Author’s response to reviews

Title: Why (We Think) Facilitation Works: Insights from Organizational Learning Theory

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Attn: Professors Anne Sales & Michel Wensing
Editors-in-Chief, Implementation Science

Dear Professors Sales and Wensing,

We are very pleased to submit this revision of our original manuscript, Why (We Think) Facilitation Works: Insights from Organizational Learning Theory, for your consideration. Our sincere thanks to you, and to our two reviewers for their constructive comments and suggestions. Below, we address each of the reviewers’ comments, referencing specific changes to the manuscript where appropriate.

Response to Reviewer #1’s Comments
First, our thanks for your encouraging comments and thoughtful suggestions.

Suggestion to add a concrete case study. As you note, ours is a theoretical paper that aims to situate facilitation within organizational learning theory in the interests of advancing discussion of facilitation’s conceptualization and its role in learning and knowledge generation, and contributing to thinking around evaluation of practice change initiatives in health care that incorporate facilitation. As such, we offer what we hope is a coherent exposition of concepts relating to organizational learning theory, review extant research on the components and processes of facilitation, and express the latter in terms of the former in our propositions. Because the concepts are many – organizational learning theory has enjoyed extensive development in the organization sciences – and because our arguments are complex, the propositions that we offer are somewhat more elaborate than is customary, where some contain bracketed content that is considerably less abstract than what is traditionally associated with propositions. We had in mind to offer this level of detail in order to make the conceptual linkages clear, since they are at a fairly high level of abstraction, and the applicability of the proposed conceptual relationships to real-world facilitation initiatives more evident. The bracketed text in Propositions 3 to 8, for example, refers to facilitation micro-processes and activities of proposed relevance to internal and external absorptive capacity meta-routines. These bracketed terms offer specific illustrations of the more abstract concepts of facilitation micro-processes and activities referred to in the main text of the proposition (e.g., encouraging assessment of current practice,…providing feedback about research use). Similarly, reference to particular sets of facilitation micro-processes and activities as they relate to higher-order learning in Propositions 9 and 10 direct readers to the concrete processes and activities included in Table 2. In sum, we have elected not to include a case study since the focus of our paper is to initiate a theoretical discussion, however we have taken care to insert less abstract language, both in the propositions and in the text that motivates each, to facilitate readers’ understanding of the applicability of the theory of organizational learning to understanding “why facilitation works” in some health care contexts, and what the bases of its variable impact on knowledge implementation across these contexts might be.
Suggestion to remove Figure 3-PDSA Cycle. We appreciate this suggestion, and have removed the discussion focussing on the PDSA cycle, and Figure 3, in this version of our manuscript. We intended that the PDSA cycle discussion serve as an illustration of how facilitation-based quality improvement approaches might promote learning (absorptive) capacity building and higher-order learning as we describe these elsewhere in the paper. However, your comment indicates to us that the focussed discussion on the PDSA cycle distracts from the intent of the paper – which is to situate facilitation within the “theoretical home” of organizational learning theory, and advance discussion of the concepts of facilitation and learning micro-processes that contribute to absorptive/learning capacity. In this version of the manuscript, then, we discuss the PDSA cycle only as extensively as we do the other quality and process improvement techniques (e.g., Six Sigma, Continuous Quality Improvement and others) that are designed to create or enhance systems that integrate learning in organizations and improve knowledge management.

Simplification and explanation of the nomenclature of Figure 1. We have executed your suggestions, offering a revised version of Figure 1 and more specificity in the text regarding the terms we use.

Restructure sections of the paper, and introduce section headings that reflect the content and logical structure of arguments. We have acted on this suggestion, in particular elevating the original subheadings to better serve as a logic guide to the reader while still, we hope, adhering to the journal’s manuscript format requirements.

Response to Reviewer #2’s Comments
Our sincere thanks for your encouraging comments; they have assured us that we are some way toward achieving what we set out to do in terms of situating facilitation within the “theoretical home” of organizational learning theory, and advancing discussion of the concepts of facilitation and learning micro-processes that contribute to absorptive/learning capacity.

