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A qualitative exploration of Communities of Practice within a multi-partner organisation supporting health and care research.

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Keywords

Communities of practice | Interprofessional Learning | Interprofessional collaboration | Qualitative method | Health service research | Service improvement

Abbreviations

CoP – Communities of practice
ARC KSS - Applied Research Collaboration
Kent Surrey Sussex

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What this paper adds: This paper presents lessons for building and sustaining Communities of Practice in a multi-organisation setting to promote research and its implementation. Key mechanisms were building relationships and trust across disciplines and settings; providing opportunities for networking and collaboration; explicit links to practice; and embedding a strategy for evaluation at inception.

ABSTRACT

Background: Communities of practice (CoPs) are increasingly recognised as mechanisms for research co-production and implementation within health and

social care systems. The National Institute for Health and Care Research Applied Research Collaboration is a multi-organisational partnership bringing together healthcare providers, universities, local authorities and voluntary organisations to support applied research that meets local needs. This paper reports a qualitative evaluation of CoPs supported by the Applied Research Collaboration Kent Surrey Sussex, with the overarching aim of exploring their development, functioning and perceived impact, to inform strategies for sustaining and optimising CoPs in health and social care research and practice.

Method: A preparatory phase included a scoping review, confirmation of active CoPs and appraisal of available documentation. The study adopted a realist paradigm and was co-designed with three public contributors. Semi-structured online interviews were conducted with 23 participants (strategic leads, CoP facilitators, researchers, practitioners and public contributors), April–June 2024, using topic guides informed by the literature and Wenger’s framework. Data were analysed thematically following Bazeley’s iterative, realist-aligned approach.

Results: We identified three themes focused on operationalising the CoPs and negotiating inherent tensions (online versus in-person, small versus large groups, narrow versus broad remit, open-ended or finite timeframe); the work involved in maintaining and sustaining CoPs; and delivering/monitoring outcomes, mostly related to networking and learning new

knowledge, shared with partner organisations. Smaller project specific CoPs were better able to facilitate research implementation in a clearly defined area and bridge from research into practice.

Conclusion and recommendations:

CoPs in multi-organisational settings require dedicated support for facilitators, including protected time and resources. Member organisations should recognise the value of CoPs and enable practitioners and researchers to participate. Co-designing aims and expectations with all members, including public contributors, and agreeing on measurable outcomes from the start are essential for ensuring relevance, inclusivity, and impact.

INTRODUCTION

Communities of practice (CoPs) are increasingly recognised as mechanisms for research co-production and implementation within health and social care systems. They are defined as ‘groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis’ (Wenger, McDermott and Snyder, 2002, p. 4). Within the National Institute for Health and Care Research (NIHR), Applied Research Collaborations (ARCs) are regional partnerships between health providers, universities, local authorities and the voluntary sector that have become integral to supporting applied research that meets local needs (ARC, 2020). A core ARC activity is convening stakeholders across organisations and sectors to generate new knowledge and

implement system-level change for public benefit. In this context, CoPs have emerged as a key mechanism for fostering collaboration and knowledge exchange. However, despite their increasing popularity, evidence of how CoPs function across multi-organisational boundaries and their role in co-producing research and implementing findings remains limited (Noar *et al.*, 2023; RAND Europe, 2021). This evaluation addresses this gap by evaluating CoPs within ARC Kent Surrey Sussex (ARC KSS) to inform strategies for sustaining and optimising their impact.

ARC KSS is divided into four core research themes (Living Well with Dementia; Starting Well; Social care and social work; Primary and Community Health services) and four cross-cutting themes (Public Health, Co-production, Health and Social Care Economics and Digital Innovation). All had invested in multiple CoPs, although some had naturally concluded. As the ARC KSS evolves, understanding how CoPs can be supported to thrive and deliver is essential to inform future strategy.

Background:

CoPs are interactive learning partnerships that develop shared identities and steward domains of knowledge through ongoing engagement (Wenger *et al.*, 2011). CoPs vary widely in aims, format, membership and outcomes (Auer *et al.*, 2020; Barbour *et al.*, 2018; Elbrink *et al.*, 2024; Noar *et al.*, 2023; Shaw *et al.*, 2021), yet all share a commitment to blending individual and collective

learning to develop shared practice (Wenger *et al.*, 2011). Learning within CoPs has been conceptualised through models ranging from individualistic social-cognitive approaches to group and organisational learning, positioning CoPs as mechanisms for enhancing organisational effectiveness or competence (Ropes, 2011).

Despite limited evidence of CoPs' effectiveness or value for money (Noar *et al.*, 2023; Edwards *et al.*, 2025), CoPs are increasingly popular with health and care organisations.

Establishing and sustaining a CoP is challenging, particularly when they span multiple organisations and involve diverse stakeholders, including professionals, researchers, and public contributors (Noar *et al.*, 2023).

Accountability and sustainability are often problematic in these contexts. Existing research has largely focused on CoPs within single organisations aimed at practice-based improvements (Fingrut, Beck and Lo, 2018; Gerritsen *et al.*, 2021; Durand *et al.*, 2022). In contrast, there is little robust evaluation of CoPs working across organisational boundaries with dual purposes: co-producing applied research and facilitating its implementation in practice. Although numerous literature reviews exist (Ranmuthugala *et al.*, 2011; Barbour *et al.*, 2018; Noar *et al.*, 2023; Elbrink, Elmer and Osborne, 2024), questions remain about which features of CoPs are associated with successful research co-production and evidence translation in multi-organisational settings. Addressing these gaps is critical for informing strategies to optimise CoPs' impact in

health and social care systems. This paper reports a qualitative evaluation of CoPs supported by ARC KSS, with the overarching aim of exploring their development, functioning and perceived impact, to inform strategies for sustaining and optimising CoPs in health and social care research and practice. We aimed to:

1. Ascertain how and why ARC KSS CoPs were formed and their intended purpose.
2. Understand the facilitation and leadership of CoPs, including practical considerations of running and sustaining them.
3. Capture the perceived value and outcomes of CoPs, with a particular focus on co-producing new research, capacity building, knowledge transfer and implementing research findings in practice.
4. Understand the engagement and experiences of different CoP members, including public partners.

