to share learning about what creates conditions for building networks, for sustaining networks and for supporting networked activity within varying organizational contexts but with shared health based goals.

It is our thesis that the knowledge base concerning the true benefits and pitfalls of networks can be captured and interpreted only through intense, ongoing learning effort embedded in practice on the ground, combined with sustained in-depth observation and collaborative research. This becomes a jointly held imperative if we are to understand when networks lead change, when networks influence the change efforts of others, when networks quietly support the diffusion of innovation led elsewhere, and finally, when networks impede the climate for change that our health systems require and the health status our communities demand. We argue that, for networks, a key component of success relates to pulling and pushing at the edges of multiple connections and boundaries in "positively deviant" ways. We use this apparent oxymoron purposely as deviance is usually seen as a negative characteristic. However, when attempting to enable and sustain change in complex organizational and system environments, we have discovered that different and deviant capacities can actually be positive forces. A few others have used the term as well. Quinn (2004) uses it to describe patterns of unusual positive organizational scholarship and business practice; Casebeer (2007) used it previously to describe innovations within complex health

system change. Similarly, Bradley *et al.* (2009) describe organizations that demonstrate consistently exceptional behavior as “positive deviants”. Our use of the term is substantially different and is based on our experience as networks leaders and applied researchers and our observations and experiences of the need for networks to regularly work in “positively deviant” ways – deliberately acting and maneuvering in ways that are aberrant (from normal or even exceptional practice) within more traditional bureaucratic and hierarchical structures. So, for us, positive deviance is a way of describing how networks work around, sometimes overtly – sometimes covertly, the standard organizational processes to influence change in systems that are often fixed in their ways and bound up in traditional organizational hierarchy. This pushing and pulling ultimately contributes to organizational and intraorganizational learning – in our examples – for the improvement of health care and health.

The remainder of this paper presents three case experiences of networks of people and organizations trying to make a difference and in turn trying to extend understanding of how to capture the added value or difference that networked activity can create and catalyze. Each case touches on theory specific and relevant to its own development and is instructive more generally across the cases as well. The cases together comprise a comparative experiential and participatory case study (Yin, 1993; Stake, 1995) and use participant observation as well developmental evaluation techniques (Patton, 2008). Evidence is drawn from internal evaluation and quality assurance efforts as well as external audit and review. As participants in these cases, we have direct knowledge of both guiding theory and actual practice within the cases. They are selected and presented for the lessons they contain. We offer our experiences with the intent to encourage additional research and practice efforts from others.

Case example 1: Child and Youth Health Networks of Canada (CYHNC)

CYHNC is a voluntary “network of networks” formed in 2001 to promote the awareness, understanding and value of child and youth health networks from a national perspective. Its strategic directions include promoting knowledge transfer and exchange regarding networks; developing and implementing a national network evaluation strategy; and providing support to colleagues involved in child and youth networks.

Over six years CYHNC has sought to enhance the public service climate for change towards better health care and improved health outcomes for children, youth, and their families in the context of their communities and through the intersectoral collaboration of social, educational and health agencies. The context, structure, processes, and impacts of this national Canadian child health network are described and the opportunities and struggles of “network” work are captured.

Context

Canadian communities face challenges in delivering health and related services to children and youth due to limited availability of specialty pediatric expertise, competition for scarce resources, a need to provide access to specialized services in both dense urban environments and more sparsely populated large geographic areas, multiple organizational mandates of different child-serving organizations and sectors, and the necessity of considering a child’s health and well being within the family and environmental context (Wellever, 2001; Weiss *et al.*, 2002; Popp *et al.*, 2005). In response

to these challenges, interorganizational child and youth health networks have emerged over the past ten years to promote collaborative planning, priority setting, policy development, communication, information sharing, and innovative service delivery in a combined effort to improve child and family health outcomes (SACYHN, 2004; Popp *et al.*, 2005; McPherson *et al.*, 2006).

