The construction of ‘communities of practice’ in the management of innovation

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Abstract

The notion of ‘community of practice’ has achieved prominence in the context of wider debates on knowledge, learning and innovation in organizations. It has played a crucial role in highlighting the extent to which knowledge and learning is situated in collaborative work practices and has provided an important counterpoint to alternative views focusing, more narrowly, on the role of cognition. A community of practice is defined as ‘an activity system about which participants share understandings concerning what they are doing and what that means in their lives and for their community. Thus, they are united in both action and in the meaning that that action has, both for themselves, and for the larger collective.’ (Lave and Wenger, 1991: 98).

A defining feature of communities of practice (as oppose to, say, project teams) is that they are seen to emerge spontaneously from the (largely informal) networking among groups of individuals who have similar work-related activities and interests (Lesser and Everest, 2001; Lave and Wenger, 1991; Wenger, 1998). Organizations are depicted as embracing multiple and heterogeneous communities of practice, and communities of practice may span organizations (Brown and Duguid, 2001a).

These characteristics of spontaneity and freedom from organizational constraints lead authors to link communities of practice positively to learning, knowledge flows and innovation. Evidence in support focuses on the ways innovation emerges incrementally from local adaptations of work practices within communities, in response to new problems. However, it has also been noted that, whilst communities of practice may encourage the flow of knowledge and innovation within communities, they may limit the knowledge flows across communities and, therefore, can place constraints on innovation at the wider organizational level (Brown and Duguid, 2001a). In particular, radical innovations often occur at the interstices across established groups and work activities (Blackler, 1995) – they are radical precisely because they disrupt or fundamentally alter current work practices (Clark and Staunton, 1989). Established communities of practice may, then, pose problems for the development of radical innovations that cross such communities.
These observations about the possible advantages and constraints posed by communities of practice have led proponents to focus on the ways in which they may be exploited more effectively for organizational advantage. Thus it has been argued that organizations can play a critical role in constructing or supporting communities of practice, or in ‘structuring spontaneity’ (Brown and Duguid, 2001b). Recent attention has shifted, then, to the agentic role of managers in constructing, supporting and aligning communities of practice in order to more fully exploit human capital and develop innovative capacity (Lesser and Everest, 2001). The result has been a growing tension in the literature around the question of the manageability of communities of practice. Critics argue that more recent accounts (cf. Wenger & Snyder, 2000) reflect a displacement of the emancipatory aspirations of the original notion by a preoccupation with improving prediction and control for purposes of improving performance (Fox, 2000; Contu and Willmott, 2000). References to hegemonic relations, power and alienation that populated the earlier discourse have almost entirely disappeared being, as Fox (2000) notes “referred to in passing in the footnotes” (p. 857).

This paper aims to inform these debates on the manageability of communities of practice and their role in innovation processes. It does this through an empirical account of an attempt by managers to construct a new community of practice specifically to mobilize a radical innovation (brachytherapy) for the treatment of prostate cancer. This innovation entailed significant changes in medical and organizational practice, requiring different groups of medical professionals to work together in the delivery of treatment through new hospital centres. The paper focuses on the management group in Medico – the company responsible for developing a product to be used in the new treatment. To develop and market their product, this group needed to enlist the participation of a wide array of medical professionals and other groups, including groups within their own organization. The paper shows how management’s response to this challenge rested on the reflexive appropriation of the notion of ‘community of practice’ as a means of overcoming both inter-professional barriers to the sharing of knowledge and professional resistance to commercial objectives.
The paper aims to explore, then, not the workings of communities of practice per se, but, rather, managers' attempts to construct a community in order to mobilize, develop and legitimate a radical innovation. In doing so, it highlights, first, the implications of communities of practice for the creation, diffusion and integration of knowledge relating to a radical innovation that cuts across professionally and occupationally bounded work practices. Here it identifies the role of communities and networks of practice both as barriers and facilitators to innovation processes (Brown and Duguid, 2001). Second, it draws attention to the ability of managers to exploit 'communities of practice' as a rhetorical device in the pursuit of organizational objectives, and the legitimization of new practices, overcoming the vested interests of powerful professional groups. The discourse of 'community of practice' was not separate from action here (Sturdy, 2002), but, rather, was entwined with activities and tasks associated with the development of crosscutting networks of practice and the brokering of knowledge. In seeking to construct a new community of practice, Medico management was not simply exploiting a sense of community for political purposes, but were actively engaged with it for the production of knowledge. Finally, then, it illuminates the practices of management in constructing, responding to, and living within, communities of practice.

References