Content has strong resonances with structuration and social practice theory. We appreciate this insight. One of the central tenets of structuration theory asserts that all social action involves structure, and all structure involves social action (Giddens, 1984). Network structures, then, like those built or augmented by facilitation-based initiatives referred to in our paper - and the network structures that predate such initiatives - are just as much an outcome as they are a means for network actors’ actions (Li & Berta, 2002). New structures to support new practices are indeed hard won, particularly since both they and the actions/practices that they support often replace or supplant existing structures and practices - we particularly like Hargreaves’ (2011) reference to the intractableness of social structures, where practitioner-members must be persuaded to “defect” to alternate practices. In organizational learning theory, there is similar discussion of “reversion to old routines” (March, 1991; Argote, 2013) and the difficulties inherent in “unlearning” in order to learn new practices/routines (Huber, 1991) - at times, seemingly requiring something akin to an organizational revolution – that are phenomena that learning theorists relate as much to the constraints of material structure and inertia of social relations in organizations as they do to the attitudes and behaviours of individual organizational members.
We have developed additional content to reflect this discussion, and include it in the *Theoretical Implications* section of our revised manuscript:

“Our discussion also resonates with other social theories that explain behavior change. In particular, the linkages that we make here among organizational learning theory concepts – particularly higher-order learning, and its inherent challenges - and facilitation are consistent with work that applies social practice theory (see Schatski, 2001) to explain behaviour change. Social practice theory, inspired in part by Giddens’ (1984) structuration theory, involves the analysis of “practices” in social settings (including but not exclusive to organizational settings) that are both generated and sustained by shared understandings about the skills and knowledge required to complete activities - and these shared understandings are in turn shaped by assumptions and presuppositions (Schatski, 2001) about what is referred to in the learning literature as action-outcome relationships (Brown & Duguid, 1991). When it comes to changing practices, practice theorists like Ropke (2009:2492) underscore the importance of reflection – one key aspect of facilitation that we discuss above - which “opens actors to question the bases for their actions” – that is, the assumptions and presuppositions discussed in social practice theory, and the action-outcome relationships discussed in organizational learning theory. Structure-actor dualism is prominent in social practice theory, and is relevant to our discussion of practice improvement and change in the context of health care: while non-trivial changes to practices are likely to lead to changes in the social structure in health services organizations, we note that facilitation itself represents a structural perturbation…which leads in turn to changes in practices by requiring reflection, querying action-outcome assumptions, re-examination of goals and the knowledge and skills required to achieve them, and higher-order learning.

These new structures to support new practices are often hard won, particularly since both they and the new actions/practices that they support often replace or supplant existing structures and practices. Indeed, Hargreaves (2011) refers to the intractableness of social structures, where practitioner-members must be persuaded to “defect” to alternate practices. In organizational learning theory, there is similar discussion of “reversion to old routines” (March, 1991; Argote, 2013) and the difficulties inherent in “unlearning” in order to learn new practices/routines (Huber, 1991) – at times, seemingly requiring something akin to an organizational revolution – that are phenomena that learning theorists relate as much to the constraints of material structure and inertia of social relations in organizations as they do to the attitudes and behaviours of individual organizational members. Finally, social learning theorists would likely also assert that facilitation and reflection importantly leads to querying the relevance of “material artefacts” to action-outcomes relationships – that is, the equipment, tools, materials and infrastructure traditionally used in undertaking an activity (Ropke, 2009).

*Acknowledges that hospitals are very poor learning organisations, with structural properties that may counteract the principles discussed in the paper*. This is an important point that aligns with your just-prior comment, and our discussion/response above. Indeed, we think that this observation is likely
sector-indifferent and applies to all types of organizations across all sectors. We see this discussed in the consumer behaviour literature on consumption (Ropke, 2009). For example, in discussing the merits of applying social practice theory to studying behaviour change, Hargreaves (2011:79) underscores the usefulness of social practice theory not only in explaining current behaviour and practices, but in revealing “the profound difficulties encountered in attempts to challenge and change practices, difficulties that extend far beyond the removal of contextual ‘barriers’ to change and instead implicate the organization of normal everyday life”. Again these ideas resonate, as you have observed, with those articulated in organizational learning theory. And they have been applied – under the auspices of organizational learning theory, not social practice theory - in the health care sector by health services researchers seeking to understand, for example, the challenges associated with the application of research evidence to improve practice or patient safety (Berta & Baker, 2005; Chuang et al., 2007).

In response to your comment, we developed the following paragraph and include it in our Practical Implications section.

“We note that health services organizations are likely to be much like other organizations in other sectors where most, at best, engage in single-loop learning and peripheral change. We know from public reporting systems that there is considerable variation in performance among health services organizations, and we know from the literature that higher-order learning is rare relative to single-loop learning - as are high-performing organizations. Formidable challenges to change and organizational learning have been noted previously by health services researchers (see Berta & Baker, 2005; Chuang et al., 2007), and we by no means intend to underplay the difficulties inherent in implementing practice change. That said, our discussion above highlights facilitation’s potential as a powerful social integration mechanism for realizing, and generating, absorptive capacity in health services organizations, and fomenting sustainable practice change”.

Replace health care industries with health care sector.
We have made this substitution, as you suggest.

Our thanks to you for considering this revision to our manuscript.

With Best Regards,

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Primary Area of Study Lead, Health Services Organization and Management