



Learning histories: spanning the great divide

Learning
histories

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Abstract

Purpose – The purpose of this paper is to suggest the use of a new action research methodology, the learning history, to study knowledge transfer initiatives.

Design/methodology/approach – An overview of the literature on learning histories is followed by the results of a case study, where a learning history is used to transfer humanistic practices from an American health care model to a Quebec setting.

Findings – This study demonstrates how the learning history method can act as a catalyst to accelerate the knowledge transfer process. It has helped researchers and practitioners recognize and address the challenges involved in implementing change and transferring new knowledge in an organization.

Research limitations/implications – Although the learning history provides a fresh and effective way to study learning and knowledge concepts, the potential of this new methodology in studying knowledge transfer activities has not been fully explored. The limitations are primarily those associated with the amount of work involved in a developing a learning history as well as the courage and honesty it requires.

Practical implications – Approaches to improving learning from experience and descriptions about how to capture and disseminate knowledge within organizations are somewhat limited. The findings of this study offer practitioners and researchers guidance on how to accelerate the implementation of future initiatives knowledge transfer.

Originality/value – By linking learning histories to knowledge transfer, this article provides a fresh new approach to studying how knowledge can be transferred from researchers to practitioners and bridging what some have called “the great divide” between these two communities.

Keywords Learning, Learning methods, Knowledge transfer, Action research, Qualitative research

Paper type Literature review

Introduction

There are countless examples of sound academic research never making its way to the practice community. There are also a daunting number of organizations that typically ignore academic research findings when developing management strategies and practices (Rynes *et al.*, 2001). Twenty-five years ago, Susman and Evered (1978) went so far as to claim that:

There is a crisis in the field of organizational science. The principal symptom of this crisis is that as our research methods and techniques have become more sophisticated, they have also become increasingly less useful for solving the practical problems that members of organizations face (p. 582).

As recently as 2004, the central theme of the Academy of Management’s annual conference, entitled *Creating Actionable Knowledge*, indicated that the business and academic communities are beginning to realize that they can no longer allow themselves to expend so much energy and money on the development of new knowledge that either fails to respond to their needs or does not get absorbed by those parts of the system that require it most. For Lavis (2006), while linking research to action has captured a great deal of international attention recently, statements and resolutions are easier made than acted upon.



The emerging field of knowledge management (KM) has focused new attention on this need for improved ways of transferring knowledge between researchers and practitioners. For example, when asked what topic will have the greatest impact in the future of organizational learning (OL) and KM, a panel of experts answered that it will be “research methods and measures of OL/KM” (Easterby-Smith and Lyles, 2003). In a dynamic environment of increasing complexity, organizations and researchers require mechanisms to reflect collectively on their research experience, make sense of it and assess their investment in such learning efforts (Roth and Kleiner, 1998). Narration is increasingly seen as the privileged mechanism for constructing and expressing one’s own personal stories and organizations are viewed as narrative artefacts (Cortese, 2005; Klein, 2005). Therefore, the use of stories for helping organizations learn and transfer tacit knowledge is gaining widespread favour among both practitioners and academics (Cortese, 2005; Royrvik and Bygdas, 2002; Sole and Wilson, 2002).

The learning history methodology, typically used within a participatory action research environment and designed to allow recognition of what has been learned in the past to guide stakeholders in the dialogical generation of a new future (Bradbury and Mainemelis, 2001), seems to address these needs. However, few authors have demonstrated the potential of this qualitative research methodology in studying KM and more particularly, knowledge transfer activities. This paper demonstrates how the learning history methodology can act as a catalyst to accelerate the knowledge transfer process. We first provide an overview of the learning history methodology and its impact on knowledge transfer. A case study of an ongoing research project is presented where the learning history methodology is used within participatory action research logic. This project involves the transfer and adaptation of a highly successful management philosophy developed in the US health care industry to a health care setting in Quebec, the Eastern Townships Rehabilitation Centre.

Overview of the learning history methodology

First designed to help transfer learning from pilot projects to other parts of an organization, the learning history is a qualitative research methodology created in 1994 at Massachusetts Institute of Technology’s Centre for OL. In their first paper on the methodology, Roth and Kleiner (1995) state that the learning history takes a systems view of organizations and draws upon theory and techniques from ethnography, journalism, action research, oral histories and theatre.

Learning histories can be appropriate in many different contexts. Stories are particularly well suited to capturing the dynamic and complex nature of OL and knowledge transfer (Kleiner and Roth, 1997a). Moreover, since any change project can be seen as a learning opportunity, the learning history approach might be employed to help reflect upon, assess and evaluate any type of organizational change initiative.