METHOD

A preparatory phase informed the development of this qualitative study including a scoping review (unpublished), confirming which ARC KSS CoPs were still active and appraising any available documentation (e.g. terms of reference). The study was underpinned by a realist paradigm which acknowledges how context influences outcomes, mediated by a mechanism, or trigger (Maxwell, 2012) and deemed best suited to the complex nature of CoPs in a multi-partner organisation. It was designed and

carried out in collaboration with three public contributors aligned with ARC KSS co-production theme.

Study participants:

The sampling strategy was initially purposive, approaching all ARC KSS CoP facilitators for an interview. From thereon sampling of other CoP members utilised convenience and snowball sampling, for pragmatic reasons (e.g. lists of CoP members were not up-to-date), and as recommended by CoP facilitators, to maximise uptake. They advised how to contact CoP members, including researchers, post-doctoral students, health and care professionals, representatives from third sector organisations and public contributors. Invitations to participate in the research were also disseminated via ARC KSS communication channels, including newsletters, intranet and social media platforms.

Data collection:

All CoP facilitators were emailed and asked to supply information on the nature of their CoP including when it commenced, how often it met and any documentation. Online interviews were a pragmatic and time-efficient choice for busy participants, previous experience suggesting that uptake for focus groups would be extremely limited. The semi-structured interview guide was informed by the literature and conceptual framework for evaluating CoPs by Wenger *et al.* (2011). The interview guide was split into three versions for CoP facilitators, members (academic, practice based or

other), and public contributors, and refined for each participant group. Interviews were carried out April-June 2024 under the following key areas:

1. Introduction: Participants' background, experience and involvement with CoPs.
2. Defining CoPs: Describing and defining CoPs including purpose and remit.
3. ARC KSS CoP engagement: Becoming involved, attendance, format, governance.
4. Expectations, aspirations and contributions: Exploring expectations/aspirations, contributions, benefits, barriers/facilitators.
5. Learning: What was learnt and how; what happened to that learning.
6. Facilitation and leadership: Issues around facilitation, inclusion and supporting public contributors.
7. Impact: Outputs/outcomes (short, medium or long-term) stemming from the CoP.

Qualitative interviews were conducted by the first and second author online using Microsoft Teams; participants were given the option to turn off their camera. We used the Microsoft Teams temporary transcription facility. Interviews typically lasted 30-40 minutes. Facilitators were sent the topic guide in advance to allow time to reflect pre-interview, given many had run multiple CoPs.

Data analysis:

We adopted Bazeley's (2013) approach to thematic analysis as it aligns well with the principles of realist logic (Maxwell, 2012). Bazeley's approach supports an iterative, reflexive process that moves beyond surface-level coding to explore underlying mechanisms and contextual influences, core concerns of realist inquiry. The emphasis on interpreting data contextually, iterative cycles of coding and theorising and explanation building through retroductive reasoning enabled a nuanced understanding of the CoPs (both process and outcomes), suited to our study aims. Additionally, Bazeley and Jackson (2013) provide robust analytical strategies using Nvivo to move from surface level description to interpretative insights, grounded in the data (Figure 1).

We (VA and LR) listened to the interviews and corrected/anonymised all transcripts, enabling familiarisation with the dataset and initial reflections to inform coding. We each coded four transcripts by hand, before comparing coding decisions and starting to build the coding framework using a deductive (drawing on Wenger *et al.*, 2011) and inductive (based on initial reflections on the dataset) approach. We coded another three transcripts individually before jointly refining the coding framework. We imported the transcripts into the software programme Nvivo 14, categorised by role and set up the coding framework with descriptive summaries for each node (main code) and sub-node (sub-codes).

