Comprehensive Evaluation Report 2009-2012

New Partnerships, New Capacity:
InspireNet's Value in Nursing Health Services Research

Produced by:  Aggie Black (Providence Health Care/Vancouver Coastal Health)
               Anette Kinley (eHealth Strategy Office, Faculty of Medicine, UBC)
               Elizabeth Borycki (School of Health Information Science, University of Victoria)
               Grace Mickelson (Provincial Health Services Authority; InspireNet)
               Helen Novak-Lausher (eHealth Strategy Office, Faculty of Medicine, UBC)
               Jennifer Cordeiro (eHealth Strategy Office, Faculty of Medicine, UBC)
               Noreen Frisch (School of Nursing, University of Victoria; InspireNet)
               Pat Atherton (InspireNet)

September 18, 2012
## Contents

KEY MESSAGES AND LESSONS LEARNED ................................................................. 1
EXECUTIVE SUMMARY ............................................................................................. 3
INTRODUCTION .......................................................................................................... 7
FINDINGS .................................................................................................................... 11
  GOAL 1: Increased Capacity for NHSR in BC ....................................................... 11
  GOAL 2: A Coordinated Approach to NHSR Planning and Priority Setting that is based on Provincial Needs and Integrated with Broader HSR Planning ................................................................. 14
  GOAL 3: Strategic Nursing and Interprofessional Health Services Research (HSR) Partnerships and Collaborations within BC and Beyond ................................................................. 15
  GOAL 4: Care Delivery and Education Innovations Based on Health Services Research (HSR) Findings ................................................................. 18
  GOAL 5: A Feasible Sustainability Plan for the Legacy of InspireNet at the End of Michael Smith Foundation for Health Research (MSFHR) Funding ................................................................. 19
  eCoP Foundation: Adoption of Technology ............................................................ 21
  eCoP Foundation: Change Management and Engagement ...................................... 23
CONCLUSION ............................................................................................................ 28
REFERENCES .......................................................................................................... 30
APPENDIX .............................................................................................................
KEY MESSAGES AND LESSONS LEARNED

- InspireNet has contributed to increased Nursing Health Services Research (NHSR) capacity by: building members’ NHSR awareness, knowledge and skills; enabling the development of formal and informal mentorship relationships; and, providing a platform for collaboration on research initiatives. (Goal 1)

- InspireNet may not contribute directly to provincial NHSR planning and priority-setting; however, by offering a platform for cross-sectoral dialogue, the network has the potential to contribute to the alignment of research agendas and the cultivation of collaborations around research and policy questions of provincial and regional importance. (Goal 2)

- InspireNet has connected people across professional roles and academic disciplines, and these connections have fostered the formation of research partnerships and other collaborative work across the province. (Goal 3)

- InspireNet and its Action Teams have begun to contribute to evidence-based innovations in care delivery and education. (Goal 4)

- InspireNet members identified visibility and credibility, time, financial resources, and human resources as key factors for the sustainability of the network. (Goal 5)

- The technology used by InspireNet has enabled the creation of a virtual (electronic) Community of Practice, and has contributed to the achievement of the network’s five goals. (eCoP Foundations)
  - It is critical for Action Team members to have support in learning to use the technologies and work effectively in a virtual environment.
  - The InspireNet eCoP model provides a mechanism for members to connect with research and KT activities when they have limited time to do so in the course of their normal work day.
  - Webinars (both live and recorded sessions) have emerged as the most popular feature and provide members with the opportunity to learn, connect with others, and spur discussions.

- The work of InspireNet and its Action Teams has been driven by members rather than by the organization. As a result, the active engagement of members is critical to the network’s success. (eCoP Foundations)
  - Three different types of members have emerged in the network, each with different roles and responsibilities: Action Team Leaders, core members and peripheral members.
  - Action Team Leaders play a key role in facilitating the Action Teams. Leaders face a considerable learning curve in effectively encouraging engagement and focusing activity within their team’s eCoP, sharing relevant and appealing content, and ensuring a safe space for sharing and participation. Action Team Leaders must also recognize that members join teams with diverse and evolving goals and capacity for participation.

- InspireNet’s Action Teams are in different stages of development; most Action Teams are in a coalescing or maturing stage, in which the members are beginning to work together on common initiatives. (eCoP Foundations)
  - Since their inception, some of the Action Teams have grown considerably both in terms of membership/ size and topic and scope.
Member participation in the network and across the Action Teams varies and can be impacted by time/workflow, the use of technology, content and space, leader engagement and even other members. (eCoP Foundations)

Managing and facilitating an online community is something the Action Team Leaders have had to learn and is something that requires additional time and effort to support. (eCoP Foundations)
EXECUTIVE SUMMARY

In just under 3 years, InspireNet has established an effective, primarily virtual nursing health services research (NHSR) network of about 2,300 members. Key contributing factors to this success include: the presence of an experienced network manager / facilitator; a robust Web 2.0 platform for network and eCoP activities; a collaborative leadership approach; a strong strategic plan and dedicated funding from the Michael Smith Foundation for Health Research (MSFHR); and, integration with the broader BC Nursing Research Initiative (BCNRI).

Within InspireNet’s evaluation framework, two member surveys (Spring 2011 and Spring 2012), interviews (July-October 2011) and Action Team Leader reports (Summer 2012) have been used to collect feedback from network members. In addition, Google Analytics has been used as well to collect data about the use of the website. Results from these various data collection points have been integrated into this report.

The evaluation results indicate that the activities of InspireNet’s leadership, Action Teams, and broader membership have contributed to the achievement of the network’s 5 goals. In addition, foundational requirements for the successful development of electronic Communities of Practice (eCoPs) have also been identified.

GOAL 1: Increased Capacity for NHSR in BC

InspireNet has contributed to increased NHSR capacity by promoting HSR, facilitating individuals and groups in putting their research ideas into action, and enabling the development of connections between professionals, as well as with other groups or organizations working on HSR. The evaluation findings indicate that members see InspireNet contributing to NHSR capacity in three ways:

1) Building awareness, knowledge and skills.

   Access to knowledge and skill-building opportunities is one of the key benefits of InspireNet membership. InspireNet facilitates this by:

   a. Providing a platform for the centralized sharing of current information; and,

   b. Providing a communication platform for discussion and productive activities.

2) Offering opportunities for formal or informal mentorship.

   InspireNet offers a powerful platform for giving and receiving help with research initiatives, and for establishing mentorship relationships. The degree of formal mentorship occurring varies across Action Teams, and not all members join the network for the purpose of giving or receiving mentorship. Despite this variation, there is evidence that productive mentoring relationships have been formed.

3) Providing a platform for collaboration on research initiatives.

   The InspireNet eCoP model has provided powerful tools for individuals across the province to collaborate on NHSR projects. Collaboration on research initiatives is taking place within many of InspireNet’s Action Teams, and the overall activity level increased from 2011 to 2012.