Inspired by Van Maanen’s (1988) ethnography tool, called the “jointly told tale”, the learning history document is a 20-100 page narrative of an organization’s recent critical episodes, presented in an engaging two-column format (Bradbury and Mainemelis, 2001; Kleiner and Roth, 1997a). The right-hand column presents an emotionally rich story of relevant events through the interwoven quotations of people who took part in them, including champions and skeptics, people who were affected by them or people who observed them up close. The left-hand column contains the researchers’ analysis, which identifies recurrent themes in the narrative, asks questions about its assumptions and raises “undiscussable” issues. The content of the left-hand side of the document is based on recognized research in the areas of systems thinking,

organizational effectiveness and organizational behaviour (Cross and Rieley, 1999). Once written, the learning history document is disseminated through group discussions with people who were involved in the change effort and others who might learn from it. Thus, a learning history is as much a product as it is a process (Roth and Kleiner, 1995). It brings tacit knowledge to the surface, codifies it and turns it into an actionable knowledge base (Kleiner and Roth, 1996).

The learning history can be viewed as a new qualitative way of measuring organizational improvement efforts without impairing their learning value (Kleiner and Roth, 1997b), since it allows people to tell their stories without fear of being evaluated (Roth and Kleiner, 1995). Indeed, the learning history methodology may improve the quality and effectiveness of conversations people in organizations have about their improvement efforts, so that the organization can move forward effectively (Bradbury and Mainemelis, 2001; Roth, 2000) and also help organizations learn how to learn from both the good and the not-so-good elements of a given organizational change (Cross and Rieley, 1999).

An important effect of this approach is that it catalyzes double-loop inquiry, causing people to consciously reconsider their values and practices to achieve a desired future (Bradbury and Reason, 2003). Capturing lessons of an organization's past experiences (Parnell *et al.*, 2005), creating a learning organization by sharing the stories of projects (Kleinsmann and Valkenburg, 2005) and transferring knowledge from one part of an organization to another are also benefits of the approach. The approach helps people understand their reasoning and impulses as well as providing insights into their own learning efforts (Farr, 2000). In this light, learning histories can be very helpful in bridging gaps between researchers and practitioners. In addition, they can help teams of researchers from different disciplines and experiences bring a variety of perspectives to the surface, where such views might be dealt with in a non-threatening manner.

However, bringing this type of tool into large organizations can be a daunting enterprise. The learning history dissolves hierarchical privileges and favours conversations that create meaning and common objectives to guide future actions (Roth, 2000). In this context, to get the most out of the learning history process, the organizational climate has to welcome contradictions, uncertainty and conflict as learning opportunities (Milam, 2005). If the organizational context does not favour a transformational learning approach, the learning history can spark flames that burn up the organization's good will and resources (Roth and Kleiner, 1995).

Moreover, the responses of participants to learning history documents are not always positive. Managers and consultants who promote learning efforts are often disturbed by what the learning history actually uncovers (Kleiner and Roth, 1996). Dissatisfaction is more visible when people learn and become aware of the gaps between their aspirations and the corporate reality in which they operate (Kleiner and Roth, 1997b). However, that is exactly where learning histories have their value. This value is evident in the capacity of learning histories to bring out multiple stories that make visible to an organization what is collectively hidden (Roth, 2000). This hidden realm includes psychological and emotional problems faced during a transformation effort (Milam, 2005). In that sense, learning histories are like mirrors to organizations. They raise issues that people want to talk about but have been afraid to discuss openly (Kleiner and Roth, 1997a).

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

Case study: the Eastern Townships' Rehabilitation Centre

Stakeholders in Quebec's health care network have been faced with ever-increasing costs related to health care delivery, the changing needs of an aging population and scarce financial and human resources. Client services, as well as process concerned with attracting and retaining staff are prime concerns. Consequently, they overshadow all other aspects of organizational management. In 2004 to face these challenges, the Eastern Townships' Rehabilitation Centre (French acronym CRE) – a regional institution for the rehabilitation of physical impairments – decided to adopt a humanistic philosophy. This entailed embracing humanistic care and management practices. The CRE forged links with health care institutions that had adopted the Planetree philosophy and management practices, which were developed in the US and place priority on compassion and personalized care for patients and their families by ensuring that health care workers also take care of themselves and their colleagues at work. The organization must strive to create an environment that supports staff in a difficult work context, with a goal of improving both the work atmosphere and the quality of care.