The genesis of these networks varies; some have been mandated by government in an effort to drive service integration, while others have formed voluntarily. Some are comprised only of health care organizations, while others include members from various child-serving sectors, such as health, mental health, education and social services. Others still might include parents or not-for-profit agencies. Their geographic scope also varies, from local to regional to provincial as does their stage of development. With some networks newly forming and others established for many years, the understanding within each network as to how networks are defined is diverse. By creating working cultures that support collaboration, interprofessional learning, and shared planning, these networks hope to impact not only the health care service delivery system, but also some of the broader, determinants of health and complex issues facing families such as child poverty and family violence (McPherson, 2003).

Early development

A consistent challenge for child and youth health networks is to demonstrate that they are having the impact they seek; in other words that the time and resources invested in the development of interorganizational networks is resulting in tangible outcomes or significant added value (Popp *et al.*, 2005). The variation among the child and youth health networks in Canada afforded a unique opportunity for practice based exploration and learning about this issue. Child health network leaders recognized that much could be gained by learning from each other about this new form of network organizational structure and, in particular, how to evaluate value and impact.

In June 2001 child health network leaders from across Canada met in Vancouver to share information about the development of their networks, the focus of their work, and their challenges. February 2002 saw the development of an early vision statement and confirmation of the concept of a national “network of networks” to act as an information clearinghouse, share expertise, promote the value of networks through education and research on network theory and practice, and leverage resources and funding. As well, the networks committed to shared contributions to develop and sustain CYHNC and to hold a one-day learning event focused on the theory, evidence and practice of interorganizational health networks. Since then the momentum has grown, with CYHNC members supporting or sponsoring a variety of events on an annual basis to strengthen the participation and relationships within CYHNC and to continue to share and learn together leading to reciprocal gains.

Structure and processes

To accomplish its goals, CYHNC established a national Steering Committee with formal terms of reference in 2003. The focus early on was almost exclusively on information sharing, learning about network theory that might inform interorganizational, public service networks, and capitalizing on regional events by holding corresponding national meetings at the same time. The Steering Committee

also hosts quarterly roundtable teleconferences to engage members who are geographically dispersed and to address specific topics such as child health network governance, outreach services, and Aboriginal child and youth health. These roundtable meetings afford a chance for CYHNC members to develop relationships, share successes and challenges, and to build on each other's work and experience.

Participation in all aspects of CYHNC activity is voluntary. CYHNC carries no official endorsement or mandate from the organizations involved in the various networks. In a sense, the decision of network leaders across the country to form CYHNC is in and of itself a "positively deviant" act. Network leaders could see the potential benefits and informally decided to come together. Permission or endorsement was never sought for the group – individual network leaders negotiated participation locally as they saw fit and the degree of formalization varies considerably. The activities of CYHNC are at times very visible, and at other times more covert depending of the assessment of its members as to the local climate of each network.

The work of CYHNC is resourced through the effort and financial contributions of members as well as external grant applications. Also, there is a good deal of support through the commitments that get hidden in the "in-kind" box within an interorganizational collaborative effort. These include intellectual capital, human resources, relational capital (calling on another CYHNC member to help out on something), and organizational capital (use of member organizational assets such as paper, computers, toll free phone lines/services etc.). Many members provide a combination of or all of the above contributions. Collectively these contributions support the work of CYHNC that, in turn, is designed to enhance the climate for better healthcare and improved health. Yet these contributions can also be seen as "deviant" in times when budgets are tight and there is a move to sell rather than share intellectual capital.

Impact

Just as member contributions to CYHNC are sometimes "hidden", the work of CYHNC to enhance the service delivery system is also relatively unseen and unsung. In fact its success is an invisible enhancement of each member within the network to better serve and support their clients and, through its network members, a subtle influencing of traditional structures to look beyond usual sectoral mandates to a broader, more collaborative vision of child health and well being.