---

1 A diagram of the evaluation framework is provided in the Appendix.
GOAL 2: A Coordinated Approach to NHSR Planning and Priority Setting that is based on Provincial Needs and Integrated with Broader HSR Planning

InspireNet’s leadership has identified that this goal was critical during the planning phase for InspireNet, yet as the NHSR environment has become better understood, it is now clear that InspireNet has a voice in provincial planning. The evaluation results indicated that InspireNet has contributed to this goal in indirect ways, including: increasing province-wide awareness of NHSR priorities; contributing to collaborations around research and policy issues of provincial importance; and, increasing interest in embedding research evidence in policy and practice.

GOAL 3: Strategic Nursing and Interprofessional Health Services Research (HSR) Partnerships and Collaborations within BC and Beyond

InspireNet has become a valuable platform for connecting people across professional roles and academic disciplines; these connections have fostered the formation of research partnerships and other collaborative work across the province. The evaluation results suggest that InspireNet (and the Action Teams) enable networking across geographic regions and disciplines in three primary ways:

1) Connecting people within the same professional role across the province;
2) Connecting people from different professional roles, enabling cross-disciplinary sharing and works; and,
3) Connecting professionals in BC with researchers and experts from across Canada.

The diversity of professional roles represented in InspireNet’s membership enables the network to bridge research and practice, as well as enables Action Teams to leverage their members’ strengths and experiences in research initiatives. This is a foundational factor for InspireNet to achieve its five goals.

GOAL 4: Care Delivery and Education Innovations Based on Health Services Research (HSR) Findings

The work of InspireNet and its Action Teams contribute to evidence-based innovations in care delivery and education. The diversity of InspireNet’s membership has enabled active collaboration among research and practice communities, which members identified as a crucial factor in the successful translation of knowledge to practice. There is some evidence that InspireNet has contributed to the initiation of planning for NHSR education and training activities and changes in individual members’ practice.

GOAL 5: A Feasible Sustainability Plan for the Legacy of InspireNet at the End of Michael Smith Foundation for Health Research (MSFHR) Funding

The continuation of InspireNet will have direct consequences for the research and knowledge translation work being undertaken by InspireNet’s Action Teams. Four factors emerged from the evaluation as critical to continuation of the network:

1) Visibility and credibility: InspireNet’s profile and credibility in the community are critical to the continued growth and success of the network and its Action Teams.
2) Time: Communities of Practice require time to develop, mature and become productive. InspireNet has made significant progress, but will require additional time to mature and sustain that progress.
3) Financial Resources: MSFHR funding has enabled InspireNet to put in place the network infrastructure that made the Action Teams’ electronic Communities of Practice, or eCoPs possible. Continued financial resources will be required to maintain.
Human Resources: The continued growth and productivity of the network will require the maintenance of tech-savvy support staff.

**Electronic Community of Practice (eCoP) Foundations**

The evaluation results suggest that there are two foundational areas that need to be considered in the development of an electronic Community of Practice (eCoP):

**A. Technology Adoption**

The electronic platform is critical to the work of InspireNet and its Action Teams in enabling professional networking, knowledge sharing and learning opportunities, and supporting health services research activities. In short, the technology enables the creation of a virtual (electronic) community of practice, and support the achievement of InspireNet’s five goals.

In order for eCoPs to effectively make use of the technologies available, it is important that members receive support as they learn how to navigate the online platform and use the tools available. In the case of InspireNet, having a dedicated staff member to assist Action Team Leaders and members in overcoming technological hurdles was essential to achieving and maintaining the Teams’ momentum.

**B. Change Management and Engagement**

The activities taking place via InspireNet are facilitated by, rather than directed by, the organization; it is the onus of members and Action Team Leaders to initiate activities and engage with the materials and technologies available to them. The nature of InspireNet requires members to have the time and interest to participate, and the belief that it is a valuable use of their time. Members’ roles within their Action Team(s) can evolve over time, and may vary across teams; individuals join with different intentions or goals for their participation, as well as different levels of capacity for active contribution. Three broad categories of InspireNet members emerged from the evaluation:

1. Action Team Leaders;
2. Core Members; and,
3. Peripheral Members.

Encouraging all types of membership and engagement is beneficial to the growth of the network and to all members.

Due to the fact that InspireNet’s activities are driven by its members, the issue of inconsistent member engagement and a high proportion of peripheral members is a challenge for the network. Respondents to the 2012 Survey and Interviews identified five specific areas that can impact their participation:

1. Time and workflow;
2. Technology;
3. Content and space;
4. Leader engagement; and,
5. Other members.

Potential solutions or ways of mitigating these challenges to help encourage engagement were also suggested.
The results from across the evaluation revealed that development across the Action Teams vary, reflecting the different starting times of the teams. Reflecting on where their teams fell in the development continuum provided Action Team Leaders and members the opportunity to assess the progress made. Respondents from the more developed teams reported growth and expansion in their teams in terms of focus, topic and membership.

Finally, the evaluation revealed that there are many ongoing processes across the network. Learning how and having the time to encourage participation, maintain a sense of community, learn the technology and keep up with the administrative aspects of leading a virtual team are challenges the Action Team Leaders have reported.
INTRODUCTION

InspireNet (Innovative Nursing Services & Practice Informed by Research & Evaluation Network) is a province-wide network in British Columbia with the vision of improving nursing health services. Funded for four years (Nov 2009-Oct 2013) through the Michael Smith Foundation for Health Research (MSFHR) the mission of InspireNet is to foster optimal creation, sharing and use of nursing health services knowledge and research expertise across the province. To do this, the network has developed a community of members and Action Teams working toward achieving five goals:

- **Goal 1**  Increased capacity for nursing health services research (NHSR) in BC.
- **Goal 2**  A coordinated approach to NHSR planning and priority setting that is based on provincial needs and integrated with broader health services research planning.
- **Goal 3**  Strategic nursing and interprofessional health services research partnerships and collaborations within BC and beyond.
- **Goal 4**  Care delivery and education innovations based on health services research findings.
- **Goal 5**  A feasible sustainability plan for the legacy of InspireNet at the end of MSFHR funding.