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

Methodology

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

The research team used the learning history methodology as the primary tool for data collection to gather the reactions of management and staff on the initiatives for implementing the Planetree philosophy. To begin with, information was gathered about the perceptions of stakeholders directly concerned with the issue, using semi-structured interviews. Focus groups, called dissemination workshops in the learning history methodology, were subsequently used to enrich the data collected in the interview process.

Members of the research team carried out the semi-structured interviews. The sample consisted of 47 participants (from a total of 229 CRE employees), which represented each of the centre's six client programs (children, adults, sensorial deficiencies and compensatory aids, traumatology, intensive rehabilitation and residential resources). The sample also included a range of staff responsibilities and positions, including senior management, Program Heads, Clinical Coordinators, health professionals and support staff. All project participants were volunteers. Preliminary

analysis and a data summary (verbatim) were produced at the end of the interviews. The interviews were recorded to preserve the integrity of the collected comments and for the purpose of analysis. All the collected data (audio tapes, verbatim interview notes and focus group notes) were analyzed and presented in order to preserve respondent confidentiality. Each participant had the chance to validate his or her interview transcript (verbatim), which helped ensure the construct validity of our research (cf. Guba and Lincoln, 1989; Lincoln and Guba, 1985).

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

The analysis of the interview data, referred to as the distillation phase in the learning history methodology, involved two steps:

- (1) Content analysis by a member of the research team using *ATLAS.ti* software (for processing qualitative data), followed by
- (2) Conceptual analysis by the research team based on the coding produced with *ATLAS.ti*.

Following the learning history methodology, fragments were coded without an initial analysis grid in order to identify emerging categories. Codification made it possible to condense the data and bring out patterns or key themes reported on by the researchers in the form of a two-column, jointly told tale.

This learning history document allowed the research team to disseminate findings and served as a starting point for discussions with all participants during learning history dissemination workshops. Researchers used a PowerPoint presentation during these workshops to communicate the project's findings and capture the participants' feedback on the learning history document and process. The three discussion workshops (comprising top management, Program Heads and Clinical Coordinators, and clinical and support staff) were facilitated by a member of the research team. The workshops were utilized to ensure both that all relevant information had been understood and recorded in the synthesis of the interview data. A second analysis was carried out at the end of the discussion workshops. The following section present the analysis of the results based on *ATLAS.ti* codification of interview data and dissemination workshops.

Presentation and analysis of results

Respondents' reactions revealed two major concerns associated with the implementation of the Planetree approach:

- (1) Confusion about the project (i.e. what were the "true" motivations of top management?).
- (2) Perceptions about the forces acting against Planetree implementation and what should be put into place to facilitate the acceptance of the humanistic model.

Confusion about the project. Analysis of the coded citations revealed that non-management employees were brought into the project nearly a year after management personnel. The fact that they did not have as much time to buy into the approach could

account for their confusion about what “a humanizing approach to care” meant in practical terms. This lack of shared understanding was related to, *inter alia*, the shared actions required to implement the Planetree approach. Many of the respondents would have liked more guidance in what exactly was required of them. They called for rapid deployment of concrete means for implementing the process instead of numerous meetings and discussions dealing with its philosophical aspects. The view below captures these sentiments:

My first reaction was “here is another thing that we will talk about without really knowing its impact on our daily practices with clients” (Health professional).

Maybe they will (health professionals) be more interested in seeing what they can do. It’s true that having a procedure would be a good idea and to say “you have to do it like this” without necessarily saying that there is only one way (Support staff member).

Moreover, an in-depth analysis of the data revealed that management (Program Heads and Clinical Coordinators) did not necessarily have a clearer understanding of the issues. Given the central position of Clinical Coordinators within their programs and their daily exposure with teams and patients, Program Heads believe that Clinical Coordinators have a duty to sufficiently master the humanistic approach to serve as a role model for their teams. Program Heads felt that a humanistic philosophy must come through in the attitudes and behaviour of coordinators, in the decisions they make, in how they facilitate intervention plans and clinical meetings and in their contacts with patients. In addition, Program Heads stated that Clinical Coordinators must be able to convey the approach’s principles to foster the absorption of humanistic practices by their teams. To do so, they must involve their teams in reflecting on how to apply the principles of the humanistic approach in clinical interventions with patients.