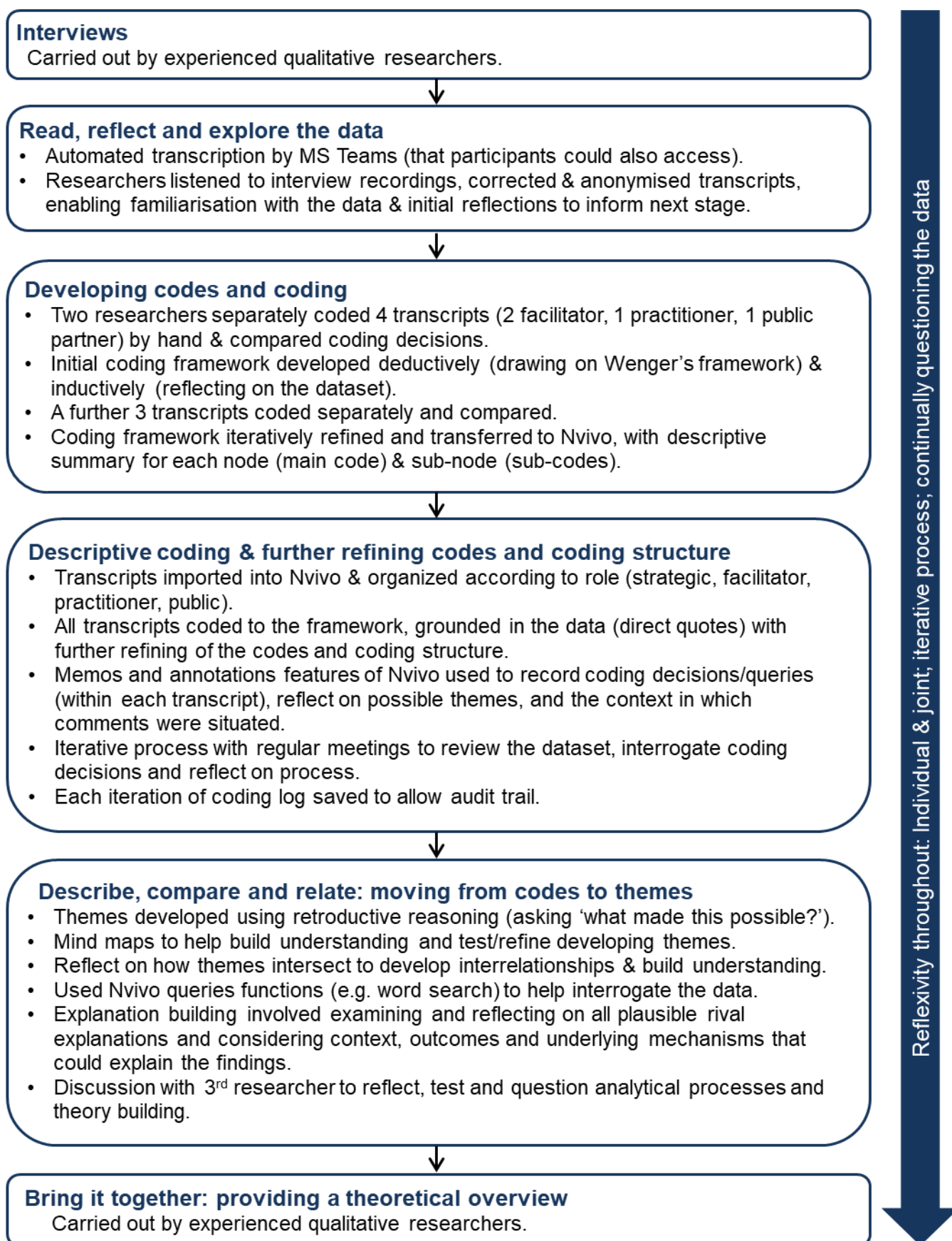


Figure 1: Thematic analysis – process and rigour (adapted from Bazely, 2013)

Refining, describing and organising codes was an iterative process, pausing with each iteration to interrogate coding decisions which were recorded using the annotations feature of Nvivo. Memos were used to record reflections linked to a particular interview and/or (sub-) node. This led to developing themes and theoretical understanding across the dataset. We continued until we reached a level of coding saturation, when no additional issues were identified (Hennink, Kaiser and Marconi, 2017) and the framework appeared to capture all data. To benefit rigour, Guba and Lincoln's (1982) concepts of trustworthiness were used. Strategies included regularly questioning decisions; using reflexivity to challenge assumptions/expectations; comparing across transcripts where it was possible to identify that participants were talking about the same CoP; analysing instances that did not appear to fit with the majority (Bazeley, 2013a); discussing with a third researcher (NB); and maintaining an audit trail (Bazeley, 2013a). Member checking (giving the transcribed interview or completed analysis back to participants for comment) was not used because it is not practical (methodologically and for busy practitioners) and does not add validity (Morse, 2015). However, all respondents had access to their transcript on MS Teams had they wanted to review it.

Researcher characteristics and reflexivity:

All authors worked with ARC KSS and were aware that this might inhibit

criticism of the ARC KSS by participants. However, participants appeared confident to voice concerns and state when they did not want comments recorded/quoted. As researchers who both attend/facilitate CoPs, we were cognisant that our own views could influence data analysis, hence we had several strategies (outlined above) in place to reflect and interrogate our decision-making processes and data analysis.

Ethical considerations:

The study received ethical approval from University of Kent (SRC Ethical Panel Ref 0998). All participants were given information and time to consider participating and all had capacity to provide informed consent.

RESULTS

The active CoPs in ARC KSS focused on a range of domains: Dementia (including digital innovations, service transformation and alcohol); Social Care (voluntary sector services, homecare, digital innovations, social prescribing, care for LGBTQI+ persons); Female Health; Homeless Health; Migrant Health; Neurodisability; and Learning Disability. Membership ranged from 30-120 people. Mostly CoPs were instigated by the core research themes but some pre-existed and were integrated into ARC KSS or were established to support individual projects. Attendance was predominantly online, although one smaller CoP met in-person and others interspersed in-person (e.g. for a conference) with online.

Role	Number of participants	Identifier in results
Strategic leads within ARC KSS	2	S01 - S02
CoP facilitators	10	F01 - F10
Working in health, social care or voluntary sector	3	P01 - P03
Researchers	4	R01 - R04
Public partners	4	L01 - L04
Total number of interviews:	23	

Table 1: Participants' roles

Table 1 summarises the role of the 23 participants with facilitators, strategic leads, practitioners (working across health, social care and the voluntary sector), researchers and public contributors (one of whom co-facilitated a CoP). Many participants attended multiple ARC KSS CoPs.

Qualitative findings were conceptualised into three main themes (1) Initiating and facilitating CoPs; (2) Sustainable engagement; (3) Delivering and monitoring outcomes, with interrelationships between themes/sub-themes represented in Figure 2.

Initiating and facilitating CoPs:

This theme encapsulates facilitators' understanding of CoPs, how they operationalised the concepts, navigated tensions, and the personal attributes that enabled this.