As of June 2012, the following 10 Action Teams have been established:

- e-Health, e-Technologies and Informatics;
- First Nations Health
- Healthy Workplace Climate;
- iPANEL: Initiative for a Palliative Approach in Nursing: Evidence & Leadership
- Join the Discussion with the NRFs (Nursing Research Facilitators)
- NEARR: Nursing Education and Research Rounds
- Nurse Educators’ Scholarship
- Optimal utilization of Advanced Practice Nursing (APN) roles
- Practice-Based Research
- Students

At the time of report-writing, six “closed” teams are also using InspireNet’s eCoP platform to support to enable collaboration on research and knowledge translation projects:

- EVIP Innovations (EVIP-In): Enhancing Evidence Informed Practice (EVIP) Among Point-of-Care Nurses in Interior Health;
- Health Services Researcher Pathway;
- Nurse-to-nurse Report Research Team;
- PLACES: Placements for Learners - Assessing Capacity and Effectiveness of Clinical Sites;
- Providence Health Care Practice-Based Research; and,

The network also has eight Coordinating Teams, which work in functional areas which are relevant across all Action Teams:

- Communications Team
- Database Management Team
Knowledge to Action Team
Evaluation Team
InspireNet Leadership Council
InspireNet’s Fall Conference Working Group (IFWG)
Management Team; and
Sustainability Planning Team

The Action Teams, closed teams and Coordinating Teams interact via InspireNet’s website and electronic Community of Practice (eCoP) platforms provided to each group.

**Demographics**

Over the course of the two years since its launch, InspireNet’s membership has grown from 449 to 2,038 members (Figure 1). Action Team membership has expanded from 18.7% of total members in October 2012, to nearly half (48.9%) in April 2012. As of September 13, 2012, InspireNet’s total membership had reached 2,275.

![Figure 1: Growth in InspireNet Membership, Action Team Members & General Members, Oct 2010 - Apr 2012](image)

InspireNet’s membership represents all Health Regions across BC, as well as professionals working province-wide, and outside BC (nationally and internationally). Between April 2011 and April 2012 the proportion of members from the Vancouver Island and Northern Regions increased (Figure 2).

![Figure 2: Proportion of InspireNet Members from Health Regions in BC, 2011 and 2012](image)

![Figure 3: Proportion of InspireNet Members by Sector, 2011 and 2012](image)
Members of InspireNet come primarily from the Health Authorities and Post-Secondary institutions. Representation of InspireNet members from Health Authority sector increased slightly between April 2011 and April 2012 (Figure 3).

InspireNet’s members come from a range of professional roles. The most common positions are: Managers/Leaders/Directors, Direct Care Nurses and Educators. Between September 2011 and September 2012, proportional representation of Nurse Educators and Staff Nurses increased; Researchers and Clinical Nurse Specialists decreased.

**Figure 4: Professional Roles of InspireNet Members at Sept 2011 (n=1,324) and Sept 2012 (n=2,275)**

<table>
<thead>
<tr>
<th>Role</th>
<th>2011 Proportion</th>
<th>2012 Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager, Leader, Director</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Direct Care Nurse</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Educator</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Faculty</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Student</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Admin</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Resource Nurse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Methods**

InspireNet’s Evaluation Team has implemented a multi-modal evaluation framework, incorporating quantitative and qualitative research methods employed across the first 2.5 years of the network’s life cycle. In chronological order, the evaluation methods employed include:

- **Membership Survey (Spring 2011)**
  The 2011 Survey took place at year 1.5 of InspireNet’s development. Of the 703 network members at the time, 125 (18%) responded to the survey. Almost three-quarters (71%) of respondents were members of at least one Action Team at the time of the survey.

- **Action Team Member Interviews (July-October 2011)**
  As a follow up to the 2011 Survey, interviews were conducted with Action Team Leaders and members to provide more in-depth insight into how InspireNet was functioning and how its teams were contributing to InspireNet’s goals. The interviews took place at year 2 of InspireNet’s development, and 23 Action Team Leaders and members volunteered to be interviewed.

- **Membership Survey (Spring 2012)**
  The 2012 Survey took place at year 2.5 of InspireNet’s development. Approximately 10% (210) of InspireNet’s total membership (2,038 members) completed the survey. Two-in-five (42%) respondents were a member of at least one Action Team at the time of the survey.

---

2 An illustration of the timeline of evaluation activities in relation to the growth of InspireNet can be viewed at: [http://www.inspirenet.ca/timeline](http://www.inspirenet.ca/timeline)

3 Evaluation Reports can be viewed at: [http://www.inspirenet.ca/publications](http://www.inspirenet.ca/publications)
♦ **Action Team Leader Reports (Summer 2012)** InspireNet’s Action Team Co-Leaders were invited to provide their perspectives on their teams at year 2.75 of InspireNet’s development. The leaders were asked to respond to seven questions related to themes which emerged from the Interviews and the 2011 and 2012 Surveys. Of the eight active Action Team Co-Leaders invited to participate, all provided reports to the Evaluation Coordinating Team.

♦ **Google Analytics (ongoing)** InspireNet has used Google Analytics to track the activity on its website. This data collection and reporting occurs on an ongoing basis.

**Response Rates**

In regards to the response rates to the 2011 and 2012 Surveys, the InspireNet Evaluation Team considers them to be acceptable given the typically lower response rates to online surveys, which often fall below 10% (Eysenbach, 2005). The response rates achieved are reflective of the support of members who completed the surveys, and the effective recruitment efforts of the Evaluation Team. It is also important to note that the demographic characteristics of respondents to both Surveys, in terms of geographic region, sector and profession, reflected the characteristics of InspireNet’s membership as a whole.

Regarding the low participation rate in the Interviews, the views of the limited sample of self-selected participants cannot be considered representative of all InspireNet members. However, the findings offer rich, in-depth qualitative data to complement the results of the 2011 and 2012 Surveys.
FINDINGS

GOAL 1: Increased Capacity for NHSR in BC

I have learned a tremendous amount through InspireNet in the following areas: building capacity for health services research; knowledge translation; using an eCoP and website to support the activities of a research team. (Respondent, 2012 Survey)

InspireNet contributes to increased NHSR capacity by promoting NHSR, facilitating individuals and groups in putting their research ideas into action, and enabling the development of connections between professionals, as well as with other groups or organizations working on NHSR.

The evaluation findings indicate that members see InspireNet contributing to NHSR capacity in three ways:

1) Building awareness, knowledge and skills

Access to knowledge and skill-building opportunities is one of the key benefits of InspireNet membership. InspireNet facilitates this by:

a. Providing a platform for the centralized sharing of current information.

Members value InspireNet, and their Action Team eCoPs, as tools for centrally storing, sharing and accessing information and keeping up-to-date on what other people in their field are working on provincially. This centralization enables members to tap into wider sources of current information that they otherwise might not have the time or resources to access. As one interviewee noted:

I am getting and ending up finding or seeing materials [through my Action Team] I hadn’t otherwise seen. (Interview Participant 3)

The majority of 2012 Survey respondents agreed that InspireNet provides good access to Nursing Health Services (NHS) research and evaluation information (81%), and is effectively facilitating knowledge transfer and exchange (65%). Survey results and Action Team Leader Reports indicate that the ability to share and access resources (including documents, eNews, and webinars/recordings) has been one of the most valued aspects of the InspireNet eCoP model.