Since 2004, CYHNC has been actively contributing to the practice and academic knowledge of interorganizational health networks through literature reviews, conference presentations, publications, and sponsorship and leadership of workshops on interorganizational child health networks. Significantly, CYHNC initiated and developed an international network research team and corresponding proposals for a multi-site study of network responsiveness and collaborative capacity in relation to context, structures, and processes. This research actively engages the national network members as leaders in developing a research capacity that is uniquely championed from the practice base, pushing the boundaries of normal academic, research, and research funding processes in what might be described as a "positively deviant" fashion.

Most recently, in Fall 2008, CYHNC engaged in a pilot research study of one of its members, the Southern Alberta Child and Youth Health Network. The study is using

network analysis to better understand the nature of relationships and extent of collaboration among the key organizations within the network, and to assess the impact of these relationships and the collective work of the network on the child and youth service delivery system. If the methods and outcomes of the study prove useful, a broader multi-site comparative network analysis research study will be developed.

Over time CYHNC has developed a pivotal role in promoting the use of interorganizational networks within child serving fields in Canada. Collectively, our national network members have significant practice expertise that is routinely sought out by others wanting to develop or sustain not only child health networks, but other interorganizational networks as well.

By contributing to the literature on health networks, sharing experiences, and taking leadership towards developing research and new knowledge on interorganizational health networks, CYHNC is extending what we understand about networks as well as what we need to further evaluate and research. None of these activities would necessarily be seen as core mandates or approved activities for any of the individual networks and could thus be viewed as a deviation from the expectations internal to each network. Yet if these purposefully voluntary and collaborative networks are to survive in health care contexts riddled with separate and distinct professions, sectors and organizations, all vying for scarce resources and credit, they will need to increasingly document and share the case for their value – through its positive deviance CYHNC is helping its member networks to do just this.

Case example 2: SEARCH Canada

SEARCH Canada is a not-for-profit organization dedicated to creating a culture of knowledge within the health system. Its mission is to help organizations make the best decisions through the development of people, relationships and information. Its programs and activities concentrate on capacity building through the development of communities of learning and sustained networks of people and organizations.

The phased growth and evolution of SEARCH and the emergence of SEARCH Canada as a public service member organization – networking health regions, universities, colleges and critical ongoing health and research funding supports across Alberta – stands as a province-wide example of “positive deviance” contributing unique capacity to enhance system wide knowledge acquisition and use. This case reflects over a decade of experience of how a very different kind of learning program and knowledge network can be developed to support and enhance capacity within a health care environment historically unused to a multi-disciplinary, cross-disciplinary and rural-urban network form. Traditionally, highly siloed health professions and organizations have been uncertain of the collaborative model of knowledge exchange, and at least suspicious of a multi and interdisciplinary learning frame oriented not just towards individual learning needs but aligned to organizational connection and contribution.

Context

There is renewed and increased awareness that some of our learning supports and capacities need to reframe traditional notions of the divides or distinctions between education and professional practice (Crossan *et al.*, 1999; Gardner, 2006; Pablo *et al.*, 2007):

We live in a time of vast changes that include accelerating globalization, mounting quantities of information, the growing hegemony of science and technology, and the clash of civilizations. Those changes call for new ways of learning and thinking in school, business, and the professions (Gardner, 2006).

Wenger and Snyder (2000) and others (e.g. Huxham, 1996; Lomas, 1997) have all written about the power of communities of practice and collaborative learning networks. Their work has recognized the critical place for connected and sustained life long learning linked to organizational goals and challenges long before such ideas were either considered or certainly welcomed in health sciences faculties or health care environments. It is this lag of realization that arguably made the introduction of SEARCH look like a significant departure from previous ideas concerning how to engage professionals in learning about evidence use and applied research. SEARCH established first as a cohort based learning program involving health professionals and their organizations in a two-year opportunity with continued and sustained connection to an ongoing network of evidence and expertise. This was quite “deviant” from the usual degree based journeys or one-off, time-limited professional development conferences and workshops which were the normal choices facing health care practitioners wanting further educational opportunities.

