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DEBATE

Finding common ground in implementation: towards a theory of gradual commonality

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SUMMARY

This article reports on an empirical study that aimed to design a practice-based theory about collaboration on the local implementation of a nationally developed health-promoting intervention. The study's objective is to better understand the dynamic process of complex collaboration. The research is based on a Delphi study among some 100 individuals in local and regional networks, in which various professionals work together to implement the BeweegKuur, which translates as 'course of exercise'. The BeweegKuur is a combined lifestyle intervention aimed at promoting sufficient physical exercise and a healthy diet among people in the Netherlands who are overweight and at risk of diabetes. The Delphi study in three rounds systematically and

interactively constructs a common perspective on implementation, reflecting stakeholders' ideas about the collaboration and providing an insight into how these ideas are influenced by the context of the implementation. The statistical and qualitative analyses of the responses to the feedback in the Delphi study form the basis for this practice-based theory on complex collaboration, called the theory of gradual commonality. During interaction, consensus gradually emerges about co-creation as a collaboration strategy. Co-creation leaves room for various ways of achieving the ambitions of the BeweegKuur. This article discusses the importance of this practice-based theory and the value of the Delphi research strategy for promoting health.

Key words: co-creation; implementation science; collaboration; grounded theory

INTRODUCTION

The BeweegKuur is a combined lifestyle intervention aimed at promoting sufficient physical exercise and a healthy diet among people in the Netherlands who are overweight and at risk of diabetes. Initially, the former Minister for Health, Welfare and Sports wanted the intervention to be included in the basic Dutch national medical insurance scheme for all Dutch people by 2011. A key condition for including an intervention of this kind in the primary healthcare package is that it is available nationwide. Work on developing the BeweegKuur started in 2007, led by the Netherlands Institute for Sport and

Physical Activity (NISB), on the basis of the literature, experience of existing interventions and interviews with expert panels and people who are overweight and at increased risk of diabetes.

The intensive collaboration in a variety of local contexts and for diverse groups across the nation makes the BeweegKuur an interesting case, as it is not easy to implement a national protocol in a variety of contexts and for diverse groups. In a short period of time, the BeweegKuur protocol was implemented via regional and local networks in which various experts developed a joint policy and combined the coordination of the implementation. The stakeholders depend on one another for effective implementation. The

general practitioner (GP) calls in the nursing practitioner from the GP's practice as a lifestyle advisor to coach BeweegKuur participants. Together with the participant, the nursing practitioner selects an appropriate exercise programme, which the participant follows twice a week for 10 weeks at a local exercise, sports or physiotherapy centre. All participants see a dietitian and are informed as a group about nutrition. Thus, between 2007 and 2012, multi-disciplinary networks were set up around participating practices as an implementation structure for the BeweegKuur. Does BeweegKuur work?

Yes, BeweegKuur does work. Its implementation has been monitored (Helmink *et al.*, 2010, 2012), and the results show that the majority (80%) of respondents wanted to continue the BeweegKuur cooperation even after the Dutch government changed its policy and refused further financial support. Recent research on the alliances in the BeweegKuur (den Hartog *et al.*, 2013) showed three general conditions for successful coordinated action: (i) flexible protocols and management that allow for contextual adaptations, (ii) making success and challenges visible and (iii) time and funding to overcome differences in culture between sectors, to build trust. In addition to these lessons, we would add the experience of working together and, in line with that, the need to reflect on shared events and practices. Stakeholders' reflection on their co-creation helps to build trust and space for differences as well as a shared practice-based knowledge. The presence of scientists helps to translate experiences into theory, and *vice versa*.

This study is part of a series into the complex collaboration between sports and healthcare. Its aim is to understand the dynamic process of complex collaboration. In a Delphi study, a common perspective on implementing the BeweegKuur is constructed systematically and interactively. The idea is to create an *interactive reflection* on the implementation of the BeweegKuur in order to learn from the experiences in this partnership and to create a basis for a common understanding of collaboration based on a mutual analysis of the interactions. This research approach is fundamentally different in its starting point, which is a joint reflection from the various strands in practice. The central question of this empirical study is: how can we reach common ground for effectiveness in the complexity of the implementation processes of a nationally developed, combined lifestyle

intervention that leads to a collaboration for local implementation by various stakeholders in sports and healthcare?