1a. Understanding CoPs

Facilitators all referred to Wenger's core principles of domain, community and practice. CoPs were differentiated from other meetings by their explicit focus on belonging, learning together and enabling change:

'We had this idea very much around those theories around knowledge mobilisation and social learning to be able to bring people together to learn from each other to generate new knowledge.' (F10)

CoPs were regarded as a reflective space that appreciated diverse knowledge types (tacit, lived, learnt) with the potential to benefit research, practice and personal development. However, views varied on how fully these principles were operationalised: *'I don't necessarily think that the community of practise we've run would entirely fit under the common definition of what a community of practice is so maybe a network is a better thing.'* (F04)

CoPs were regarded as 'a very woolly concept' (F08), somewhat intangible and overlapping with other formats including networks and collaborations: *'I've never been confident to say it is community of practice and I felt like it was really a buzzword.'* (F02)

Conceptualisation was shaped by the ARC Kent Surrey Sussex's context, reflecting a heterogeneity of purpose,

topics, geographical settings, professional disciplines, members and organisations:

'I think if you ask a clinician what Community of practices [are] they'll give you a very different answer to people who perhaps work in research... I much prefer the word network and I think that's what we've tried to do with the [name of two CoPs], we've tried to... create networks of people that are interested in particular topics and areas.' (F01)

The overarching focus was applied health and social care research with each CoP aligned to a specific ARC KSS theme and priority. Most CoPs aligned with ARC KSS priorities and the funder's aims while others emerged organically. However, it would be incorrect to say the former involved a top-down approach because all facilitators emphasised that it was a joint endeavour, 'led by the community.' (F05):

'The social care CoPs were chosen after a priority setting exercise, which included members of the public... the CoPs came out of consultation around what are the important issues on the ground?' (S02)

1b. Operationalising CoPs

Facilitators' understanding of CoPs shaped how they were established, developed and sustained, and reflected their commitment to the process. CoPs were advertised by word of mouth, targeted emails, social media and ARC KSS publicity channels. Initial engagement centred on building trust: *'I would absolutely start with*

relationships first. Relationships are absolutely key and we can't underestimate how much time it takes to start those relationships, bring those relationships and maintain them.' (F06)

Continuity of attendance supported CoP formation and development, but intermittent attendance led to repetition and occasional friction between regular and peripheral members. Most CoPs were online, enabling easy attendance and wide membership which most preferred, but not all:

'I'm a strong believer in face to face... if you're online, you have your meeting and it finishes. If you meet in person, you go to the pub afterwards and that's when probably most of the research discussion and the new research projects happen.' (F07)

Formats generally included an expert speaker followed by discussion. Smaller online groups allowed informal discussion and networking; large groups appeared more formal with less in-depth discussion. In-person meetings took considerable time, effort and money but were valued for networking opportunities, developing relationships and potential collaborations. CoPs were regarded as intrinsically 'fluid' (F08) so most facilitators preferred minimal governance:

'We bring people together and it's a fun thing. It doesn't feel very formal... If the... bureaucracy of it and the minute taking... took over and... changed the tone... that would be a shame.' (F03)

Facilitators grappled with defining the scope (domain) of CoPs and its impact

on engagement.

'I think one of the challenges is both of ours [CoPs] are very broad whereas if they were more [narrow] you could probably more easily say this is clearly a community that I need to be at... if I was going to set them up again, I would think about the breadth or narrowness of the topic and who needs to be involved.' (P02)

When members (predominantly practitioners and academics) had similar interests, a broad remit and large (online) membership allowed members to 'dip in' and sustained interest:

'The broader topic area is I think the more chance you have to keep something sustainable and interesting to the people that attend it.' (F01)

Conversely, small consistent membership and narrow remit enabled in-depth discussion and stronger relationships, as illustrated by project specific CoPs that ran for a finite period:

'It was always very clear from the outset that there would be six communities of practise... some people have been to everyone... each one is themed individually.' (L01)

However, CoPs with disparate membership (lay, professional, academic, managerial etc) across different settings, services and organisations, sometimes struggled to find common ground.

1c. Driving the CoP

Facilitators were driven by a belief in the value of bringing people together to

improve practice:

'A virtual community is, I think, possibly the only way in which people working across disparate organisations and experts by experience and carers can come together to achieve things... the emphasis on the activities within our community is on practise development... to upskill ourselves and people in our community with new information, new skills, new knowledge.' (F09)

Successful CoPs required facilitators skilled at 'hosting... creating and curating that space' (F08) with the time and commitment to drive it. Estimates for organising and following up one meeting varied between 1-10 hours, often without administrative support: *'I don't think people appreciate how much work goes into maintaining and delivering a community of practise. It's an awful lot of work and facilitating it, getting speakers... and then even just the event itself.'* (F04)

One CoP developed a committee to share responsibilities for an in-person event, easing the workload. Facilitators emphasised the need for careful planning to bridge different expectations, encourage attendance and attract relevant experts: *'The work is the agenda, getting the speaker... if you've got the interest, you'll get the people, if you've got the right topic and the right focus, you'll get the people in the room. If you haven't, you'll struggle...'* (F05)

Facilitators emphasised that public contributors were essential:

'People who have lived experience bring a very different side of the coin to people delivering services... challenging research but supporting it as well and being part of that co-design process.' (F01)

However, this involved clear expectations and ensuring opportunities to contribute meaningfully:

'Taking that lived experience to the professionals, to help to influence research... and then leading on to how services are delivered with a more person-centred approach.' (L04)

Most important was skilled facilitation to build trust and foster learning across different sectors, services and organisations:

'More often than not the answers are in the room from those that are attending... the skill is bringing that out.' (F08)

This linked to needing an enthusiastic and knowledgeable facilitator, with a wide network and the 'passion to inspire others' (S01):

'A lot of it's to do with personalities... [The facilitator]'s... a very bubbly, energetic person. And I think some of it's not necessarily easily replicable. It sort of depends on the charisma and passion of certain people.' (F03)

Sustainable engagement:

This theme focuses on the work involved to maintain and sustain CoPs.