Early development

The Alberta Heritage Foundation for Medical Research (AHFMR), launched SEARCH (Swift, Efficient Application of Research in Community Health), in 1996 to help strengthen capacity in Alberta’s Health System for developing, disseminating and using information to meet the challenge of improving health outcomes; and, to enhance the connection between practice needs and research priorities. The long term vision was to create a networked set of partnerships and alliances among Alberta’s health regions, the universities and colleges, and the health research funders and policy-makers, to build a system wide capacity for knowledge exchange and use. In short, the primary aim was to improve access to reliable and valid evidence for health care decision-making as well as to help inform the creation of new evidence applicable to current health system problems, all health system settings and future opportunities – always with the intent of ultimately improving community health. In 1998, AHFMR launched a partnership program, The Alberta Consultative Health Research Network (ACHRN), aimed at extending “just in time” capacities for enhanced access to and use of evidence across wider numbers of health system professionals. Through extensive continuous quality improvement actions, efforts have come to focus on strengthening and extending organizational and system level connections and capacities to choose, create and use evidence relevant to local health contexts.

Structure and processes

In 2005, SEARCH Canada became operationally separate from AHFMR, funded through an AHFMR grant and members’ commitments. SEARCH Canada was created to bring research closer to practice in health care by developing people in health service and research organizations, building relationships across academic and practice sectors, and providing local research information and access. The creation of SEARCH Canada brought together the ACHRN and the two-year SEARCH Program under one overarching umbrella, as they were both working toward a common goal.

SEARCH Canada creates connections and “spaces of opportunity” to undertake learning and to exchange knowledge aligned with the goals of all its partners. SEARCH Canada structures linkages between sectors involved in developing and using evidence to inform health and health care decisions. Initially – this made for bringing together a strange set of “bed fellows”: academics from multiple universities and colleges representing a vast array of disciplines and multiple perspectives concerning research paradigms and processes; and connecting them to an equally broad set of health professionals working at different levels and in different practice settings and sectors in a multitude of varying roles – clinical, managerial, educational and analytical. Arguably one of the most positively deviant characteristics of SEARCH (and one of the most powerful in terms of system change) has been the sustained refusal to adopt competitive modes of selection and reward. The allocation of participation on a consciously inclusive and inter-disciplinary basis remains one of the most “different” aspects of the learning experience.

Creating what was initially seen to be a quite unusual if not aberrant set of alliances and connections, SEARCH Canada has evolved into a well-established, credible and dependable province wide resource for learning how to access and use current evidence concerning better practice. It also supports and catalyzes practice capacity to guide and participate in the creation of new knowledge relevant to current and future health and health care decision making needs.

Impacts

The relationships catalyzed and supported through the partnerships and alliances involving SEARCH Canada and Alberta’s health care system are beginning to pay significant dividends – both in creating a culture of knowledge within Alberta’s health sector, and in generating a positive impact on health delivery as this knowledge is applied to practice. Earlier work by Birdsell and O’Connell (2003) suggests that there are at least two aspects of ongoing value that emerge from involvement with SEARCH learning supports: enhanced skills and knowledge gained by individuals engaged in the learning networks; and the unique networking opportunities that are sustained. More recent exploration is beginning to suggest that these sustained efforts can morph and create new opportunities to expand learning capacity and evidence exchanges both more deeply within the organizational contexts of SEARCHers and also through new partnerships with other sources of knowledge support, exchange and use (Casebeer *et al.*, 2006a, b). Three different kinds of networks that SEARCH Canada has in some combination championed, catalyzed, influenced and or/supported are presented as evidence of impact.

SEARCH network. Over ten years, SEARCH Canada has nurtured vibrant and expanding network of health professionals, stretching across Alberta and beyond, creating a community of learning and practice that crosses geographic, professional, sectoral and disciplinary boundaries in health. This network is comprised of core participating health professionals and continues to be a driving force for developing, implementing and testing innovation in health care, in response to local community needs and in collaboration with partners. A key goal of the SEARCH Network is to support and enhance the health of Albertans using information as the basis for decision-making.