BACKGROUND

National and international public health policy-makers are increasingly calling for collaboration in implementation, using research and practice in the domain of public health (van Daele *et al.*, 2014). The diverging accountability regimes faced by the various collaborating stakeholders make the sharing of knowledge difficult.

The objective of joint learning based on shared knowledge has already been the starting point in collaborations between practice and science (Leeuwis and Pyburn, 2002; de Leeuw *et al.*, 2008; Wehrens, 2013). Although scientists acknowledge the importance of having a knowledge base that is shared by both science and practice, the process for designing scientific models is often far removed from the practical field. It is therefore not surprising, says Bal, that poor, little or no use is made of this knowledge in practice [(Bal, 2012), p. 8].

Wierdsma stresses the value of co-creation in the search for new forms of involvement that are the prerequisite for both shared changes and linking up with a specific context [(Wierdsma, 2004), p. 2]. Co-creation is based on the idea that knowledge generated and applied through the interaction among actors in a network or community of practice will have high potential to be recognized and used, and to have an impact on practice (Wenger *et al.*, 2002). Wierdsma shares the view that reality, as we perceive it, is a reality that is interpreted, constructed and accepted (Wittgenstein, 1958; Elias, 1971).

Existing theory development on implementation

Almost half a century ago, Wildavsky and Pressman (Wildavsky and Pressman, 1973) warned about neglecting local differences and avoiding the complex nature of policy implementation. A review of subsequent implementation literature reveals various different aspects to this issue

- (i) Carrying out policy decisions as planned and intended.
- (ii) Identifying ways to manage implementation as operational governance, including the

- effects on local communities (Sabatier and Mazmanian, 1980; Scott, 1998).
- (iii) Paying attention to bottom-up interaction with local levels, including the idea of ‘street-level bureaucracy’ and its role in structuring and influencing the political choices and the specific positions of professionals *vis-à-vis* volunteers in accommodating each stakeholder’s specific position in the cooperation (Lipsky, 1980; Hupe and Hill, 2007; Hill and Hupe, 2009).
 - (iv) Identifying systematic, step-wise phases or specific adoption groups in the implementation process, relating to interactive systems for dissemination and implementation (Rogers, 2003; Wandersman *et al.*, 2008; Meyers *et al.*, 2012).

Bottom-up strategies and governance models have been developed, emphasizing the complexities of the difficult ambition of putting policy into practice. First, there is no clear starting point and no clear end; it is a moving object (Hill and Hupe, 2009). We agree with Hill and Hupe who stress the importance of contextualization and a multi-level approach. The more rational linear models of policy making and public management proved ineffective in practice and also disappointing in relation to further theory development. As Grol *et al.* [(Grol *et al.*, 2011), p. 68] contend, implementation theories overlap considerably and build on other theories and employ different assumptions about the behaviour and change of either people or organizations. The empirical evidence is limited. For those who work on implementation, it is particularly important to be explicit about ideas and hypotheses in order to prevent people from going to work from a too narrow view of the problem—precisely because the problems and interventions are subject to constant change.

New insights, no application

The number of studies on implementation has taken off seriously since the beginning of this century. This has resulted in new insights, methods and techniques (Grol and Wensing, 2011). In a preliminary study on knowledge of implementation programmes by the consortium of the Scientific Institute for Quality of Healthcare (IQ healthcare), the Dutch Institute for Healthcare (NIVEL) and the institute Policy and Management Healthcare (iBMG), Wensing *et al.* [(Wensing *et al.*, 2010), p. 4] stress that: ‘broad

and rapid application of this knowledge is not the case even if the generated knowledge has a clear added value over the current practice (...), it seems time to adjust policy.’