Most 2012 Survey respondents (64%) agreed that new knowledge is being developed and shared with stakeholders and the public. Examples of these activities drawn from the Action Team Leader Reports include:

- Knowledge sharing via webinars, which helps to facilitate the growth and recognition of local knowledge as an important contribution; and,
- Action Teams making the latest research easily accessible, so that team members can utilize this research in their practice and decision making.

b. Providing a communication platform for discussion and productive activities.

InspireNet members value their Action Team(s) as a platform for communicating with large numbers of people, and for practical discussion and productive activities which facilitate knowledge and skill building. The 2012 Survey and Action Team Leader Report results indicate that members value their Action Team eCoPs as a central forum for discussion and productive work. The majority of participants in the 2012 Survey agreed the eCoP model for Action Teams has been effective in
improving information sharing and knowledge acquisition (78%), and has potential to greatly increase productivity in (NHSR) and evaluation (63%). Most respondents (59%) also agreed that support for research and evaluation collaboration among members has been increasing via InspireNet.

Some examples of activities undertaken within Action Teams, identified in the interviews and Action Team Leader Reports, include:

- Webinar presentations;
- Journal clubs for discussion of research and practice issues;
- Summaries of articles produced for Action Team members; and,
- Consultations with nursing research facilitators regarding research proposal and funding.

2) **Offering opportunities for formal or informal mentorship**

Members see InspireNet as a potentially powerful platform for giving and receiving help with research initiatives, and for establishing mentor relationships. It should be noted that not all InspireNet members joined the network with the purpose of giving or receiving mentorship; only 20% of 2012 Survey respondents reported joining InspireNet to find a research mentor, and just 18.5% joined to become a mentor.

There appears to be some disagreement across members regarding the state of mentorship through InspireNet. For example, some interviewees felt that formal and informal mentorship was already taking place, while others felt that their need for mentorship was not being met. The Action Team Leader Reports indicate that the degree of formal mentorship varies across Action Teams:

- The Nursing Education and Research Rounds (NEARR) Action Team “doesn’t really prepare team members for research, but it serves to give them exemplars of great nursing research, which I hope team members find inspiring” (Action Team Leader Report).
- Providence Health Care Practice-based Research Challenge Action Team’s members are engaged in small-scale, practice relevant research projects, with the assistance of a mentor (Action Team Leader Report).
- Another Action Team Leader reported “using a community development approach to engage ... and to mentor more people who are interested. We have many layers of expertise on the team and we think through collaboration and mentoring we can increase the scholarly capacity of many team members” (Action Team Leader Report).

While there is variability in the development of more formal, one-on-one mentorship across the network, 2012 Survey respondents agreed that InspireNet has been effective in sponsoring education and skill development opportunities for members (71%).

In regards to accredited Nursing Health Services (NHSR) education, most 2012 Survey respondents (48%) were unsure whether more graduate students are being educated in NHSR as a result of InspireNet’s work; only 30% agreed that graduate education was increasing. However, one member indicated that InspireNet led her to pursue graduate education:

*Visiting InspireNet more often is one of those activities I look forward to, once my student workload decreases somewhat. After all, it was InspireNet that ‘Inspired’ me to return to UVic and enter the dual master’s program...* (Respondent, 2012 Survey)
InspireNet has also supported some students in completing their education; one Action Team Leader reported that one nursing student recruited study subjects from the Action Team as expert informants.

3) Providing a platform for collaboration on research initiatives

Collaboration on research initiatives has begun to take place within Action Teams. About one-quarter (23%) of 2012 Survey respondents report that they are currently contributing to NHSR projects and/or teams as a result of collaborations formed through InspireNet. Two respondents who are professional researchers indicated that they had been approached by a manager, practitioner or organization to collaborate on a research project through their involvement with InspireNet.

A comparison of specific research activities reported in the 2011 and 2012 Surveys indicates that activity levels generally increased over the course of the past year:

- In 2012, members reported producing 39 articles or research papers with people they have linked with through InspireNet; this was 22 more than the number reported in 2011 (17 articles).
- In 2012, members reported that 11 research papers produced via InspireNet collaborations were submitted or accepted for publication; this is 5 more than reported in 2011 (6 articles).
- In 2012, members reported producing a total of 27 research proposals with people they linked with through InspireNet; this was 9 less than the number reported in 2011 (36 proposals).

The Action Team Leader Reports also offer evidence that collaborative projects are taking place via InspireNet Action Teams. The e-Health, e-Technologies and Informatics Action Team, for example, has undertaken a number of research activities, including:

- Two members co-editing a special issue of the Canadian Journal of Nursing Informatics;
- Developing a project with the Interior Health Authority (in progress at the time of writing);
- A strong showing of presentations, posters and panels with BC nursing informatics researchers at the NI2012 International conference in Montreal;
- Submissions for the upcoming School of Health Information Science International Conference in 2013; and,
- A nursing student recruiting Action Team members to provide expert opinions for her study.
GOAL 2: A Coordinated Approach to NHSR Planning and Priority Setting that is based on Provincial Needs and Integrated with Broader HSR Planning

While they feel that a coordinated approach to provincial priority setting is important, interview and survey respondents were unsure how InspireNet could contribute directly to this goal. Indeed, InspireNet’s leadership has identified that this goal was critical during the planning phase for InspireNet, yet as the NHSR environment has become better understood, it is now recognized that InspireNet cannot influence provincial planning in a real way, but can have a voice in its planning.

Many 2012 Survey respondents (40%) were unsure whether new health related policies and/or standards were being created as a result of InspireNet’s work; only 35% agreed that this had been occurring.

Despite this, the evaluation results suggest that InspireNet has begun to contribute to this goal in indirect ways. For example:

- A majority of 2012 Survey respondents (65%) agreed that InspireNet has had a positive impact on province-wide awareness of NHSR needs and priorities (65%), and that new relationships have been developing with external stakeholders (e.g. health decision makers and policy makers).
- Interview participants suggested that, as a platform for cross-sectoral conversations, InspireNet has the potential to contribute to the alignment of research agendas and the cultivation of collaborations around research and policy questions of provincial and regional importance.
- Action Team members reported in the 2012 Survey that NHSR priorities, as articulated by InspireNet’s funder, the Michael Smith Foundation for Health Research, were being addressed in the work of their Action Teams; the top priorities reported as being addressed included: a) practice relevant education, b) quality and safety of the practice environment, and c) nursing health human resources.
- Thirty-nine respondents from the 2012 Survey, in manager, nurse practitioner, certified nurse specialist, educator or nurse roles, reported that their involvement in InspireNet increased their interest in embedding NHSR evidence in policy and practice.