Faculty network. SEARCH Canada has developed a distributed network of faculty members across the province. Search Canada supports faculty mentors within many disciplines and departments in partnerships with Alberta's post secondary education system as well as attracting faculty embedded within the health system itself. This multi-disciplinary, multi-organizational and geographically dispersed alliance creates a uniquely different model for facilitating learning across a number of collaborative learning programs and projects. A sub group of this distributed faculty that is particularly divergent from a more normative faculty role is a group of faculty called "research development advisors" (RDAs). These RDAs are purposively geographically dispersed, often based at local university and college faculties and engaged to specifically work within and with the health system. RDAs provide local and timely evidence and research support to health regions across the province on a regular basis. For example, one RDA is located at Red Deer College, in keeping with that organization's applied research mandate. This RDA and his students have provided on-the-ground support in mentoring respiratory therapists throughout the implementation of an e-literacy project. This group also leveraged the project to obtain funding from the Alberta Association of Colleges and Technical Institutes (AACTI) to determine the effects of a virtual learning and peer learning community approach in building eLiteracy capacity among health professionals.

Continuing care network. Desktop technology and knowledge management expertise is also helping facilitate awareness and training efforts around implementation of the Alberta government's new Continuing Care Health Standards. This effort is partnered with the Centre for Health Evidence at the University of Alberta and the Province's Health System. Once fully implemented, an estimated 15,000 to 20,000 continuing care staff at all levels, will have access to resources supporting awareness, understanding and application of the new continuing care health service standards. Additionally, the project will lead to a valuable network of champions and managers, filling a key role in working with staff to apply the standards, building on SEARCH Canada's unique approach to community-based learning, and extensive experience in building and supporting networks within Alberta's health system over the past decade. The positive deviance of this collective effort lies within its focused support and connection of professionals within what is often seen as the forgotten sector of health care.

All of these networks involve some combination of SEARCH Canada's leadership support and influence. And they share many of the challenges identified within the CYHNC case, particularly with regard to attribution of contribution. It is particularly important that positively deviant networks – networks that situate themselves in some way as different from the current organizational climate or counter to the prevailing bureaucratic culture – be able to garner sufficient support to continue to provide added value. This evaluative imperative remains a true conundrum for all such networks – particularly those highly reliant on public sector or charitable funding.

Case example 3: Knowledge into Action (K2A)

K2A was a Department within the Calgary Health Region that was established to support people to engage in evidence-informed decision-making in the planning, management, delivery and use of health services. Work undertaken by the K2A team was guided by network theory and focused on: connecting and coordinating initiatives

that are underway in the Region; enhancing capacity for the use of evidence in practice; and, learning through research and practice.

This case provides an example of some of the risks involved with being “positively deviant”, demonstrating that sometimes difference leads to lack of understanding and even withdrawal of support. Ultimately, this case suggests that collaborative, networked activity does leave signs of value and enhanced capacity and can re-emerge to sustain.

Context

Healthcare is inherently a knowledge intensive field (Birdsell and Olemchuk, 2006; Greenhalgh *et al.*, 2005). Increasingly, practitioners and policy makers recognize the need for strategies to make better use of evidence. Despite efforts to build capacity through federal and provincial initiatives, there are few models to guide the implementation of strategies to make better use of knowledge in complex health systems. Models that do exist have yet to be systematically studied for their efficacy and relevance in different contexts (Estabrooks *et al.*, 2004; Greenhalgh *et al.*, 2005).

There is a receptive national and international climate for implementation of knowledge utilization (KU) strategies in health systems; however, supportive organizational cultures are needed in order to capitalize on these contextual influences (Birdsell, 2005; Zahre and George, 2002; Gall *et al.*, 2006). Lack of infrastructure for KU has meant that health regions have not fully capitalized on existing investments in training, research and project development.