2a. Maintaining interest

Sustaining CoPs relied on a sense of reciprocity - members gave their time, knowledge and expertise and valued each other's input. This related to building relationships, meeting expectations and regular contact:

'You need to build the communities, build the trust. And part of that trust is actually doing it regularly and maybe touching base in between with mail outs... this is what's happening in this particular area of your interest.' (R01)

Researchers valued the space to present research, receive feedback, share ideas, network, and even recruit participants. Those who had left practice valued staying connected with frontline colleagues and current issues:

'My PhD is very much linked to my clinical work. So yeah, the community of practise that I'm involved in is quite a good way to get updates of information of what... is happening in the field of newer disability, across the Southeast... what projects people are doing, what challenges they're facing.' (P01)

Building connections with individuals and organisations motivated members ongoing involvement:

'it's really hard to do applied research unless you have these connections and partnerships, and it's hard to get those connections and partnerships unless you have the spaces to bring people together.' (R2)

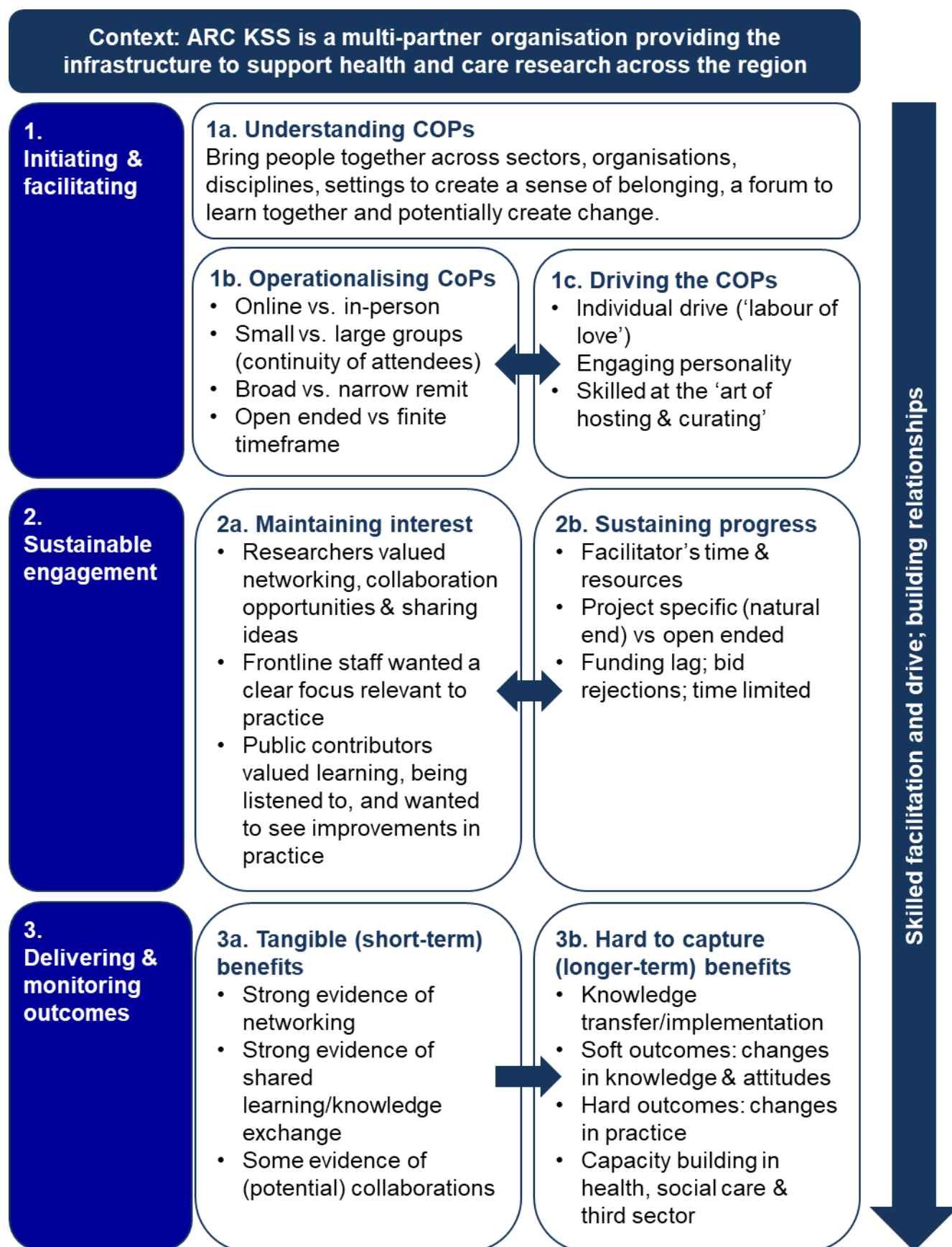


Figure 2: Interlinking themes

Practitioners were reticent to engage unless the CoP was perceived as directly relevant. However, those who did engage appreciated being heard and valued:

'There was a great responsiveness... [CoP members] were listening on the ground and asking us.' (P03)

Generic topics attracted less interest, for example, one CoP focused on worker well-being was poorly attended. Relevance and justification were key:

'I get the feeling some of my colleagues, they might be interested if there's a particular speaker, but they don't necessarily want to come to more general meetings... I need to know that it's gonna be a good use of time primarily, and be able to say to my manager this is what it is and this is why I'm going.' (P02)

Practitioners used the CoPs to discuss clinical problems and learn from experts but some were daunted by large (academic) groups. Public contributors felt confident to express their views but sustained involvement rested on learning and impact on practice:

