Strengthening Healthcare Infrastructures: Introducing a Sustainable Community of Practice Model

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Abstract. Healthcare provision faces enormous challenges in providing quality sustainable services that meet the people’s primary healthcare needs. A greater understanding of health systems is important in order to gain an in-depth knowledge about the development, design and delivery of a given system. To enable collaborative working in the ever-changing health service a flexible framework is required which incorporates a community of individuals who understand each other. Stakeholders involved in complex and currently unsustainable healthcare systems need to reflect on the whole system, understand it and identify their individual and collective perspectives, when finding sustainable solutions. A Sustainable Community of Practice model (SCOP) emerged following critical participatory action research to create a strategy to build a sustainable wheelchair and seating provision community. The SCOP model provides a simplified framework to view the complexity of healthcare systems and seeks to enable the generation of solutions for sustainable development through stakeholder-centred practice. This paper presents the application of this model when laying the foundations to develop a support service strategy for people living with epidermolysis bullosa, as a platform to strengthen and sustain healthcare infrastructures.

Introduction

Healthcare provision faces enormous challenges in providing quality sustainable services that meet people’s primary healthcare needs. This has generated expressed frustrations among consumers, providers and policy makers about the inadequacies and lack of uniformity of healthcare infrastructures to support best outcomes. A greater understanding of health systems is important to gain an in-depth knowledge about the development, design and delivery of a given system. A flexible framework is required which incorporates a community of individuals who understand each other to enable collaborative working in the ever-changing
health service (Ripat and Booth, 2005). Community led solutions which embrace a middle ground approach, while recognising the realities of bureaucratic structures, without being stilted by them, are recommended (Whiteford, 2003; Callaghan and Coltan, 2008; Pollard and Sakellariou, 2008; Verkaaik et al, 2010). Dervitsiotis (2005, p.926) states that there is a need to move away from a hierarchy of ‘thinkers at the top’ and ‘doers at the bottom’ … to a more ‘vibrant live network’ of linking people at all levels. It is important to engage key stakeholders involved healthcare systems to reflect on the whole system, understand it and identify their individual and collective perspectives to find sustainable solutions.

Sustainable Community of Practice Model

Critical participatory action research to create a strategy to build a sustainable wheelchair and seating provision community was conducted in the Republic of Ireland (Gowran, 2012, Gowran et al, 2014). This was underpinned by theories in human rights, occupational science, sustainability and systems thinking. The research utilised organisational ethnography within a soft systems methodological framework involving four sequential pillars, which included participant observation, individual interviews and a series of workshops (Ybema et al, 2009; Checkland & Scholes, 1999) (see Table I, Gowran et al, 2014).

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<th>Table I Research Process involving Four Sequential Pillars</th>
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During meaningful collaboration workshops dimensions of sustainability were introduced (people, place and pace), adapted from a relatively new concept of five dimensions of sustainability which fitted well with findings relating to wheelchair and seating provision as opposed to the traditional triple bottom-line (social, economic and environmental) approach (Seghezzo 2009). The overall findings of the research expressed the essentiality of the wheelchair as a primary need for survival, supporting Rousseau-Harrison et al’s (2009) claims and their utilisation of Maslow’s heirachy of needs (Maslow 1948).

Adopting these concepts and influences a Sustainable Community of Practice model (SCOP) emerged. The SCOP conceptual model looks beyond the traditional patient-centred practice and focuses on developing a stakeholder-centred frame of reference. The SCOP model introduces four manifold dimensions which provide a simplified framework within which to view the complexity of healthcare systems and seeks to enable the generation of solutions.
for sustainable development. The dimensions include (see Figure 1, Gowran et al 2015, p.53):

![Figure 1. Model for building a sustainable community of practice (SCOP)](image)

- **Valued Management of the Place** which considers the historical developments that have resulted in current healthcare infrastructures within a given context.
- **Vital Meaning for the People** which considers stakeholders’ individual and collective perspectives of the system.
- **Viable Maintenance** affecting the **Pace** which identifies enhancements and disruptions to healthcare pathways, affecting the overall flow of the system.
- **Visible Mindfulness for effective Policy** which cultivates, integrates and applies knowledge collectively as a ‘community of practice’ to build a sustainable system with indicators to monitor, measure and respond to the changing system. (Gowran 2012; Gowran et al, 2015, p. 53; Bell & Morse, 2004).

These dimensions interconnect and demonstrate their permeable interdependence, necessary to fuel healthcare systems now and in the future. This paper presents an example of how the model is later applied when researching the development of support services for people living with the rare disease epidermolysis bullosa (EB) (Gowran et al, 2015). Both studies lay foundations which support a platform to strengthen and sustain healthcare infrastructures. The model recognises the need for reflective consciousness, collective awakening and sustainability action within a ‘common transaction space’ in pursuit of actionable strategies for sustainable development to meet peoples’ primary needs, while optimally utilising scarce resources (Wenger, 1998; Capra, 2003; Hanh, 2007, Elsaessar & Bauer, 2011). The model emphasises the importance of a shared consciousness between stakeholders at the grassroots, middle or higher ground, including consumers, providers and policy makers. The main purpose for applying the SCOP model is to provide stakeholders with the opportunity to build sustainable healthcare infrastructures by generating actionable strategies that are owned and delivered by the given community of practice, consistent Bossett’s (2012) recommendation to include practical and implementable solutions.
References


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