LEARNING HISTORY AS A CATALYST TO KNOWLEDGE TRANSFER IN HEALTH CARE ORGANIZATIONS

Summary

The importance of knowledge transfer to an organization’s competitiveness has been well documented. Yet knowledge transfer remains a complex, dynamic process that is far from easy to implement. This paper explores the value of the learning history methodology as a tool to accelerate knowledge transfer and organizational change within organizations.

The learning history methodology is a qualitative research methodology that considers human perceptions, actions, opinions, and evaluations and was first designed to help transfer learnings from pilot projects to other parts of an organization. It is typically used within an action research environment, allowing recognition of what has been learned in the past to guide stakeholders in the dialogical generation of a new future. This paper first provides an overview of the literature on the learning history method, followed by an analysis of its application to an ongoing research project at the Eastern Townships Rehabilitation Centre in Quebec.

The early results from this research project demonstrate how the learning history method has helped senior managers recognize and address the challenges involved in implementing change and transferring new knowledge in this organization. The learning history process identified employee concerns about change initiatives at the centre, and resulted in necessary modifications to the original implementation plan. The learning history methodology can therefore act as a catalyst to accelerate the knowledge transfer process within organizations.
LEARNING HISTORY AS A CATALYST TO KNOWLEDGE TRANSFER IN HEALTH CARE ORGANIZATIONS

This study focuses on understanding the impact the methodological approach of learning history has on knowledge transfer within an organization. Based on a case study of the Eastern Townships Rehabilitation Centre, we will analyze how the learning history approach can be integrated into an organizational change process and thereby accelerate its appropriation.

Resource management is a major determinant of organizational strategy and recent research views the knowledge generated by resource management as an intangible asset (Luthans et al., 2004; Tallman et al., 2004). Luthans et al. (2004) refer to an organization's explicit and implicit knowledge as “human knowledge capital.”

Both academics and practitioners have grasped the importance of knowledge capital, and Simmonds et al. (2001) have observed that knowledge transfer heads the list of practitioner concerns. Organizations have realized that the internal development of knowledge capital alone is inadequate and have adopted different tactics to acquire new knowledge and consequently develop new skills. Organizations may purchase knowledge that they cannot develop, if they deem that the knowledge generated in-house is inadequate (Bloedon & Stokes, 1994). Other tactics include strategic alliances, which can ensure the growth, development, and use of an organization's cognitive capital (Hamel, Doz, & Prahalad, 1989; Hamel, 1991), and strategic watch, which can be used to reveal an organization's best practices for importation into one's own organization.

The importance of knowledge transfer to an organization’s competitiveness is well documented (Cavusgil, Calantone, & Zhao, 2003; Dayasindhu, 2002; Lynn, Skov, & Abel 1999; Powell, 1998; Szulanski, 1996). Many studies have reported on remarkably improved performances that can be attributed to knowledge transfer (Büchel & Raub, 2002; Buckman, 1998; O’Dell & Grayson Jr., 1999). Nevertheless, knowledge transfer remains far from simple to implement.

In a field study analyzing 32 experiences of knowledge transfer, Argote et al. (2000) concluded that ten of them culminated in failure (transfer halted). The other 22 experiences fell short of achieving the same level of productivity as the source (34% loss of productivity between the source and recipient). Knowledge
transfer initiatives frequently fail to yield the anticipated outcomes. They also take time. In taking up a study by Szulanski, O’Dell and Grayson (1998) concluded that transferring best practices between two units in the same organization required an average of 27 months!

Faced with these disappointing results, organizational learning and knowledge management experts are seeking more appropriate research tools to tackle learning and knowledge transfer. This paper presents an analysis of one of these research tools, the learning history. The first section provides an analysis of the literature on this method and its impact on knowledge transfer, followed by an analysis of its application to our ongoing research project at the Eastern Townships Rehabilitation Centre in Quebec.

The Learning History Methodology

First designed to help pilot projects transfer learning to other parts of an organization, the learning history is a qualitative research methodology that considers human perceptions, actions, opinions, and evaluations (Cortese, 2005). It was created in 1994 at MIT’s Centre for Organizational Learning in response to the needs of organizations to engage in collective reflection. Some see this narrative method as a qualitative measure of knowledge (Greco, 1999) or as a knowledge management tool, especially effective for managing personal and context-specific tacit knowledge (Milam, 2005). Learning history also qualifies as inductive research, since researchers are not trying to prove or disprove starting hypotheses. The naturalistic/constructivist perspective is used to capture and construct stories by collecting data from a wide group of people (Milam, 2005).