'Always the meetings were very informative, very relevant, highlighted both the barriers and facilitators to research being done by people who are actually working in public health in local authorities.' (L02)

They also wanted to be heard, but this depended on having people who could contribute based on relevant experience:

'Recruit PPI people who actually have an understanding and relevant

experience of public mental health.' (L02)

2b. Sustaining progress

Facilitators' drive and commitment were central but limited time and resources made this challenging:

'We're not really managing it. We're just doing what we can and I think this is becoming increasingly difficult.' (R03)

CoPs were not perceived as self-sustaining:

'The talk about Communities of practise is often that they're self-sustaining. My reality of that is absolutely they haven't been, ... it takes a person or people to maintain that enthusiasm and engagement.' (F04)

Funding cycles were often misaligned with the ongoing nature of CoPs:

'It's just like a continual... relationship that you have with these, building it [CoP] up over time. But then how does that work with the project nature of funding, you know, it starts and stops and starts and stops.' (R01)

Some project specific CoPs were time limited while others ended naturally. Without a clear focus, networking and sharing information was insufficient:

'They [CoPs] are good at a task and finish type of thing. Yeah, they have to have a focus... They're lovely to go and talk and meet people, but nobody has time for them if they're that type of thing.' (S02)

Aligned to this, CoPs had to have a clear trajectory to feel worthwhile:

'We've got a voice collectively... it's a sense of belonging to a group of

people... but within that, that voice needs to go somewhere. Otherwise, what's the point? You're just talking into an echo chamber.' (R01)

Face-to-face meetings helped sustain momentum, creating a positive atmosphere and fostering inter-disciplinary connections in a way that online did not allow:

'I actually just really love that feeling of bringing people together who are interested in similar things, but interdisciplinary... bring a university person, bring someone with experience... a clinician, bring an activist, someone from sociology, someone from psychology, from English literature and see what happens.' (F03)

Funding priorities could hinder progress when misaligned with CoP priorities, and delays in funding resulted in CoP members losing enthusiasm when nothing happened and/or key members moved on. Rejected bids were demoralising and hard for facilitators to manage.

3. Delivering and monitoring outcomes:

This section draws on Wenger's outcomes (2011), with the most apparent impacts being short-term and individual, alongside emerging evidence of longer-term outcomes such as funding applications and the implementation of findings into practice.

3a. Tangible (short-term) benefits

CoPs created multi-disciplinary spaces that enabled networking across

disciplines, services and organisations. This brought people together with diverse skills, knowledge and experience and were regarded as a mechanism for bridging research and practice, helping to break down siloed working. CoPs fostered relationships between people who may not otherwise have met, with ARC KSS acting as a conduit for ongoing collaboration beyond the facilitated meetings: *'There's work happening in your region, you might not be aware of and we're finding a lot is that people work in silos, a lot of the time in their particular topic areas. And there are crossovers... learning that we can gain and there is certainly communication that happens outside of the group between members.'* (F01)

Facilitators were confident that CoPs helped demystify research and increase awareness of its value with practitioners who may not have previously engaged with it. Practitioners themselves reflected on how their attitudes had changed:

'What particularly with the research community of practise is [it] allowed us to start thinking, actually research and evidence and impact is really a part of adult social care as well.' (P03)

In addition to helping individual research careers (Section 2b), CoPs provided access to information about collaboration and funding opportunities. *'There's definitely one project... it's now growing into something bigger... the community of experience has been instrumental in a way to get that funding.'* (R4)

Knowledge transfer was a key aim and tangible outcome of the CoPs. This was characterised by bi-directional learning, with practitioners sharing their challenges and priorities, and researchers sharing insights and findings for potential implementation:

'I would say if we were to sort of boil it down to what we're trying to achieve here is to sort of educate one another about different sides of the same dice.' (F03)

Networking within CoPs led to opportunities for collaborations, including the development of research ideas, stakeholder engagement (practitioners and public contributors), and building teams that in some cases progressed to submitting funding applications.

3b. Hard to capture: longer-term benefits

CoPs were seen as a vehicle for supporting the implementation of research into practice. There were few examples due to the timing of project delivery, but tangible outcomes were noted, including securing funding for training programmes and informing local strategies:

'[Name] has done a lot of work on alcohol and dementia so it's really informed their strategy... the research is still going on, but it was just, you know the discussions that evolved as a result of that have really informed practise and already has an impact.' (F05)

Due to the context of ARC KSS CoPs, it was hard to track long-term benefits

and most people acknowledged the intangible nature of outcomes, for example:

'An enthusiasm to change things and to develop practise for people with learning disabilities generally.' (F09)

Despite this, soft outcomes such as changes in knowledge and attitudes were still perceived as valuable:

'It's the... longer term aims, the synergies that you can create, the skills that you can develop among the workforce and that's really what we're trying to achieve.' (L03)

However, tying this to improved quality of care was harder to evidence:

'Obviously, the overall final aim [of the CoP] would be improving the quality of care and services... but that is not a direct link from what we're doing.' (P02)

This challenge was compounded by limited engagement from those outside the CoP, particularly service managers: *'The biggest challenge is our service managers and... they're not interested in research (...) and being able to think outside the box and saying actually this research might help you find the answers. It's not in their mindset.'* (F07)

Service managers were perceived as primarily focused on 'delivering the service and getting the waiting list down' (F07) which was regarded as a barrier to service improvement.

Facilitators suggested that greater buy-in from practitioners, particularly those progressing to managerial roles, could help address this.