The suggestion made in their report is to include the way in which the translation of knowledge into practice is adapted to the local context and how the ‘social worlds’ of knowledge users can be exploited. In search of an explanation for this situation, different studies have shown that knowledge is often not sufficiently developed in line with the questions of policy and practice and therefore remains unused (Saan and Haes, 2005; Nutbeam, 2006; De Leeuw *et al.*, 2008; Green, 2008; Vaandrager *et al.*, 2010). On the basis of 37 scientific studies from different disciplines about working at the nexus of policy, science and practice, de Leeuw *et al.* [(de Leeuw *et al.*, 2008), p. 17] concluded

It is insufficient for researchers and research organisations to assume that the production of research evidence alone is sufficient to ensure uptake by those in the policy and practice spheres. If research evidence is to have the best chance of being utilised, a strong and ongoing nexus between the research, policy and practice communities is essential.

The ambition to distil theory and evidence-based policy on behaviour and translate this knowledge into user-friendly innovations is hard to achieve. Unexpected or unplanned effects in the social context of practice are hardly considered. The interconnectedness between management of change and effective research is causing this (Bal *et al.*, 2010).

Complexity, although mentioned as very important in almost every study, means involving even more variables into effective research. Thinking is stimulated in health promotion implementation research in terms of *factors* that influence behaviour. Thinking in terms of factors differs from thinking in terms of *processes, interaction and dynamics in time*, in the different contexts (van Woerkum, 2011). Van Woerkum [(Van Woerkum, 2011), p. 14] stresses that

Thinking in factors models is extremely lucrative. You have the dependent variable, a certain behavior, and you consider the factors influencing the behavior. Not all factors can be manipulated (...). The changes are always part of a social context. That context is usually very dynamic, sometimes chaotic. That makes the process approach less tangible and therefore perhaps less popular.

Hill and Hupe's (Hill and Hupe, 2009) theoretical insights and those of Grol *et al.* (Grol *et al.*, 2011) almost seamlessly described and analysed the above positions from a scientific perspective. In our approach, we have chosen to combine the perspectives of science, policy and practitioners in a reflection on their cooperation.

Practice and complexity as starting points to cooperate on implementation

The complexity of the collaboration among people with different backgrounds, interest and frames of reference, the mixed practices and the variety of contexts and fields raise serious doubts about whether studying factors in evidence-based policy provides the method in these complex settings to achieve diverse goals and empirical support. Since settings and people are changing constantly, we focus on the way actors create context and direction in their cooperation, using insights from theory when it seems appropriate and useful in practice.

We agree with the above call to adjust policy [(Wensing *et al.*, 2010), p. 4]. This article is an attempt to work on Wensing *et al.*'s suggestion about studying how knowledge is adapted to the local context and how the social worlds of knowledge users can be exploited. Knowledge development is a social practice (Weggeman, 2000; Aarts and van Woerkum, 2008). This practice is characterized by paying attention to the context, the interaction and the multiple identities that become interwoven over time. The dynamics and the relative unpredictability of processes are the starting point in researching interactive processes in which cooperation is established [(Leeuwis and Aarts, 2011), p. 29]. The focus is on the interactions in which meaning, common ideas and attitudes are constructed. We explore what knowledge is and how knowledge develops in the practice of collaboration in local contexts and how the social worlds of knowledge users are built in experiments with co-creation between research and practice.

The starting point of this study is that reality and our understanding of it cannot be seen as something that can be explained in terms of an underlying pattern or cause; rather, our knowledge about reality is a consequence of the process of attributing meaning in interaction (Weick, 1995; Knorr-Cetina, 1988). Practice is messy and complex and cannot therefore be controlled by evidence-

based rules, procedures and protocols that have been developed on the basis of theory.

Previous studies in this area suggest that possibilities for dealing with complexity have to be found by studying dialogues between stakeholders about their shared experiences and reflecting on them. The idea of generating theory by using empiricism as a starting point in order to achieve a more effective practice was elaborated by Glaser and Strauss in the 1960s and 1970s with the grounded theory method (Glaser and Strauss, 1976). This study builds on this tradition. The aim is to construct a practice-based theory of collaboration, a theory that is accessible, recognizable and useful for both science and practice.