The learning history methodology is typically used within an action research environment and is designed to allow recognition of what has been learned in the past to guide stakeholders in the dialogical generation of a new future (Bradbury & Mainemelis, 2001). However, learning histories can be appropriate in many different contexts. Stories are particularly well-suited to capturing the dynamic and complex nature of organizational learning (Kleiner & Roth, 1997a). Any change project can be seen as a learning opportunity, which means the learning history approach might be employed to help reflect upon, assess, and evaluate any type of organizational change initiative. Nevertheless, it usually concentrates on a transformation or a re-examination of a pressing performance issue, rather than focusing on incremental changes (Milam, 2005). This methodology seems to address the needs of knowledge management and, more particularly, knowledge transfer activities. It also allows researchers and practitioners to study knowledge transfer initiatives.

Inspired by Van Maanen’s (1988) ethnography tool, called the jointly told tale, the learning history document is a 20- to 100-page narrative of an organization’s recent critical episodes, presented in an engaging two-column format (Bradbury & Mainemelis, 2001; Kleiner & Roth, 1997a). The right-hand column presents an emotionally rich story of relevant events through the interwoven quotations of people who took part in them, including champions and skeptics, people who were affected by them, or people who observed them up close. The left-hand column contains the learning historians’ analysis, which identifies recurrent themes in the narrative, asks questions about its assumptions, and raises “undiscussable” issues. The content of the left side of the document is based on recognized research in the areas of systems thinking, organizational effectiveness, and organizational behaviors (Cross & Rieley, 1999).
Once written, the learning history document is disseminated through group discussions with people who were involved in the change effort and others who might learn from it. Thus, a learning history is as much a process as it is a product (Roth & Kleiner, 1995a). It brings tacit knowledge to the surface, codifies it, and turns it into an actionable knowledge base (Kleiner & Roth, 1996). More generally, the learning history is “inspired by belief that legitimate or valid knowledge results from an emancipatory process, one that emerges as people strive toward conscious and reflexive emancipation, speaking, reasoning, and coordinating action together, unconstrained by coercion” (Bradbury & Mainemelis, 2001, 352).

The learning history is a collective and inclusive process (Farr, 2000) that produces positive social change (Bradbury and Lichtenstein 2000). First, it builds trust when people see their anonymous comments documented in the learning history (Kleiner & Roth, 1997a; Farr, 2000). It also shows participants that their views count (Farr 2000). For example, in one organization, the learning history forced senior managers to recognize the team’s stress level and consider their recommendations concerning the staffing process for future project organization (Cross & Rieley, 1999). Moreover, group discussions favor collective reflection and can help people openly express their fears, concerns, and assumptions: this can build trust and a sense of community because people feel they are not alone in their efforts to improve the organization (Kleiner & Roth, 1997a).

The learning history methodology may not only improve the quality and effectiveness of conversations people in organizations have about their improvement efforts, so that the organization can move forward effectively, (Bradbury & Mainemelis, 2001; Roth, 2000), but it may also help organizations learn how to learn from both the good and the not-so-good (Cross & Rieley, 1999). An important effect of this approach is that it catalyzes double loop inquiry, causing people to consciously reconsider their values and practices to achieve a desired future (Bradbury & Reason, 2003); capturing lessons of an organization’s past experiences (Parnell, Von Bergen, & Soper, 2005); creating a learning organization by sharing the stories of projects (Kleinsmann & Valkenburg, 2005); and transferring knowledge from one part of an organization to another, not by copying what others did, but by understanding their reasoning, impulses, and insights for their own learning efforts (Farr, 2000).

The advantages of using this approach in studying knowledge transfer are presented in the following case study of the Eastern Townships Rehabilitation Centre, where we are using a learning history methodology in an ongoing research project.