Questions were raised about how (and what) CoP outcomes were being measured. Metrics such as number of

meetings and attendees were easy to capture but not seen as a meaningful indicator of impact. In contrast, 'soft' outcomes, although hard to measure, were considered potentially more significant:

'I think it depends on the focus of the community of practise really, meaning if they are project based and that's to me about implementation... you could say if you invited the right people to that you know actually they then want to implement the research... so that impact there might be you know scaling and spread.' (F01)

There were also examples of collaboration growing from a CoP, leading to research proposals or changes in practice:

'Those people that were part of our co-design team absolutely came from those communities of practise... and through those communities of practise, they're then gateways into... voluntary sector organisations that support people with dementia.' (F05)

DISCUSSION

We explored the development, functioning and perceived impact of CoPs supported by ARC KSS, a multi-organisational partnership charged with promoting health and care research and implementation. This macro level context, with ARC KSS providing the infrastructure to promote cross-discipline and inter-organisational research contrasts to much of the literature on practice-based initiatives in a single organisation, where outcomes are often more immediate and

measurable (Gerritsen *et al.*, 2021; Dunn *et al.*, 2022; Giebel *et al.*, 2023; Noar *et al.*, 2023).

Micro factors:

At the micro level facilitators' skill and dedication were critical to developing and sustaining CoPs. The need for strong facilitation (Barbour *et al.*, 2018; Noar *et al.*, 2023; Elbrink, Elmer and Osborne, 2024; Edwards *et al.*, 2025) and organisational support (Shaw *et al.*, 2021; Giebel *et al.*, 2023; Abrahamson *et al.*, 2025) is well documented but the mechanisms for mobilising research knowledge and implementation in cross-organisational partnerships remains elusive. ARC East of England identified key tasks for facilitators such as 'getting the right people in the room', maintaining momentum and having explicit aims (RAND Europe, 2021). Our facilitators echoed these tasks but placed greater emphasis on the underlying mechanism of building relationships and trust between members. However, different expectations at the micro level (practitioners, public contributors, researchers) and meso level (partner organisations) made this challenging, reflected in tensions around format (online versus face to face), remit (broad versus narrow), group size (small with consistent attendance versus large), and time frame (open ended versus finite).

Models:

Large online and open-ended groups

with broad remit were the dominant model and some CoPs resembled networks with a high proportion of 'peripheral' and 'occasional' members (Wenger-Trayner *et al.*, 2023.), potentially de-motivating active members due to lack of reciprocity (Elbrink, Elmer and Osborne, 2024). Large groups also precluded some of the strengths of smaller (in-person) CoPs, particularly building strong relationships that would thrive outside the CoP. Elbrink (2024) proposes a mechanism of bonding social capital, where stronger interpersonal ties support knowledge sharing and, in-turn, precipitates knowledge translation outside the CoP. This suggests that smaller, more focused CoPs may offer advantages for deeper engagement and sustained collaboration.

Outcomes:

Wenger (2011) described progressions in CoPs leading to different outcomes. Most outcomes in our study appertained to immediate activities and interactions, such as learning new perspectives and knowledge. There was some evidence of knowledge being applied later or resources shared, but little tangible evidence of changes in practice or research capacity building. This reflects both the context of ARC KSS and a limitation of the research, as we could not track outcomes within organisations to follow long chains of events that might have, alongside other factors, led to changes in practice. Researchers cited examples such as

funding applications but practitioner evidence of impact beyond networking and knowledge sharing was limited. Public partners, albeit only four interviews, found CoPs personally worthwhile, yet lacked clarity on how their contributions influenced research or practice.

Strengths and limitations:

A larger and more diverse sample may have provided additional insights, and we acknowledge that convenience and snowball sampling was a study limitation. To protect anonymity, we provided minimal information about participants, particularly facilitators, which reduces contextual detail. Some individuals feature prominently in the data; whilst this may introduce bias, it reflects their deep involvement and expertise, aligning with our second study aim: understanding the facilitation and leadership of CoPs. As researchers working with ARC KSS, we were mindful of our 'insider' status and its potential influence on interpretation. To mitigate this, we employed rigorous reflexive measures throughout analysis to ensure a balanced and credible approach, as outlined in the data analysis section.

Due to small numbers and a retrospective approach, we could not include cost-benefit analysis. Questions on resources involved in running CoPs yielded heterogeneous data, making categorisation difficult. Planned documentary analysis was also limited

by insufficient data across CoPs. Some facilitators ran several CoPs and while we sought clarification during interviews, cross-comparison with members' comments on a specific CoPs was challenging.

Finally, due to the timeframe of CoP-linked projects, many of which had not concluded, we were unable to capture longer term evidence of implementation in practice.

CONCLUSION AND RECOMMENDATIONS

This study explored how CoPs can be initiated, developed and sustained in a multi-organisational setting, to promote health and care research and its implementation, an area where evidence remains limited compared to the extensive literature on intra-organisational, practice-based interventions with clear remits and measurable outcomes. Our findings suggest that networking and knowledge sharing were the most common and immediate benefits, while tangible and long-term outcomes were hard to track within partner organisations. To maximise the potential of CoPs in such complex contexts, several considerations are important. First, overarching infrastructure must support facilitators with resources and protected time, while member organisations need to recognise the value of CoPs and enable practitioners and researchers to participate. Second, aims and expectations should be co-designed at the outset, including agreement on

what success looks like and how it will be evaluated at different stages. If the primary purpose is sharing information and collaboration, large, online, open-ended CoPs (or networks) are appropriate. However, smaller more focused CoPs targeting research implementation in defined areas offers greater potential for bridging research and practice and achieving measurable outcomes. Thirdly, public contributors should be supported to participate meaningfully, have relevant knowledge and experience; and have feedback on how their involvement influenced change, closing the loop from engagement to impact. Finally, embedding an evaluation strategy from the start and conducting longer-term follow-up are essential to understand whether and how CoPs contribute to building research capacity and translating evidence into practice in partner organisations.