GROUNDED THEORY

Grounded theory refers to theory building based on empiricism, using systematically obtained and analysed practice-based research data. Its start point is the reverse of the classical model in which theory is used as a search strategy for collecting empirical data that the theory must then verify or falsify. In grounded theory, the theory is systematically constructed, via induction, on the basis of real events. The researcher moves back and forth between facts and analysis, an inductive process that is carried out in phases. Initially, open-coding of data into categories is based on the question: *'what do I see?'*, *'what is going on?'* The coded concepts derived from the observations are then ordered by studying the codes on the basis of the question: *'What are the differences and the similarities that occur in specific circumstances and how can they be explained?'* In the process of comparing, during which the various data are ascribed meaning in the form of categories, it is possible to study which explanations clarify the relationships between the relevant categories. These explanations are the building blocks for the grounded theory. Because they relate to a specific practice and match experiences and mechanisms found there, not only researchers but also those involved in that practice can recognize them. This makes it a useful theory both for further theory development and for practical use [(Glaser and Strauss, 1976), p. 78]. Pandit (Pandit, 1996) defines the grounded theory method as a five-step process of research design, data collection, organisation, analysis and comparison to literature.

METHODS

Delphi study

Following Elias (Elias, 1971), Stacey argues that people find it easier to see themselves as individuals taking rational, logical steps rather than as interdependent with others [(Stacey, 2007), p. 294]. When people collaborate, many of the choices they make in order to arrive at decisions are tied up with their interaction. Working together, people choose from an infinite number of alternatives of what to say and how to say it. How and what you say depends on the effect you want to achieve (te Molder and Potter, 2005). The idea that collaboration is the result of interaction guided the current researchers' choice of a Delphi study.

Linstone and Turoff describe a Delphi study as a method of structuring group communication processes for the purpose of studying the group's relationship with a complex problem [(Linstone and Turoff, 1975), p. 3; Turoff and Linstone, 2002].

Interactively exploring an option in writing in various rounds, using carefully designed sequential propositions, gives the Delphi study shape and substance. People respond individually and anonymously and are informed about the responses from previous rounds in each following round.

The Delphi method helps to connect individual perceptions to those of other stakeholders and therefore arrive at a shared perception of the problem.

Recruiting and informing participants

A prerequisite for taking part in the survey was that stakeholders were involved in the implementation of the BeweegKuur or another combined lifestyle intervention. The participants for the Delphi study were informed and recruited from BeweegKuur networks all over the country: 35% from regional and 65% from local networks via the NISB, the National Association for Organised Primary Care (LVG) and the Regional Support Structure for Primary Health Care (ROS). These organizations gave the e-mail addresses of the regional networks, which the researcher then mailed with information on the Delphi method. When the reaction was low, she phoned to remind the local networks. Through these networks, people were asked for e-mail addresses and phone numbers. Participants were

contacted by telephone and e-mail 4 weeks before the first survey took place. A total of 199 individuals received an invitation to participate, all through their offices. Individuals, not organizations, were selected. Any double, incomplete or prematurely aborted responses to the survey were removed. Further, 107, 97 and 79 respondents took part in rounds one, two and three, respectively. Respondents varied in participation frequency: 53 of them took part three times, 43 twice and 37 once. As far as we can see, there is no specific relation or pattern between how people were recruited and the response rate. What could be seen, though, was that some provinces were more active than others. This was interpreted as a result of being more active from the start of the project. Individuals who did not continue with the poll came from all expert groups. The reasons for this, stated in e-mails, varied. Some missed the second round, but then picked it up again in the third.

The study design

Seven propositions about ways of implementing the BeweegKuur were formulated in the first round. These propositions were based on insights from previous studies and tested by a small group of stakeholders and adjusted based on their responses. It was decided to use a four-point scale in order to avoid a 'neutral' central proposition. In three rounds, stakeholders constructed a common perspective on implementing an intervention in a systematic way and through interaction. Respondents were given the opportunity to elaborate on each option. The arguments, considerations and circumstances underlying the opinions and expectations were analysed, and the result informed the next round.

The invitation contained the link to the web-based Survey Monkey survey programme. Researchers and respondents sent one another anonymous feedback and responses, thereby excluding mutual interference. Any attempts to get unfair access were identified, and the collected responses were not accessible to third parties. Data were collected through Survey Monkey and prepared for statistical analysis via SPSS. Variance analysis (ANOVA) was used to compare the expert groups. The *T*-test was used to compare the regional and local networks.