The Eastern Townships Rehabilitation Centre: A Knowledge-transfer Context

Stakeholders in Quebec's health care network have been faced with ever-increasing costs related to health care delivery, the changing needs of an aging population, and the scarcity of financial and human resources. Client service, as well as attracting and retaining staff, are prime concerns and overshadow all other aspects of organizational management. The purpose of our research was to understand and support efforts to transfer and adopt a humanistic philosophy of providing care to the specific context of a rehabilitation centre in Quebec.
The Eastern Townships Rehabilitation Centre (French acronym: CRE), a regional institution for the rehabilitation of physical impairments, decided in 2004 to adopt a humanistic philosophy, including humanistic care and management practices. The CRE forged linkages with health care institutions that had adopted the Planetree philosophy and management practices. These practices\(^1\) were developed in the United States and place priority on compassion and personalized care for patients and their families by ensuring that health care workers also take care of themselves and their colleagues at work. The organization must strive to create an environment that supports staff in a difficult work context to improve the work atmosphere and the quality of care.

These philosophy and management practices translate into the implementation of resources, programs, and tools fostering the overall well-being and health of patients and staff in health and social services organizations. They stand out from conventional approaches because they describe not just the type of care and services that patients want to receive, but also the type of care and services that staff wants to offer. The Planetree model is currently being applied in roughly 100 institutions, some of which, such as Griffin Hospital, Longmont Hospital, and Hackensack University Medical Centre, are ranked among their country's outstanding facilities.

**Research Method**

The purpose of our research was therefore to understand and support efforts to transfer and adopt the Planetree philosophy to the CRE, and to better grasp the requisites needed to promote knowledge transfer according to the Planetree model. We determined that an in-depth case study would be the most appropriate research strategy to enable us to understand an evolving phenomenon. We focused our analysis on the scope of certain implementation initiatives that occurred between fall 2004 and fall 2005, and aim to carry out various teachings on the conditions needed to foster successful knowledge transfer of the Planetree model in the Quebec context.

We used the learning history methodology as the primary tool for data collection to gather the reactions of management and staff on the initiatives for implementing the Planetree philosophy. To begin with, we gathered information on the perceptions of stakeholders directly concerned by the issue, using semi-structured interviews. Focus groups will later be used to enrich the data collected through the interview process.

The semi-structured interviews were carried out by members of the research team and included a representative sample of the centre’s client services as well as a variety of responsibilities and positions held by CRE staff. Project participants were volunteers. The sample consisted of 47 participants (from a total of 229 CRE employees), representing each of the centre’s six programs. Each program was represented by a program head, a clinical coordinator, four clinical stakeholders, and an administrative support staff member. In addition, there were three representatives of general management as well as two administrative assistants. Preliminary analysis and a data summary (verbatim) were produced at the end of the interviews.

The interviews were recorded to preserve the integrity of the collected comments and for analysis purposes. All the collected data (audio tapes, verbatims, interview notes, and focus group notes) will be analyzed and

\(^{1}\) For more detailed information on Planetree philosophy, refer to (www.planetree.org)
presented so as to preserve respondent confidentiality. Each participant had the chance to validate their interview transcript (verbatim), which helped ensure the construct validity of our research (Lincoln & Guba, 1985; Guba & Lincoln, 1989).

Our analysis of interview data, called the distillation phase in the learning history methodology, involved two steps: content analysis by a member of the research team using ATLAS.ti software (for processing qualitative data), followed by conceptual analysis by the research team based on the coding produced with ATLAS.ti. This codification made it possible to condense the data and bring out patterns (key themes) that will serve as reference points in discussions with learning history participants.

In the following section, we present the outcomes of the first step of analysis of our project's results based on ATLAS.ti codification of interview data. We examined and analyzed the responses of CRE stakeholders to what they considered the most significant barriers to the knowledge transfer process and implementation of the Planetree philosophy.

**Presentation and Analysis of Findings**

The interviews aimed to determine how CRE employees perceived the implementation of a humanistic model of care. The questionnaire, comprised of ten questions and sub-questions, asked if the initiatives attempted by the CRE affected them and, if so, how. We also asked what they thought might be impeding transfer of the Planetree approach at the CRE and what they thought should be done to facilitate its acceptance.

This section details what the respondents deemed to be forces acting against Planetree implementation and what should be put into place to facilitate acceptance of the humanistic model. Coding made it possible to identify a total of 242 interview quotes related to these concerns. Following the learning history methodology, fragments were coded without an initial analysis grid in order to identify emerging categories. The first phase of coding yielded 81 codes associated with brakes and issues. These codes were then grouped into 13 code families (see Appendix 1) involving similar themes. Table 1 presents the frequency distribution according to code family.