The Interviews suggest that InspireNet has the potential to close the gap not only between research and practice, but also administration and practice. As one participant stated,

> You could have put a nursing research facilitator into every health authority but if you hadn’t also funded InspireNet and made it a really robust network, we wouldn’t have been able to accomplish much. It links us. (Interview Participant 1)

The 2012 Survey results offer some support for this contention. Many respondents reported improvements within their organizations as a result of InspireNet’s work, including: improved Nursing Health Services (NHSR) research and evaluation priorities (36%); increased leadership and dedicated NHSR staff (35%); and, greater internal access to NHS research/evaluation expertise.
GOAL 3: Strategic Nursing and Interprofessional Health Services Research (HSR) Partnerships and Collaborations within BC and Beyond

[The Action Team] brings everyone to my doorstep. (Interview Participant 17)

The resources, partnerships and community of nurse-researchers brought together by InspireNet are incredibly helpful to me in my role supporting nursing research. (Respondent, 2012 Survey)

InspireNet serves as a key starting point for relationship building. As a grad student it was very important to me to be able to be a part of a network that included leaders within my profession—inspirational. (Respondent, 2012 Survey)

The evaluation results indicate that members view InspireNet as a valuable platform for connecting people across professional roles and academic disciplines. In the 2012 Survey, for example, respondents listed ‘networking’ as the aspect of InspireNet they most valued, and the majority (72%) agreed that InspireNet was effectively promoting networking opportunities within the province.

On an individual level, many respondents to the 2012 Survey agreed that the relationships built within their Action Teams were valuable in terms of increasing their expertise (55%); supporting their professional work (54%); and, improving their professional reputation (42%). More broadly, the majority of respondents (85%) agreed that InspireNet adds value to BC’s research community.

There is evidence that professional connections developed via InspireNet have begun to foster the formation of research partnerships and other collaborative work across the province. Examples of this include:

♦ An Action Team Leader Report respondent [Nurse Educators’ Scholarship] indicated that a series of webinar conversations led to the development of a research question that will evolve into a research proposal in Fall 2012; the proposed project will involve collaboration between academic and clinical nurse educators.

♦ Another Action Team Leader reported that one member connected with a University of Victoria researcher via the Action Team who is interested in developing a research proposal with Vancouver Island Health Authority (VIHA).

♦ Seven 2012 Survey respondents, in manager, nurse practitioner, certified nurse specialist, educator or nurse roles, reported having been engaged in the development of research questions through their involvement with InspireNet.

Levels of Networking

The evaluation results suggest that InspireNet (and the Action Teams) enable networking across geographic regions and disciplines in three primary ways:

1) Connecting people within the same professional role across the province.

The Interviews and Action Team Leader Reports indicate InspireNet has contributed to the expansion of already broad professional networks, and provided an effective communication link among members. Examples of this include the Nursing Research Facilitators Action Team, which was formed for the purpose of creating linkages between people in that role:

Nursing Research Facilitators... are in a unique role so we need to talk to one another regularly and share resources and talk about how we overcame particular problems with [our] role and
2) **Connecting people from different professional roles, enabling cross-disciplinary sharing and works.**

Interview results indicated that members saw InspireNet as a **platform for intra-provincial communication**, connecting people across disciplines and/or organizations who are interested in particular topics or initiatives. The 2012 Survey results support this conclusion, as the majority of respondents (73%) reported that their Action Team(s) had been successful in crossing professional boundaries (campus-community, inter-professional, inter-provincial and/or national). On a personal level, many respondents (46%) indicated that the relationships formed in their Action Team relations were valuable in terms of making **connections beyond** their profession or organization.

Examples of Action Teams which have enabled cross-disciplinary sharing include:

- **E-Health, e-Technologies and Informatics**, which includes nurses, academics and other health informatics professionals. The Action Team Leader Report suggests that the team has “brought together one of the first informatics communities interested specifically in nursing informatics issues in the province”.
- **Advanced Practice Nursing**, which brings together Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) across BC. The Action Team Leader noted “I think this team [APN] is one of the only places” where these professional groups come together in the province.
- **Providence Health Care (PHC) Practice-based Research Challenge**, which:
  
  ... has served an incredibly valuable function as a virtual “meeting place” for nurses and allied health professionals participating in the PHC Practice-based Research Challenge. I am able to post resources for the team, and refer them to this action team page, rather than inundating them with emails that get misplaced in their inboxes. (Action Team Leader Report)
- **Healthy Workplace Climate Action Team**, which has recruited guest speakers identified through conferences, as well as through contacts from institutions and health organizations across BC (for example, Vancouver Island Health Authority (VIHA) and UBC). (Action Team Leader Report)

3) **Connecting professionals in BC with researchers and experts from across Canada.**

Evaluation results indicate that members do not view extra-provincial networking as a primary focus of InspireNet’s work; only 23% of 2012 Survey respondents agreed that InspireNet has promoted networking outside of BC. However, national and international connections have been made by inviting experts and leaders from outside the province to speak at Action Team webinars. The e-Health, e-Technologies and Informatics Action Team, for example, has hosted speakers “from the University of Tasmania, Columbia University, and [the] International Medical Informatics Association” (Action Team Leader Report). The Advanced Practice Nursing Action Team is another example of a team which has made extra-provincial connections, as one member reported:

[Our Action Team] did a WebEx with … the CHSRF chair in advanced practice nursing and we’ve just co-authored the decision support synthesis around advanced practice nursing in Canada.

So I think we are successfully linking in not only with the BC network of researchers and
New Partnerships, New Capacity: InspireNet’s Value in Nursing Health Services Research

Membership Diversity

The evaluation results indicate that InspireNet members and Action Team Leaders generally have been satisfied with the diversity of InspireNet’s membership. One Action Team Leader, for example, reported on the representation of the Health Authorities as well as academic institutions in their team’s membership. Having a membership with a range of professional roles is seen as valuable in bridging research to practice and in leveraging the members’ strengths – beneficial properties for achieving InspireNet’s goals. As one Action Team Leader notes:

*It seems that researchers are often necessary and essential instigators for research-based discussions and invitations to participate (versus practice-based nurses). Researchers, therefore, may be an essential catalyst for action team research activity and discussion.* (Action Team Leader Report)

An interviewee makes a similar argument regarding members in advanced nursing roles, such as clinical nurse specialists and nurse practitioners:

*In a lot of ways ... [they are] the most appropriate membership because those are the nurses that at least are expected to read research and think about conducting research or ... be a knowledge translator of research findings and putting them into practice.* (Interview Participant 1)

It is interesting to note that the Interview results suggest that members’ perceptions of the diversity of InspireNet is skewed towards those in roles who may have greater authority/visibility in Action Team and network-wide activities -- including members in academic, administrative or advanced nursing roles. Several interviewees perceived a lack of representation from point-of-care nurses, despite the fact that approximately one-quarter of members at the time were direct care nurses (see membership demographics).
GOAL 4: Care Delivery and Education Innovations Based on Health Services Research (HSR) Findings

At the time of the Interviews, activities were taking place within InspireNet and its Action Teams that members believed were beginning to contribute to evidence-based innovations in care delivery and education. The members suggested that InspireNet has considerable potential to stimulate knowledge translation, primarily as a resource for professional development and enhancement of clinical or research practice. By successfully attracting members in a broad range of professional roles, InspireNet has facilitated active collaboration among research and practice communities, which members identified as a crucial factor in the successful translation of knowledge to practice.