For the purposes of statistical processing, the participants were classified on the basis of substantial and organizational similarities, resulting

Table 1: Respondent surveys

Respondent category	Survey 1, n (%)	Survey 2, n (%)	Survey 3, n (%)
Health service workers	17 (15.9)	16 (16.5)	14 (17.7)
Community services	21 (19.6)	22 (22.7)	18 (22.8)
Health professionals	27 (25.2)	20 (20.6)	18 (22.8)
Sports services	25 (23.4)	26 (26.8)	21 (26.6)
GPs/NPs	17 (15.9)	13 (13.4)	8 (10.1)
<i>n</i>	107 (100)	97 (100)	79 (100)

n = 199.

in five categories: (i) healthcare service workers: regional support structure staff, 16%; (ii) community policy organizations (community policy officers, community health services, community mental healthcare service professionals), 22%; (iii) health professionals (exercise therapists, physiotherapists, dieticians), 23%; (iv) sports and exercise professionals (social services, fitness centres, sports clubs, sports support services), 25% and (v) GPs (nursing practitioners), 14%. The participation level varied per round, dropping by 6% among GPs and by 2% among health professionals. There was a rise in the number of participants from sports organizations (3%), community policy organizations (2%) and healthcare service workers (2%). Although the distribution of the five categories varied a little over the three rounds, the representation of all categories in the three rounds was considered satisfactory (see Table 1).

RESULTS

The questions and the results of the Delphi study are given in Table 2. The Delphi study was designed around the following questions: how is the coordination of the distribution of the intervention organized and what role does the BeweegKuur protocol play? What is the significance of face-to-face meetings for the collaboration and are the networks able to deal with the differences between the sports and healthcare organizations involved in the long term?

First round

The first round shows that all expert groups agree with the first six propositions (Table 2). The

respondents agree that the BeweegKuur protocol is implemented effectively and believe that the network around the BeweegKuur is worthwhile for other objectives. They also agree that, over time and following concrete activities, the relationships in the network improved and that collaboration in the network is good and instructive and involves using one another's expertise. The experts recognize the ambivalence between the national protocol and the local context, and that the participants in the network are not all equally important in the collaboration. The last proposition about openness in communication shows a significant difference (Table 2). GPs rate communication more highly than healthcare service workers, who were more unanimous in their perspective about the openness in the communication. Apart from the communication aspect, the *T*-test revealed no significant differences in response between local and regional networks.

An analysis of the added comments shows that 'communication' is an important issue to all stakeholders. A walking trainer explains the tension between sports and care

During a network meeting, it was found that the intentions of the healthcare people were quite different from those of the sports professionals. The cases selected for discussion were also so problematic that there was only room for caregivers and therapists.

Because of the differences in expertise and working methods, attention and time need to be paid to communication about the collaboration process. Stakeholders indicate that a flexible and open attitude and striving for equal participation encourages a good atmosphere and collaboration. They report the tensions between sports organizations and physiotherapists.

Second round

In the second round, the average rating for all propositions was more positive than in the first round. The expert groups agree on the identity (Table 2) of the BeweegKuur. The *T*-test reveal one significant difference: local networks are more committed to investing energy in the network. There is also a significant difference in terms of local networks' greater willingness to invest in meetings compared with regional networks. The variance analysis (Table 2) reveals two significant differences in the rating of face-to-face contact