<table>
<thead>
<tr>
<th>Code Family</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about human resources (climate, integration, training needs, etc.)</td>
<td>41</td>
</tr>
<tr>
<td>Concerns about the availability of financial and human resources (capacity)</td>
<td>40</td>
</tr>
<tr>
<td>Concerns about project organization</td>
<td>33</td>
</tr>
<tr>
<td>Concerns about the physical arrangement and organization of the facilities</td>
<td>20</td>
</tr>
<tr>
<td>Concerns about shared understanding around the tangible application of Planetree</td>
<td>19</td>
</tr>
<tr>
<td>Concerns about management (capacity, availability, role)</td>
<td>18</td>
</tr>
<tr>
<td>Concerns about communication and consultation with HR</td>
<td>16</td>
</tr>
<tr>
<td>Concerns about the rapidity of change</td>
<td>14</td>
</tr>
<tr>
<td>Concerns about union and other constraints</td>
<td>14</td>
</tr>
</tbody>
</table>
Concerns about human resources (climate, integration, training needs, etc.) constitute the first group of issues. They relate principally to concerns about employee resistance to the project or even fear of possible demobilization.

"Some employees resist change. Or rather, there's a bit of mistrust every time that management proposes something. Some people are disillusioned and I think that could be breaking things."

They also deal with the challenge of implementing a change of this scope with work teams destabilized by significant staff turnover and new resources that have not been integrated or whose status is uncertain.

"Employees might leave because there's not enough stability or because they're always dealing with new clients. Take my case. There are seven of us working together. There's only three of us left out of the seven who were there last October."

"That's what's causing the disillusionment and disengagement. You just get so tired and fed up to see new coworkers show up... You have to show them what they need to know about the program, and then they leave a few months or a year later. You need stability."

This category of concerns is closely associated with those relating to union constraints, since the union rules do not make it easy to put stable work teams into place.

"Staff gets moved around so much. Of course, there's a personnel shortage, but because of the union rules, with bumping and all, things are always shifting. That means that you can't have stable teams and you can't implement anything stable either."

It is interesting to note that many of the comments related to greater employee empowerment with respect to the change relate to the fact that employees are perhaps too demanding of management, or even "spoiled"!

"I think that the main brake is that some people have never worked anywhere else than in a rehabilitation centre. When I hear people complaining about things, I tell myself: ‘Jeez, that's because you've always worked here. You've never worked anywhere else, because, if you had, you would know how stupid that sounds.'"
The second category most frequently mentioned relates to the lack of funding and its impacts on the human resources needed to implement the project. Employees say that they are already concerned with problems in providing care to their current patients and the stress caused to them by not being able to provide care to the individuals on the waiting list. They state that there is not enough time to fully implement a humanistic model of care throughout their basic activities. Indeed, they have trouble finding the time to attend meetings, in particular.

"Well, because of the work overload, it can be pretty difficult to provide care that is always completely humanistic. That means creating some kind of contact, taking time. At the Griffin Hospital, the social worker...has a caseload of 16 patients. Here, we've got caseloads of 30, 40, 45 patients...you know...it's easy to take the time when you've got the time."

This concern also relates to the speed of the change, when individuals are worried about taking the time required to "own" the change.

"We are going to have to give ourselves the time to change things, so that we can absorb the new way. Then, yes, that will mean, in the future, we'll have the time to talk it over, and know how to go about it. I think that it's going to be important for them to give that to us, that time."

Respondents are also concerned about the availability and capacity of management staff during the course of the project. The comments reveal a necessity for management to review work organization so that they too can integrate the approach as well as provide support and guidance to their staff. This comes down to guiding stakeholders in taking ownership of the process. First-line managers and clinical coordinators seem to represent a major source of concern.

"They (the managers) also have a way to go. They've got attitudes and behaviors that need changing. That's obvious. They're going have to check their priorities against their ways of doing things. They're going to have to accept to change how they go about things."

"It's got to be passed on...that takes somebody who's really interested in it happening. If you come into a department and the program head is more or less convinced, 'We'll do it because that's what they want.'...There are an awful lot of skeptics around."