Respondents from all of the programs recognized the crucial importance of the example given by the Program Heads with respect to a team’s humanistic approach. When the program head demonstrates humanistic attitudes and behaviour on a daily basis with team members, they are more likely to deal with patients in a similar manner. Although Program Heads talk to their team members about the humanistic approach, several respondents (particularly the Clinical Coordinators), wanted them to do so even more, by drafting a summary of what had been done and keeping them abreast of future developments. For example:

I find that he doesn’t talk to us all that much about it. He could talk to us more about it, and then explain what he wants to do about the program. That would really be in line with the humanistic approach. He no longer makes the linkage at the end, but if he had the chance to be with the teams more often and to explain to them, make the link with the management philosophy by saying “we need your input”. He does it, but it is as if the link isn’t always there. I think that the link is in his head, but I’m not sure that’s the case for everyone else (a Clinical Coordinator).

Relating these different perceptions during our dissemination workshops enabled some light to be shed on a generalized lack of understanding by the stakeholders about how the Planetree philosophy could be practically applied. Program Heads confirmed that the success of the process depended largely on the coordinators – the coordinators stated that they needed the support of Program Heads. Implementation, therefore, relies on reviewing the ability of senior management, Program Heads and Clinical Coordinators to translate the Planetree philosophy into concrete humanistic practices and pass them on to their teams.

The analysis of the results also revealed that many employees were worried about management's "real motivation" in undertaking this project. The number and diversity of past initiatives had left many people suspicious of the circumstances. Some questioned "the real motivation". Others thought the process was "to make senior management look good" or even a way of indirectly justifying cost reduction. For example:

Sometimes, I get the feeling that the Centre is just trying to find a way to make it truly stand out. That cuts into my enthusiasm a bit, but I do not really want to spend much time on it (Health professional).

Well, if it comes down to saying that we want to be the best, that we want that approach because we'll be the only ones that have it, well, I don't know if it would go a long way. However, if that message were spread around more, a whole lot of people would drop out (Health professional).

During the dissemination workshops, it became evident that senior management had to restate the deep motivations that led to introducing the change. Otherwise, senior management would fail to defuse the resistance evident through the skepticism.

Perceptions about the forces acting against Planetree implementation. Interview analysis around forces acting against Planetree implementation yielded three primary concerns:

- (1) Concerns about human resources (team stability).
- (2) Concerns about the funding and impacts on human resources.
- (3) Concerns about project organization.

Concerns about human resources related principally to employee resistance to the project, which was nurtured in part by the challenge of implementing a change of this scope with work teams destabilized by significant staff turnover. New resources that were either not integrated or were of uncertain status were also seen as problematic. Health professionals commented thus:

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

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

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

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

The second category most frequently mentioned related to the impact of the lack of funding on the availability and capacity of the staff required to implement the project. Employees said that they were already concerned about providing care to their current patients and the stress caused to them by not being able to provide this care to individuals on the waiting list. Health professionals stated that "there was not enough

time” to fully implement a humanistic model of care throughout their basic activities. Indeed, they had trouble finding the time to attend meetings because of the work overload, which meant that it could be:

Pretty difficult to provide care that is always completely humanistic. That means creating some kind of contact, taking time. At the Griffin Hospital, the social worker . . . has a caseload of 16 patients. Here, we have caseloads of 30, 40, 45 patients . . . you know . . . it’s easy to take the time when you have the time.

This concern also relates to the speed of the change, when individuals are worried about taking the time required to “own” the change. For one health professional:

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

Respondents were also concerned about the availability and capacity of management staff during the course of the project. The comments revealed the need for management to review work organization so that they too could integrate the approach as well as provide support and guidance to their staff. This comes down to guiding stakeholders in taking ownership of the process. Program Heads and Clinical Coordinators seemed to represent a major source of concern, seen in the following comments:

They (Program Heads and Clinical Coordinators) also have a way to go. They have attitudes and behaviors that need changing. That’s obvious. They’re going to have to check their priorities against their ways of doing things. They’re going to have to accept to change how they go about things (senior management).

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

The third category of concerns related to project organization. Employees expressed confusion about the steps to be taken and how achievements would be measured. They called for an action plan, priorities and regular feedback on progress. The analysis of the data reveals an impression of diffuseness and a lack of clear guidance and follow-up. Participants indicated that:

There’s a lot going on at the same time, which acts as a brake because we can’t really get fully involved in any one thing. We’re often being pulled in different directions . . . That can break implementation (Clinical Coordinator).