Results from the 2012 Survey reinforced the findings from the Interviews the year before, with respondents reporting that some are involved in actively planning NHSR education and training activities in their work or study as a result of collaborations formed through InspireNet (30%) and that they have changed their practice as a result of team membership (38%).
GOAL 5: A Feasible Sustainability Plan for the Legacy of InspireNet at the End of Michael Smith Foundation for Health Research (MSFHR) Funding

“Considering that the project is only 2 years old, the number of connections that it's fostered is amazing. We are just starting to get national traction. I hope that it will be supported for a couple more years until we get enough traction to have other funding sources.” (Respondent, 2012 Survey)

The sustainability of InspireNet is an issue of concern not only for the leadership of the network and the Action Teams, but for InspireNet members in general. The continuation of the network will have direct consequences for the research and knowledge translation work of members. As one 2012 Survey Respondent noted:

“I hope that InspireNet continues as we have plans to include InspireNet in the dissemination of the results of a study underway that involves RN [Registered Nurse] researcher trainees in an integrated knowledge translation research project.” (Respondent, 2012 Survey)

Four factors have been identified throughout the evaluation process as central to the long-term sustainability of InspireNet:

1) **Visibility and Credibility**

Members have identified the visibility and credibility of InspireNet in the community as crucial factors in the sustainability of the network. Results from the 2012 Survey revealed that respondents agreed InspireNet was becoming well-known among the health research community (49%) and the clinical practice community (44%). Several Interview respondents suggested that InspireNet continue to invest resources towards increasing its profile and credibility.

2) **Time**

Members have recognized that Communities of Practice require time to develop, mature and foster sustainable research activity. The current MSFHR funding has given InspireNet time to coalesce and mature; additional resources will be required in order to sustain the progress made, and continue to increase the productivity of the network. As one 2012 Survey respondent noted:

*I hope to see InspireNet continue--with financial resources--after the initial project is over next year. Three years is insufficient to maintain, let alone increase, the great gains that have been made in bringing together nurses in practice and education across the province, both virtually and actually. It takes time to encourage and motivate staff and faculty to participate and develop and/or increase their own research and scholarly activity capacity, including uptake of best evidence and practice.* (Respondent, 2012 Survey)

3) **Financial Resources**

Members have recognized that financial resources are required to maintain the network infrastructure that has enabled InspireNet’s Action Teams to develop and engage in productive activities. As a Leader of the Nurse Educator’s Scholarship Action Team shared:

*We are worried about maintaining the level of activity in the absence of infrastructure – for us this seems like a big issue and has the potential to undo much of the good work that has occurred. Certainly on our team this year had been more active and productive and we see this*
continuing but it does require [financial] support. We’ve been through this once before as these initiatives are funded by short term grants. …engagement in scholarship and research doesn’t happen without some infrastructure… (Action Team Leader Report)

4) Human Resources

Members identified the support of fellow members, leaders and administration as necessary for the long-term sustainability of the network. For example, several interviewees identified the Program Manager role as crucial to InspireNet’s success. One Action Team Leader noted that the team leadership was “hoping for more direction from the Leadership Council, especially with respect to expansion and sustainability of InspireNet” (Action Team Leader Report).

Having respondents across the different evaluation points recognize the complexities of sustainability and knowing that there has already been some consideration put into the continuation of the network indicates the value members place on InspireNet.
The adoption of the technology available through InspireNet’s e-platform is a key foundational aspect to evaluate as a part of an overall assessment of the network. Members’ use of and comfort with the different tools impacts how effectively they are able to collaborate with each other and participate in the network’s activities.

The Interviews indicated that the electronic platform is critical to the work of InspireNet and its Action Teams in enabling professional networking, knowledge sharing and learning opportunities, and supporting NHSR activities. In short, the technology enables the creation of a virtual (electronic) community of practice, and support the achievement of InspireNet’s five goals. Because of the fundamental role technology plays in the network, it is important to understand how members are using and adopting different features.

Results from the 2012 Survey show that over three quarters of the respondents (78%) reported accessing the InspireNet website at least one or twice a month or more frequently (Figure 5).

InspireNet’s Google Analytics results show that the number of page views on the website from all visitors has increased substantially since the website’s launch (Figure 6).

Across the various evaluation points, members have reported the features of the site that they have found most useful and engaging. The 2012 Survey revealed that the most accessed areas/features of Action Team eCoPs is the webinar recordings archive (77%); shared resources (e.g. topic-specific journal article links and grey literature) (42%); and the discussion forums (asynchronous) (38%). The popularity of the webinars was echoed in the Action Team Leader Reports with respondents adding, “The Webinars are the most popular feature of our action team, and as co-leaders, we actively pursue interesting and relevant guest speakers for our Webinar...”
“calendar” and “[I was surprised with] how successful the webinars have been and how often the archived webinars are accessed.” Further to this, another respondent in the Action Team Leader Report also pointed out the value added and the way the webinars contribute to collaboration by stating:

Webinar format for discussions and getting to a place of developing projects is a real lesson learned - we initially thought of webinars as “presentations” but have realized how important the discussion format is for team and project development. (Action Team Leaders Report)

The webinar technology was also cited as being a means to help connect to members within InspireNet and to other institutions and groups outside of the network. Additionally, having the technology to capture, record and store these presentations is appreciated. As a respondent in the 2012 Survey noted, “Despite my intentions it is difficult to join webinars live, however whenever possible I go the recording and listen in. I am grateful the webinars are recorded.”

In terms of eCoP features, the less used areas/features of Action Team eCoPs, as reported in the 2012 Survey, included accessing team meeting minutes and materials (14%) and member contacts/database (11%). In terms of improving features, members suggested simplifying website navigation (22%).

In order for eCoPs to effectively make use of the technologies available, it is critical that members receive support as they learn how to navigate the online platform and use the tools available. In the case of InspireNet, having a dedicated staff member to assist Action Team Leaders and members in overcoming technological hurdles and being responsive to members’ feedback has been essential to achieving and maintaining the teams’ momentum.
eCoP Foundation: Change Management and Engagement

As part of a comprehensive evaluation of an electronic Community of Practice (eCoP), such as InspireNet, change management and engagement is a central foundational aspect to examine. Understanding the growth of the network over time and the process and the extent to which members integrate and use the eCoP and its tools within the context of their work provides an assessment of the network apart from its goals. It also provides insight into the experience of the eCoP at the member/individual level.