The third category of concerns relates to project organization. Employees expressed confusion about the steps to be carried out and how achievements would be assessed. They are calling for an action plan, priorities, and regular feedback on progress. Our analysis reveals an impression of diffuseness and of a lack of clear guidance and follow-up.

"There's a lot going on at the same time, which acts as a brake because we can't really get fully involved in any one thing. We're often being pulled in different directions...That can brake implementation."
This category of concerns can be also associated with the lack of understanding about shared actions required to tangibly implement the Planetree approach. Many of the respondents would like more guidance in what exactly is required of them. They are calling for rapid deployment of concrete means for implementing the process instead of many meetings and discussions dealing with its philosophical aspects.

"In dealing with the client, I think we could go further, yes, because we (i.e. management) should be the ones to show how that can be done, what we can do."

"Maybe they'll (employees) be more interested in seeing what they can do. It's true that having a procedure would be a good idea and to say 'You have to do it like this' without necessarily saying that there is only one way."

Moreover, certain employees stated that they would have liked (and would like) to be consulted more and allowed to participate more in decision-making and project organization.

"Well, I have the impression that there wasn't quite enough consultation with employees. That would have cleared the atmosphere."

"One obstacle, I think, would be if management made the mistake of trying to change things without using the group's strength. Trying to change things unilaterally without consultation...employees will criticize us if they think that we didn't involve them in making an important decision. It's the paradox between implementing a humanist approach and what is actually done."

The fourth concern is related to the physical arrangement of space. The comments revealed a desire to see the philosophy truly reflected in concrete and tangible improvements. The reception area and parking facilities were named as priorities. A number of respondents stated that their efforts would be in vain if there weren't certain physical changes.

Lastly, some employees were worried about management's real motivation in undertaking this project. There is a track record of failed past initiatives; the actions of the former management team have even left a number of people mistrustful. What is the real motivation? Is it only so that senior management will look good? Is it a way of indirectly justifying cost reduction?

"Sometimes, I get the feeling that the Centre is just trying to find a way to make itself truly stand out. That cuts into my enthusiasm a bit, but I don't really want to spend much time on it."

"Well, if it comes down to saying that we want to be the best, that we want that approach because we'll be the only ones that have it, well, I don't know if it would go a long way. But, if that message got spread around more, a whole lot of people would drop out."
This initial analysis was accompanied by a study of the major issues identified per job category. The frequency charts in Appendix 2 give a clear indication of the differences between what the groups consider major issues. The groups are not concerned about the same issues and there are marked differences between the issues raised by management and non-management staff. For example, the majority of caregivers mentioned their concern about the tangible application of the Planetree model, asking for more concrete means that will make a real difference in the care and services their patients receive. In contrast, senior management's main concern lies in the availability and capacity of program heads and clinical coordinators to guide their teams in taking ownership of the humanization process, while program heads seem to have few concerns about the feasibility of the project. Finally, clinical coordinators are the only ones mentioning union rules as constraints in the implementation of the Planetree model.

**Jointly-told Tale: The Researcher’s Contribution**

This first step of analysis of our project's results based on the interview data illustrates the perspective of the researchers within the framework of the learning history methodology. Key themes are analyzed and reported on by the researchers. This feedback serves as an anchor point in discussions with the learning history participants.

Our first validation process, where the research analysis was presented and discussed, took place with senior management of the Eastern Townships Rehabilitation Centre. Senior management indicated that our results confirmed their concerns about perceived resistance to the change process and appropriation of new knowledge. Thus, the research team’s external view “put words” around what they were sensing and also reinforced existing perceptions. Employee stress around grasping the concrete and tangible application of the Planetree philosophy was discussed at length with research team, and resulted in the CRE management team revisiting the original implementation plan. As an example, the timing and format of experiential workshops designed to help employees experience the Planetree philosophy first hand were reconsidered. As Cross & Rieley (1999) found, feedback from researchers can force senior managers to recognize where teams are struggling, and allow them to act quickly upon the salient barriers.

The next step of our research project will be to validate the interview data through discussion groups. At the end of interview analysis and synthesis, discussion groups facilitated by one of the research team members will ensure that all the relevant information has been understood and recorded in the synthesis. Five discussion groups (two discussion groups comprising clinical stakeholders, one discussion group comprising program heads, one discussion group comprising clinical coordinators, one discussion group comprising administrative support staff, and one discussion group comprising general management staff) made up of respondent representatives will be used to enrich the synthesis based on the interviews. A second analysis will be carried out at the end of the discussion groups.