Discussion

Throughout the research project, the learning history methodology served as a catalyst to accelerate the knowledge transfer process at the CRE, primarily because it allowed stakeholders to express their reasons for resisting. First, semi-structured interviews helped gather information on the perceptions of stakeholders directly concerned by the change. Then, group discussions favoured collective reflection and assisted people openly express their fears, concerns and assumptions. This built trust and a sense of community, demonstrated that their views counted and enabled senior management to consider their concerns by making changes to the project. All this aimed to accelerate implementation, since it allowed teams to create “their solutions” together and by doing so, made the project their own and not something imposed by management. Future action will be constructed and conceptualized through this dialogue.

Moreover, the learning history document brought forth contradictions between suppressed and better-known voices, as well as between the way things are supposed to be done and actual practices. The learning history methodology allowed researchers and participants to deal with these challenges, as well as finding the most appropriate path to bring issues to the surface without blaming anyone.

The first dissemination workshop, where the jointly told tale was discussed, occurred with senior management of the CRE. Senior management indicated that the results of the research confirmed their concerns about perceived resistance to the change process and appropriation of new knowledge. Thus, the research team's external view "put words" around what they were sensing and also reinforced existing perceptions. Stress created among employee in the process of trying to grasp the concrete and tangible application of the Planetree philosophy was discussed at length with the research team. This resulted in the CRE management team revisiting the original implementation plan. As an example, the timing and format of experiential workshops designed to help employees experience the Planetree philosophy first-hand were reconsidered. As Cross and Rieley (1999) suggested, feedback from researchers can force senior managers to recognize where teams are struggling and allow them to act quickly to remove salient barriers.

The discussion workshop with Program Heads and Clinical Coordinators highlighted discrepancies and inconsistencies in comprehension of what a concrete application of the Planetree approach really meant. This needed to be clarified at all levels. Senior management realized that they were assuming everyone was on the same page, whereas the results of the other dissemination workshops indicated divergent views, which needed to be harmonized.

As for the discussion workshop with clinical and support staff, these groups appreciated being able to discuss the pertinent issues and expressed a certain measure of relief that senior management was now aware of what was not working. Being able to share concerns and knowing that management was aware of these concerns reassured some people. This process helped make subsequent changes a smoother ride.

The research project undertaken at the CRE illustrates how the learning history method is helping senior management recognize the challenges involved in implementing change and in transferring new knowledge. By making these challenges explicit, the learning history allowed management to act and to adjust its knowledge transfer plan. The original nature of this research lies, in part, with integrating qualitative data analysis in the learning history process. The *ATLAS.ti* software supports and facilitates qualitative data analysis and can be used to present evidence to stakeholders in ways that have the potential to bolster their potential for reflection.

Conclusions

This paper demonstrates how the learning history methodology can be a catalyst to accelerate the knowledge transfer process within organizations. An overview of the current learning history methodology provides an opportunity for researchers and practitioners to become acquainted with its origins, goals, advantages, challenges and appropriate contexts. Simultaneously, researchers and practitioners can appreciate what conditions are necessary to ensure the success and validity of the learning history methodology. The paper will help OL and KM researchers and practitioners to recognize the potential of the learning history methodology in studying and fostering knowledge transfer activities within organizations.

This paper has also contributed to empirical research by presenting a case study of an ongoing research project where the learning history methodology is being used to study knowledge transfer activities within participatory action research logic. Our results to date have indicated how this approach has triggered necessary changes to the original implementation plan and will thus contribute to acceleration of the knowledge transfer process. Future steps include researcher feedback to discussion groups, which should enhance appropriation of knowledge by employees and further accelerate the implementation process. By linking learning histories to knowledge transfer, this article also provides a fresh approach to studying how knowledge is transferred from researchers to practitioners and bridges what some have called “the great divide” between these two communities.

Future research and limitations

A number of research avenues are now open to advance our understanding of the learning history methodology within knowledge transfer processes. First, the pilot research will be extended to the study of subsequent knowledge transfer phases within the CRE. Following this, similar studies within other health care sites in Quebec would be appropriate in order to strengthen the validity and generalizations derived from the findings presented above.

Although the learning history provides an effective way to study learning and associated knowledge-based concepts, it is still at an experimental stage. The potential of this methodology in studying knowledge transfer activities has yet to be fully explored. The limitations are primarily those associated with the amount of work involved in developing a learning history and the courage and honesty required by stakeholders if the process. With respect to the research team, the most important lesson learned is the need to obtain clear and early buy-in by all participants of a learning history methodology (through information sessions and other means). Importantly, the learning history document should be shared soon after development to provide feedback in order to change and improve performance before the project concludes.

Finally, even though a learning history requires a considerable investment in time and effort to develop and remain current, the researcher in the project described above are glad they made this investment because the value of the knowledge generated by a learning history is of significant value.

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