Early development

The Calgary Health Region covers a large geography in south central Alberta with both rural and urban communities. With an annual budget of 2.8 billion dollars, it employs 28,000 staff providing health care to a population of over one million people. In April 2005, the region released its “Strategic Framework for Research”, a document emphasizing the importance of a coordinated KU strategy for integrating knowledge in ways that “positively impact clinical care, the delivery of health services and the health of the population” (RSREC, 2005, p. iii). The value placed on the use of knowledge within the Region is also evident in ongoing relationships between the Calgary Health Region and the University of Calgary. The Centre for Health and Policy Studies (CHAPS) provides examples of relationships that are designed to facilitate collaborative research on health services and population health (CHAPS, 2004). The Region and the Faculty of Medicine at the University of Calgary, through the joint Calgary Health Research portfolio, have identified knowledge utilization and decision support as a strategic priority. These efforts reflect an organizational culture that supports learning and professional advancement and recognizes the importance of a collaborative approach to research and training – an approach that emphasizes the importance of knowledge use in policy development and clinical practice at all levels of the Calgary Health Region.

In 2005-2006, an environmental scan was completed to capture the current state of KU activity in the Calgary Health Region (Scott *et al.*, 2006). Initiatives captured in the scan encompass such areas as evaluation, health technology assessment, data management, research, training and mentoring programs, and decision support. Information on 25 different initiatives was collected through interviews and document

review. What we learned from the scan confirmed that innovative initiatives are underway to support evidence-informed decision making. Structures and resources that support these efforts, however, were fragmented and often not readily accessible. Throughout the region, people expressed needs for better coordination, integration and use of knowledge. In the fall of 2006, the Knowledge Into Action (K2A) Department was established to respond to the expressed need for better coordination of knowledge activities in the region.

Structure and processes

Collaboration among health care providers and across systems is frequently proposed as a strategy to improve health service delivery. Over the past two decades, health care providers have been encouraged to “work in partnership” and “build interdisciplinary teams” (Scott and Hofmeyer, 2007). Woven throughout discussions of health systems change and knowledge development are references to the role social networks play in supporting systems change (Greenhalgh *et al.*, 2005). “Networks” are viewed as mechanisms for effective knowledge transfer and exchange (CHSRF, 2005, NLSI&II).

The structure of the K2A Department was explicitly based on network theory. As envisioned, K2A would implement capacity development strategies in targeted areas or nodes to facilitate improved use of evidence in practice. Through this structure, K2A would initially play a coordinating role across the region; structurally it would be a single hub-and-spoke model. The aim was for the nodes to form their own hubs (a multi-hub network) over time, with stronger ties, forming around the periphery and K2A changing its role, to become less facilitative and more supportive of the work underway throughout the region.

Impacts

In the Spring of 2007, K2A completed a strategic planning process through which the planning committee identified an approach to facilitating KU. Based on this work, it was determined that areas of focus for the Department would include – connecting and coordinating individuals and groups with similar KU interests, enhancing capacity for evidence informed practice, and investing in strategies to enhance learning through research and practice.

Initial activities undertaken through K2A were linked directly to regional strategic priorities. One such priority was the need for greater coordination of evaluation activities within the region. Through the environmental scan, K2A staff identified one department (Healthy Living) within the region that was leading the development of an integrated planning and evaluation process explicitly for their departmental purposes. Collaborating with this group and other Regional stakeholders over the past two years, the K2A staff have worked to develop a generic approach to integrating planning and evaluation that has Regional application. K2A staff are also working with representatives from Healthy Living and SEARCH to develop on-line courseware based on the integrated planning and evaluation process.

In addition to work in the area of evaluation, K2A staff are leading the implementation of nationally funded Mode 2 research in regional priority areas with a particular focus on strategies for knowledge sharing within large, complex health systems. The CoMPaIR program of research explores the use of deliberative processes to support evidence informed decision-making related to primary healthcare redesign.

A second research initiative is investigating the value of podcasting and digital storytelling in different contexts within the region.