We will then disseminate the research findings through a learning history document (the jointly told tale), which will serve as a starting point for discussions with all participants during learning history dissemination workshops. A PowerPoint presentation will also be used by researchers during these workshops to communicate the research project's findings and capture participants’ feedback on the learning history document and process. Group discussions will help staff to openly express their fears, discuss implicit issues, and collectively try to find solutions. This should also accelerate implementation since it will allow teams to
create “their solutions” together and by doing so, make this project theirs and not something imposed by management. Future action will be constructed and conceptualized through this dialogue. Figure 1 illustrates all steps involved in the learning history process.

Figure 1 A Learning History Cycle (Activity Diagram)

Discussion

The learning history methodology serves as a catalyst for change, primarily because it allows stakeholders to express their reasons for resistance. First, semi-structured interviews help gather information on the perceptions of stakeholders directly concerned by the change. Then, group discussions favor collective reflection and help people openly express their fears, concerns, and assumptions, which builds trust and a sense of community; demonstrates that their views count; and enables senior management to take their concerns into account by making changes to the project.

The research project undertaken at the CRE illustrates how the learning history method is helping senior management recognize the real challenges involved in implementing change and in transferring new knowledge. By making these challenges explicitly clear, the learning history has allowed management to act and to adjust its knowledge-transfer plan. Furthermore, the original nature of this research lies, in part, with integrating data analysis in the learning history process. ATLAS.ti software supports and facilitates qualitative data analysis and is used to present evidence to stakeholders and fuel their reflection process.
Conclusions and Future Research

This paper demonstrates how the learning history methodology can act as a catalyst to accelerate the knowledge transfer process within organizations. We first provided an overview of the learning history methodology and its impact on knowledge transfer. We then presented a case study of an ongoing research project where the learning history methodology is being used within participatory action research logic. Our results to date have already indicated how this approach has triggered necessary changes to the original implementation plan and will thus contribute to acceleration of the change process. Future steps include researcher feedback to discussion groups, which should enhance appropriation of knowledge by employees and further accelerate the implementation process.

We believe this paper will help organizational learning and knowledge management researchers and practitioners recognize the potential of the learning history methodology in studying and fostering knowledge transfer activities within organizations.

We are currently considering a number of research avenues to further advance our understanding of learning history methodology within knowledge transfer processes. First, we will extend this pilot research to the study of subsequent knowledge transfer phases within the CRE. Following this, we wish to apply a similar study within other health care sites in Quebec to strengthen the validity and generalization of our findings.
### APPENDIX 1: PRESENTATION OF FINDINGS ACCORDING TO CODE AND CODE FAMILY