InspireNet’s membership has grown enormously, with the overall state of the membership being very strong and diverse (as discussed under Introduction & Goal 3). Participants in the Interviews viewed the electronic platform as a powerful communication link that helped to bridge geographic distances and professional diversity across the network’s membership.

Membership Roles and Responsibilities

Across the Interviews, there was a general sense that the network belongs to its members. The onus is on members and leaders to bring ideas for Action Teams and initiatives forward to InspireNet. As one interviewee noted:

_I think InspireNet, the model, really requires a member to come to Pat [InspireNet’s Program Manager] with an idea and then she facilitates it. But if there is no member who comes to her with the idea then you know, she’s the one that helps move things forward but she’s not the one that comes to us with the idea, that’s not her role._ (Participant 1)

This implies that the development of InspireNet and its Action Teams is based on engagement (and respective roles and responsibilities) of InspireNet Action Team Leaders and members. The members indicated that the nature of InspireNet requires members to have the time and interest to participate, and the belief that it is a valuable use of their time. Three broad categories of InspireNet members emerged:

1) Action Team Leaders

Findings from the Interviews revealed that the Action Team Leaders are regarded as those who take a leadership role in the development and organization of the Action Teams. Respondents in the Interviews described this role as including: formulating ideas for teams; posting new materials; generating discussions; supporting members; and offering mentorship. Several interviewees expressed concern regarding the capacity of Action Team Leaders to be actively engaged within and across Action Teams, given the significant commitment in terms of time and energy above and beyond their regular work. This was confirmed by Action Team Leaders, who noted they wished they could do more (for example, updating materials more frequently), but are constrained by time and the demands of their other roles and responsibilities. Respondents in the Action Team Leader Report echoed the need for more time and thought into role. As one respondent stated, “I need to put more thought into what the other needs of this team are, and figure out whether members are interested in offerings such as on-line discussions.” This concern is particularly salient for those who have a leadership role in multiple Action Teams.

Overall, however, Action Team Leaders indicated they were satisfied with and interested in staying on as the leader of their team, but also suggested that they would like to involved others and/or pass the position on to others. As one Leader noted: “Yes [I am interested in remaining the leader], but we are also
trying to develop a succession plan to mentor future leaders so others can have an opportunity at this leadership role.”

2) Core Members

Core members are regarded as those members who actively participate in Action Team activities in various ways, such as: sharing ideas about scholarly activities; supporting the development of research ideas and projects; bringing their experience-based and/or scholarly knowledge to discussions and projects (e.g. producing research abstracts, contributing to Action Team evaluation plans, etc.); and identifying and connecting potential members to the Action Team(s). Results from the Interviews indicated that members saw that their own roles in Action Team(s) can evolve over time, and may vary from Action Team to Action Team. Part of the reason for this inconsistency may be that members join Action Teams with different intentions or goals for their participation, as well as different levels of capacity for active contribution.

3) Peripheral Members

Peripheral members were described in the Interviews as those who observe, but do not actively engage in, their Action Team(s). There was a sense from the Interviews that peripheral members may be those who lack the time or capacity to visit the website and read the materials and discussions within their work day. A comment made in the Action Team Leader Report echoes this sentiment and speaks to the benefit of encouraging this type of member:

...how important it is to provide a venue that does allow for ‘legitimate lurking’ - people gradually move to being more engaged - we think after 2 years this is part of the reason we are seeing more interest in being involved in projects from people who may have been members for quite some time. (Action Team Leader Report)

Laying out roles and expectations may help members understand and think about their own participation in different ways. As one respondent to the Action Team Leader Report asked,

Do action team members have a clear idea of what it means to be a team member? Maybe we need a welcome package for new team members that clarify roles and responsibilities, expectations. This might establish expectations with respect to active participation versus “lurker status. (Action Team Leader Report)

Encouraging all types of membership and engagement is beneficial to the growth of the network and to all members. InspireNet is made up of many different people with many other roles and commitments (which may arguably be one of the strengths of the network). Being open to and accommodating different levels of participation in the network may be an engagement strategy that best serves all members. As acknowledged by a respondent in the Action Team Leader report, “Busy folks need flexibility in accessing the information and it is okay if only a few join the “group” discussions as long as the information posted is serving a valuable purpose.”

Understanding and Encouraging Member Participation

As discussed above, since InspireNet’s activities are driven by its members, the issue of inconsistent member engagement and high proportion of peripheral members was a frequently cited as a challenge for the network. Via the Interviews and 2012 Survey, respondents detailed the specific barriers and suggested potential ways of encouraging more participation (listed in no particular order):
1) **Time/ workflow:**

When asked what would encourage more participation, a common response was ‘More discretionary time’ (42%). Working virtually requires working in different ways than when working in other environments. This means a virtual worker needs to find time management practices to fit this work into their calendar to ensure that it can be accomplished. One member reported:

> “It is frustrating to not have the time to actively participate. I am currently participating in research activities at my site, but not through InspireNet but through others with more experience. I am trying to make the leap into writing proposals myself but that has not happened due to time constraints.” (Respondent, 2012 Survey)

A few respondents (2%) noted that they would participate more if they had more support from their employer to participate (3%/ n=2).

2) **Technology:**

InspireNet is based on an electronic platform which can both help and hinder participation. A few respondents from the 2012 Survey felt that they would participate more if they had better computer skills (4%/ n=3). Other respondents from the Interviews suggested improving the functionality and user-friendliness of the Action Team eCoP space and the InspireNet website and member database.

3) **Content and space:**

Interviewees suggested continually offering new, relevant and practical content that will “hook” members, particularly those with non-academic backgrounds (for example, NEARR has attracted a large number of members by regularly offering attractive activities). To help foster engagement, they also asked to ensure that the Action Team is a safe space for equal and open sharing of ideas, and avoiding domination of discussion by certain members or groups.

4) **Leader engagement:**

Action Team Leaders were seen as key to member engagement as well. A respondent from the 2012 Survey suggested that team leaders could open and facilitate discussions with a question to ‘get the ball rolling’ within the Action Team to help encourage more participation. The role of the Action Team Leader in eliciting member participation was also underlined in the Interviews with some interviewees noting that teams with stronger or more active leadership tended to have more active engagement from members.

5) **Other members:**

The participation of members in the network reportedly influences the participation of others. Some respondents (10%) from the 2012 Survey felt that they would be inclined to participate more if others participated more, while others (4%) also reported they would participate more if the network was more interprofessional in scope.

While these five areas may be areas for improvement to encourage member engagement, several interviewees conceded that it is up to individual members to take initiative to participate – engagement cannot be forced.

**Development Continuum and Team Growth**

Respondents from both the 2012 Survey and the Interviews indicated that the different Action Teams were in the various stages of Dube et al’s (2006) eCoP development continuum, reflecting the varying start times and different team leadership and membership composition. Participants from the Interviews specifically identified:
Two participants felt that one of their Action Teams was in the **potential stage**, in which a group of people begin to define a common interest and structure for their eCoP.