By late 2007, aspects of the wider organizational environment of the region shifted focus. These shifts were significant in their impacts on K2A as a resource for catalyzing and enhancing evidence use within the region. As a result of leadership changes and shifts in perspectives concerning the nature of knowledge utilization efforts, the underlying philosophy supporting K2A activities clashed with competing claims on how best to support evidenced informed practice.

As of December 2007, K2A as originally designed and implemented ceased to exist. Is this case now an example of how being positively deviant can be limiting to long-term sustainability? Perhaps, but maybe it is just that large organizations morph in many ways on a regular basis – sometimes these changes lead to innovation, sometimes, they stifle them. And then there is the real possibility that we simply have not followed the case long enough yet. The region is currently undergoing a large and significant reorganization process. Between January-August 2008 with the support of champions within the organization, a core group within K2A moved twice more within the reorganized “region” to settle in a new organizational space. While still divergent from the prevailing culture, it maintains potential to quietly survive within very turbulent organizational change. It is likely that the networked activity and impacts that K2A began to sow in one place within the region will actually re-emerge in another part of the organization, becoming more closely aligned with health outcomes. Perhaps one crucial impact of networked forms of action is that they do create sufficient connections that when one part of a complex networked multi-professional organization lets go, valuable assets that would otherwise be lost, can be sustained within a new part of the same organization and the wider networked system it operates in.

Implications for research and practice

What is the “so what” in our interest in presenting our experiences of different and somewhat unusual networks – all in their own ways – interested in enhancing health? It is a blatant attempt to encourage practitioners and researchers alike to contribute to enhancing our understanding of the potential of public sector and public service networks and the networked capacities for learning and innovation they create, encourage and support. A compelling justification targeting the overall improvement of the health of Canadians is articulated by Mowat and Hockin (2002):

Public Health in Canada can achieve the vision that is set out ... if there is widespread participation, by individuals who commit to improving and maintaining their skills, by professional associations, governments and agencies that support continuing education, and by managers and colleagues who support continuous learning and ensure that this learning is translated into practice.

A primary message from our case examples is that the network is one important frame enabling continuous learning and diffusion of innovation in complex health and health care contexts. A key feature of networks that promote cultural shifts in traditional systems is the use of positive deviance as a strategy to influence change. Another key aspect of the “deviance” of our three cases is their intrinsic and explicit valuing of collaborative, non-competitive processes. This experience mirrors Church’s notion of the value of “tempered radicals” as the people who can inspire change at work through

their “difference” (Church, 2002); we would add – and through their sustained and supported connection to one another, to shared learning and consequent enhanced capacities.

The relative lack of knowledge concerning the added value of networks, leaves us with a few conceptual suggestions as well as several challenges (Huerta *et al.*, 2006). We offer our experiences as a beginning attempt to narrow the gap in theoretical understanding of how to research the network form and how to describe positive deviance as it presents within network activity. From our three cases, we have identified four groups of “characteristics” of positively deviant networks that we observed. We suggest they are at least partially explanatory of this type of network activity and we offer Figure 1 as a beginning conceptualization.

The network form in general creates opportunity to work collaboratively; however, collaboration, particularly within some organizational forms, is not easy. Building on