<table>
<thead>
<tr>
<th>Code Family</th>
<th>Code</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concerns about human resources</strong></td>
<td>✓ Staff resistance (13)</td>
<td>41</td>
</tr>
<tr>
<td>(climate, integration, training needs, etc.)</td>
<td>✓ Need for better integration of new resources (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Staff turnover (4)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Individual responsibility to buy into Planetree (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Employees overly demanding of management (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Staff spoiled (2)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Social activities involving both employees and management (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Discouragement of those mobilized (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Need for job security (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Another visit from Ms. Gilpin (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Need of offering training again on the integrated approach (1)</td>
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<td></td>
<td>✓ Summary session (bimonthly) (1)</td>
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<tr>
<td></td>
<td>✓ Need to review cafeteria menus (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Other (4)</td>
<td></td>
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<tr>
<td><strong>Concerns about the availability of financial</strong></td>
<td>✓ Lack of financial (and human) resources (22)</td>
<td>40</td>
</tr>
<tr>
<td><strong>and human resources (capacity)</strong></td>
<td>✓ Overload – waiting list of patients (6)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Lack of resources to deal with patients on waiting lists (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Lack of time to humanize care (2)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Need to justify Planetree vs. public-sector funding and standards (2)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Review reception and waiting lists (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Self-funding and inability to free up resources (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Difficulty freeing up resources to attend the many committee meetings (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Other (3)</td>
<td></td>
</tr>
<tr>
<td><strong>Concerns about project organization</strong></td>
<td>✓ Need to report on concrete changes made (9)</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>✓ Need for an action plan and follow-up to prevent dispersion (7)</td>
<td></td>
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<td></td>
<td>✓ Need for sustained effort (5)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Need for continuous feedback (5)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Need for feedback from the Planetree assessment (3)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Need to finish what gets started (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Concrete action plan for management to deal with daily issues (1)</td>
<td></td>
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<td></td>
<td>✓ Sequence – diagnostics at the outset (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Too many projects at the same time (1)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Communication plan; stakeholder follow-up (1)</td>
<td></td>
</tr>
<tr>
<td><strong>Concerns about the physical arrangement</strong></td>
<td>✓ Need for physical reorganization of the facilities (e.g., parking) (16)</td>
<td>20</td>
</tr>
<tr>
<td><strong>and organization of the facilities</strong></td>
<td>✓ Need to review reception (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Documentation and information centre and sources (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Space to communicate with users (1)</td>
<td></td>
</tr>
<tr>
<td><strong>Concerns about shared understanding</strong></td>
<td>✓ Need for tangible achievements (e.g., as opposed to meetings and discussions) (6)</td>
<td>19</td>
</tr>
<tr>
<td><strong>around the tangible application of Planetree</strong></td>
<td>✓ Translate philosophy into concrete applications (4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Staff attitude (empathy vs. sympathy) (3)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Implementation – life history (users) (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Move on to concrete achievements (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ American Planetree approach (1)</td>
<td></td>
</tr>
<tr>
<td><strong>Concerns about management</strong></td>
<td>✓ Need to send clinical coordinators and other employees on closed retreats (4)</td>
<td></td>
</tr>
<tr>
<td>(capacity, availability,</td>
<td>✓ Need to involve and value clinical coordinators (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Manager's role to integrate the approach (3)</td>
<td></td>
</tr>
</tbody>
</table>
| Concerns about communication and consultation with HR | ✓ Need to consult, listen to, and involve employees (12)  
✓ Need for ongoing communication that has a punch (2)  
✓ Involve resources in the change (1)  
✓ Other (1) | 16 |
| Concerns about the rapidity of change | ✓ Need to take the time and determine the right deployment pace vs available financial resources (12)  
✓ Need to prioritize actions (2) | 14 |
| Concerns about union and other constraints | ✓ Team instability (union rules) (5)  
✓ Union rules and stress (5)  
✓ Allegiance to a professional society brakes overall humanistic vision (4) | 14 |
| Concerns about management's real motivation | ✓ Need for consistency between words and action (management) (4)  
✓ Motivation underlying implementation… to be the best! Unique! (2)  
✓ Need that it be not only a management project (2)  
✓ Ambiguity about objectives (operation) (1)  
✓ Management determination (1)  
✓ Past managers have engendered mistrust (1)  
✓ Failure of past initiatives (1) | 12 |
| Concerns about stakeholders (department, agency, volunteers, population) | ✓ Change in direction of stakeholders (agency, department) (1)  
✓ Communicate achievements to the public, media (1)  
✓ Develop volunteerism (1)  
✓ Initiatives aimed at dissemination and visibility (1)  
✓ Need to implement a structure for the community component (1)  
✓ Stakeholders with different objectives (1) | 6 |
| Concerns about the organizational structure and jobs | ✓ Lack of maneuvering room for programs (1)  
✓ Think tank – vision (1)  
✓ Create a position for an attendant (1)  
✓ Need for multipliers (1)  
✓ Need to review the operational structure (1)  
✓ Need to review ways of doing things in order to save time (1) | 6 |
| Concerns about users and their families | ✓ Family involvement (1)  
✓ User involvement (1)  
✓ Stakeholder resistance to involving families (1) | 3 |

| Total | 242 |
APPENDIX 2: MAJOR ISSUES ACCORDING TO JOB CATEGORY

Management Positions

Non-management Positions
REFERENCES


O'Dell, Carla & Grayson, C. Jackson, "If only we knew what we know: Identification and transfer of internal best practices," California Management Review, 40(3), (Spring 1998), 154.


Simmonds, Paul; Dawley, David D.; Ritchie, William J. & Anthony, William P., "An exploratory examination of the knowledge transfer of strategic management concepts from the academic environment to practicing managers," Journal of Managerial Issues, 13(3), (Fall 2001), 360.