References:

- ARC. (2020). *NIHR Applied Research Collaboration Kent Surrey Sussex*. Available at: <https://arc-kss.nihr.ac.uk>.
- Auer, A. M., Hanson, P., Brady-Fryer, B., Alati-it, J. and Johnson, A. L. (2020). Communities of practice in Alberta Health Services: advancing a learning organisation. *Health Research Policy and Systems*, 18(1), 1-12. <https://doi.org/10.1186/s12961-020-00603-y>.
- Barbour, L., Armstrong, R., Condrón, P. and Palermo, C. (2018). Communities of practice to improve public health

outcomes: a systematic review. In *Journal of Knowledge Management*, 22(2), 326-343.
<https://doi.org/10.1108/JKM-03-2017-0111>.

Bazeley, P. (2013). *Qualitative data analysis: Practical strategies*. London: SAGE Publications.

Bazeley, P. and Jackson, K. (2013). *Qualitative data analysis with Nvivo*. London: SAGE Publications.

Dunn, S., Munro, S., Devane, C., Guilbert, E., Jeong, D., Stroulia, E., Soon, J. A. and Norman, W. V. (2022). A Virtual Community of Practice to Support Physician Uptake of a Novel Abortion Practice: Mixed Methods Case Study. *Journal of Medical Internet Research*, 24(5), 1-16.
<https://doi.org/10.2196/34302>.

Durand, F., Richard, L., Beaudet, N., Fortin-Pellerin, L., Hudon, A. M. and Tremblay, M.-C. (2022). Healthcare professionals' longitudinal perceptions of group phenomena as determinants of self-assessed learning in organizational communities of practice. *BMC Medical Education*, 22(1), 1-11.
<https://doi.org/10.1186/s12909-022-03137-9>.

Edwards, E., Phillips, A., McEvoy, M. and Johnston, K. (2025). Characteristics and outcomes of communities of practice in allied health educators: rapid review. In *Journal of Interprofessional Care*. 1-9.
<https://doi.org/10.1080/13561820.2025.2452957>.

Elbrink, S. H., Elmer, S. L. and Osborne, R. H. (2024). How Communities of Practice Generate Knowledge Translation Outcomes to

Support Public Health Issues: A Realist Synthesis. *Health and Social Care in the Community*, (1), 1-21.
<https://doi.org/10.1155/2024/1960806>.

Fingrut, W., Beck, L. A. and Lo, D. (2018). Building an oncology community of practice to improve cancer care. *Current Oncology*, 25(6), 371-377.
<https://doi.org/10.3747/co.25.4087>.

Gerritsen, S., Van Melle, A. L., Zomer, L. J. C., Widdershoven, G. A. M. and Voskes, Y. (2021). Communities of Practice in Acute and Forensic Psychiatry: Lessons Learned and Perceived Effects. *The Psychiatric Quarterly*, 92(4), 1581-1594.
<https://doi.org/10.1007/s11126-021-09923-w>.

Giebel, C., Tetlow, H., Faulkner, T. and Eley, R. (2023). A Community of Practice to increase education and collaboration in dementia and ageing research and care: The Liverpool Dementia and Ageing Research Forum. *Health Expectations*. (1), 1-9.
<https://doi.org/10.1111/hex.13806>.

Guba, E. and Lincoln, Y. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Technology Research and Development*, 30(4), 233-252.
<https://doi.org/10.1007/BF02765185>.

Hennink, M. M., Kaiser, B. N. and Marconi, V. C. (2017). Code saturation versus meaning saturation: how many interviews are enough? *Qualitative Health Research*, 24(4), 591-608.
<https://doi.org/10.1177/1049732316665344>.

Maxwell, J. A. (2012). *A realist approach for qualitative research*.

London: SAGE Publications.

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative health research*, 25(9), pp.1212-1222.

Noar, A. P., Jeffery, H. E., Ponniah, H. S. and Jaffer, U. (2023). The aims and effectiveness of communities of practice in healthcare: A systematic review. *PLoS ONE*, 18(10), e0292343. <https://doi.org/10.1371/journal.pone.0292343>.

RAND Europe. (2021). *Consultation on the East of England ARC Communities of Practice - Results*. 21st May. ARC East of England. Available at: <https://arc-eoe.nihr.ac.uk/public-involvement-research-inclusion/research-inclusion>

Ranmuthugala, G., Plumb, J. J., Cunningham, F. C., Georgiou, A., Westbrook, J. I. and Braithwaite, J. (2011). How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC Health Services Research*, 11:273, 2-16. <https://doi.org/10.1186/1472-6963-11-273>.

Ropes, D. C. (2011). Measuring the impact of communities of practice: a conceptual model. *International Journal of Learning and Intellectual Capital*, 8(1), 94-107.

Shaw, L., Jazayeri, D., Kiegaldie, D. and Morris, M. (2021). Virtual communities of practice to improve clinical outcomes in healthcare: protocol for a 10-year scoping review. *BMJ Open*, 11(7), e046998.

Wenger, E., Trayner, B. and De Laat,

M. (2011). *Promoting and assessing value creation in communities and networks: a conceptual framework*. 1-62. Rapport 18, Ruud de Moor Centrum, Open University of the Netherlands.

Wenger, E., McDermott, R. A. and Snyder, W. (2002). *Cultivating communities of practice: a guide to managing knowledge*. Harvard Business School Press. Available at: https://rislnic.wordpress.com/wp-content/uploads/2019/11/wenger._cultivating_cop_book.pdf.

Wenger-Trayner, E., Wenger-Trayner, B., Reid, P. and Bruderlein, C. (2023). *Communities of practice within and across organizations*. 1-265. Available at: <https://www.wenger-trayner.com>.