Fourteen interviewees indicated that their Team was in the **coalescing stage**, in which the group is beginning to work on collective activities and build the value of the eCoP.

Fourteen interviewees believed their Action Team was in a **maturing stage**, in which the group’s core practices are defined and members begin to identify and work towards filling gaps in knowledge.

Three interviewees felt that their Action Team was in the **stewardship stage**, in which the group is established and focussed on maintaining momentum.

Two interviewees believed their Action Team was in a **transformation stage**, in which the group is experiencing a change in work practices, a large increase in membership, and an attempt to renew the work of the eCoP.

Taking the time to pause, evaluate and reflect of the development of the Action Teams allows the teams and members to reassess the purpose of the group and redirect or refocus on the goals of the team for growth. As one respondent reported in the Action Team Leader Report, taking the time to step back and discuss the viability of the Action Team will help the team re-clarify its purpose, promote it to gain new membership and question its feasibility based on current workload - all of which will help the team grow and mature.

Another team reported on the growth and expansion of their focus and topic. As a respondent in the Action Team Leader Report stated, “**While we initially focused on the elimination of bullying and harassment in the nursing workforce we have expanded the focus of Healthy Workplace Climate to include effective leadership, staff safety initiatives, respectful workplace conduct and the need for quality work environments.**”

Growth and expansion of the Action Teams was also reflected in membership diversity, with one of the respondents in the Action Team Leader Report noting, “**The Action Team as well as the Coordinating Committee has expanded to include nursing educators from Health Authorities and as a result a new project is in the development phase.**”

The development of all these teams across the continuum and in terms of focus, topic, and membership speaks to the adaptable structure and strength of the network overall.

**Electronic Community of Practice (eCoP) Processes**

The organizational development of InspireNet includes facilitating many different activities across the network and within the Action Teams. Findings from the Interviews uncovered two main areas of action: collaborating on activities (such as virtual conversations, meetings and colloquiums) and coordinating activities (such as setting up and maintaining sub-groups and exchanging information). Interviewees saw supporting these activities within the network as contributing to the development of collegial relationships, ideas, and research methods resulting in outcomes like grant and paper writing. These activities help not only drive the goals of the individual Action Teams but also the goals of InspireNet over all.

Facilitating these types of activities virtually, however, is something new and different to many of the Action Team Leaders and members. Learning to lead and manage online teams is a process that many of the respondents to the Action Team Leader Report spoke about as well, with some commenting about the amount of time and effort needed to successfully maintain an online team and others noting the administrative and technical know-how required.
Encouraging a sense of community and stimulating conversations was seen to be one of the more pressing challenges of leading a team. As one respondent to the Action Team Leader Report commented:

*It has been difficult to maintain online conversations. We thought it would be easier to maintain conversation threads, but that has not been the case. We have posted background information with queries attached, but very few responses have been elicited this way. Despite having lots of members, online conversations have been sparse—difficult to initiate and maintain. It sometimes feels like no one is out there and we are communicating to ourselves. We feel that we have nurtured this site since its inception, but there has been a lack of team ownership.* (Respondent, Action Team Leader Report)

This sentiment was echoed by another Action Team Leader who also noted that it was difficult maintaining a sense of continuity in the virtual environment and another who noted that it was difficult to integrate members as they join the team. Plus, beyond the challenges of managing the members and activities in just their own teams, findings from the Action Team Leaders Report also spoke to the difficulties of connecting with other teams. As one respondent noted, “Keeping up with everything and in particular what is happening in other teams is both interesting and difficult.”

The findings from the Action Team Leader Report also revealed the underlying administrative responsibilities as a part of leading an online team. Everything from setting up the team and adding new members to scheduling speakers and hosting activities for the team requires time. From the administrative point of view of setting up and hosting the webinars, there was a report of technical difficulties encountered. As one of the respondents in the Action Team Leader Reports noted, “The learning curve involved with hosting Webinar meetings with limited internal administrative support.”

Behind many of the eCoP activities that contribute to the network achieving its goals are processes that require team leaders and members must learn to manage and facilitate on their own.
CONCLUSION

InspireNet has grown and thrived with an increase in the number and diversity of members and the number of Action Teams over the past 2.5 years. The network and its members have been engaged in a variety of activities that have been contributing to the attainment of InspireNet’s five goals:

**Goal 1  Increasing NHSR capacity**
InspireNet provides a robust virtual platform for collaboration on research initiatives and has influenced members’ NHSR awareness, knowledge and skills, and formal and informal mentorship relationships.

**Goal 2  Contributing to the alignment of provincial priorities**
InspireNet is a valuable platform for cross-sectoral dialogue that is contributing to the alignment of research agendas and the cultivation of collaborations around research and policy questions of provincial and regional importance.

**Goal 3  Providing a means for connecting people and facilitating partnerships and collaborations**
The connections made among InspireNet members across professional roles and academic disciplines have led to the formation of research partnerships and other collaborative work across the province.

**Goal 4  Contributing to evidence-based innovations in care and education**
InspireNet and its Action Teams are engaging in knowledge translation activities, contributing to evidence-based innovations in care delivery and education.

**Goal 5  Contemplating key factors for the sustainability of the network over time**
Visibility and credibility, time, financial resources, and human resources are key factors for the long-term sustainability of InspireNet.

The achievement of InspireNet’s goals is, in part, attributable to two foundational factors of eCoP development:

**Technology Adoption**
InspireNet’s members have embraced the eCoP technology and tools to varying degrees while learning how to manage and work effectively within a virtual environment. Access to technical support is essential to encouraging active engagement in Action Team activities. One of the primary benefits of the eCoP model is that it enables members to participate at any time (asynchronously), opening opportunities for engagement to those who have limited time to do so in the course of their normal work day.

**Engagement and Change Management**
InspireNet is a member driven community, with some members actively engaging in many activities across various Action Teams and other members participating in less direct ways. Action Team Leaders play a central role in facilitating the Action Teams and encouraging member engagement, and require support as they learn to effectively utilize the virtual environment.

InspireNet’s Action Teams are in different stages of growth and organizational development. The newest Action Teams in the network are in a formative stage, while most of the earlier Action Teams have moved into coalescing and maturing stages in which members have begun to work together on research and knowledge translation initiatives.
InspireNet is one program of the integrated BCNRI initiative. InspireNet has supported the complementary programs funded through this initiative. This in-depth assessment of InspireNet demonstrates its activities and value, positioning it well for sustainability planning. The overall InspireNet evaluation may prove useful in evaluating the suite of BCNRI programs.
REFERENCES


APPENDIX

The following schematic depicts the framework used to evaluate the impact and effectiveness of the Action Team eCoP model in achieving InspireNet’s goals.