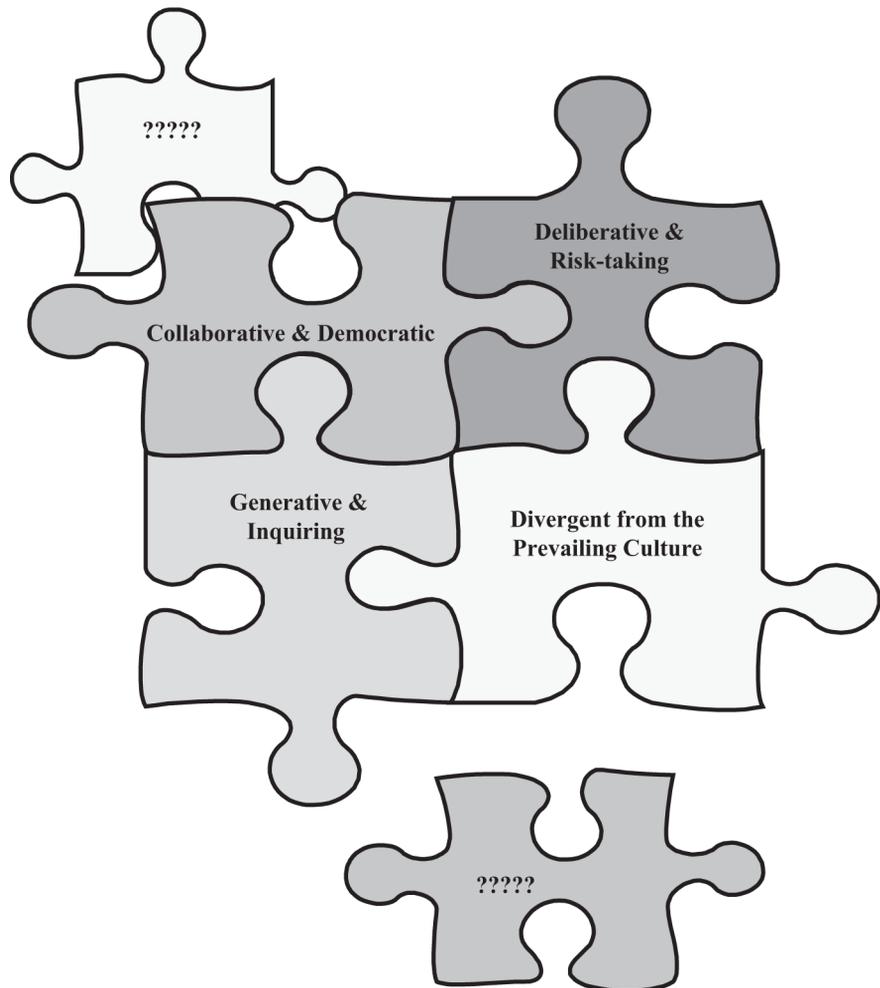


Figure 1.
Characteristics of
positively deviant
networks

Westrum's (2004) typology of organizational cultures (pathological, bureaucratic, generative) we suggest the positive deviance of collaboration emerges when such democratic and shared action is different from the prevailing organizational culture. Hence, two pieces of the puzzle connect to create positive deviance and potential for actions and behaviors that can alter the status quo in constructive ways.

The changes that are supported and/or sought by positively deviant networks also require genuine risk-taking. Deliberative risk-taking within organizational cultures that are generally risk averse brings opportunity for the network form which can more easily disperse and share risks. However, the risky behaviors also come with downsides, especially when confronting well-established and relatively powerful institutions with little time for divergence from the norm in most situations, especially ones that bring risk exposure.

The good news and an added value in these positively deviant networks are their inherently generative and inquiring cultures. An over-arching objective of such networks is to enhance organizational learning capacity among and within network participants and their respective organizations and stakeholder groups. The potential to create sustained learning through modeling and supporting generative inquiry is perhaps the most enduring characteristic of what we have identified as positively deviant networks.

Based on our experience of three very different networks, all of which exhibit certain qualities or dynamics identified with positive deviance, we think these characteristics, and likely others, warrant further practice reflection and research efforts. Additional inquiry and adaptation may lead to the development of an explanatory and interpretive theory (ala Yin, 1993) of positive deviance as an inherent component of healthy network formation, implementation, leadership, and sustenance.

We end with several challenges that remain to be addressed if we are to better understand the network form in general and this proposed sub-group of networks that exhibit "positive deviance". These include: better use of existing theory; improved use of empirical case studies to enhance our theory and practice knowledge; and, more research on relevant evaluative methods concerning how to develop an adequate evidence base about networks and their contributions. The implicit hope of sharing experiences of what were at least initially seen as quite "deviant" from the norm initiatives, is to support others in sharing their experiences to add to the number of "positively deviant" networks we know are out there. Indeed, we suggest that positive deviance is likely a key characteristic of any successful network although one that also carries significant risk.

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