Table 2: Delphi

	<i>M</i>	<i>SD</i>	Difference five groups	Difference local/regional groups
First round (<i>n</i> = 107)				
The protocol was implemented effectively	2.77	0.638	n.s.	n.s.
The network is valuable for other purposes	3.34	0.565	n.s.	n.s.
The relationships improved	3.04	0.548	n.s.	n.s.
Collaboration is good and instructive	3.00	0.614	n.s.	n.s.
The network experiences some ambivalence between the national protocol and local context	2.97	0.614	n.s.	n.s.
Not all participants are equally important.	2.59	0.629	n.s.	n.s.
The communication is good and open	3.01	0.558	Significant difference <i>P</i> < 0.05 GP practice (<i>M</i> = 3.35, <i>SD</i> = 0.493)	<i>t</i> (69.386) = 2.464, <i>P</i> < 0.05 Local: (<i>M</i> = 3.10, <i>SD</i> = 0.561), regional and care workers (<i>M</i> = 2.82, <i>M</i> = 2.76, <i>SD</i> = 0.437) ^a <i>SD</i> = 0.521
Second round (<i>n</i> = 97)				
1. Identity				
If it is to be effective, it has to be possible to flexibly adjust the protocol to the specific users and the contexts in which it is used				
(a) This proposition is how I view a successful implementation	3.37	0.681	n.s.	n.s.
(b) I expect this is what will happen	3.02	0.595	n.s.	n.s.
(c) I am going to put my energy into the network provided it uses a flexible protocol	2.92	0.656	n.s.	<i>t</i> (95) ^c 2.487, <i>P</i> < 0.05 local (<i>M</i> = 3.03, <i>SD</i> = 0.585) regional (<i>M</i> = 2.69, <i>SD</i> = 0.738)
2. Relationships				
Effective collaboration is not possible without regular face-to-face contact				
(a) This is how I view a successful implementation	3.42	0.592	Significant difference <i>P</i> < 0.01 Care staff (<i>M</i> = 3.06), <i>SD</i> = 0.574) and sports staff (<i>M</i> = 3.69, <i>SD</i> = 0.471) ^a	n.s.
(b) I expect this is what will happen	2.99	0.621	Significant difference <i>P</i> < 0.05 Care staff (<i>M</i> = 2.56, <i>SD</i> = 0.512) and GP practice (<i>M</i> = 3.31, <i>SD</i> = 0.630) ^a	n.s.
(c) I am going to put my energy into meetings such as these	3.16	0.589	n.s.	<i>t</i> (52.8) = 2.21 <i>P</i> < 0.05. Local (<i>M</i> = 3.26, <i>SD</i> = 0.538) regional (<i>M</i> = 2.97, <i>SD</i> = 0.647)
3. The processes (<i>n</i> = 96)				
The BeweegKuur is a way of connecting with local partners and maintaining a dialogue with them about local practices				
(a) This is how I view a successful implementation	3.24	0.518	Significant difference <i>P</i> < 0.05 No difference between specific groups	n.s.
(b) I expect this is what will happen	2.96	0.597	n.s.	n.s.
(c) I will continue investing in the dialogue	3.05	0.622	n.s.	n.s.

Continued

Table 2: Continued

	M	SD	Difference five groups	Difference local/regional
Third round (<i>n</i> = 79)				
4. Research preference				
(a) Local practices are compared using measurable effects based on a strictly enforced protocol			n.s.	n.s.
(b) Corresponding approaches are compared based on accurate and systematic descriptions of local practices			n.s.	n.s.
5. The importance of offline and online meetings				
(a) Meeting face-to-face in the local network is of key importance for incorporating new practical developments in the network	3.51	0.575	n.s.	n.s.
(b) online meetings are suitable for the role of ROSs and sports support in the networks	2.89	0.62	n.s.	n.s.
6. Limits to accommodating differences				
(a) The diversity of sports providers is difficult to deal with in the local network	2.37	0.737	n.s.	n.s.
(b) It is important to make an extra effort to make the best possible use of the diversity of and between network participants	3.13	0.463	n.s.	n.s.

n.s., not significant.

^aSignificant ANOVA, post hoc Scheffe.

when collaborating on implementation compared with the average idea on this subject. Sports clubs and other sports professionals such as fitness centre staff and social workers consider meetings more crucial than healthcare service workers do. Within the group of healthcare service workers, there is more variation in how they rate face-to-face contact. The second significant difference (Table 2) concerns the extent to which meetings are expected to remain valuable in the future. Healthcare service workers are less positive about this than the GPs.

When explaining their choices, participants are very much in support of a flexible protocol simply because users themselves are very different. Stakeholders have different ideas about flexibility, with some in favour of full customization, whereas others want to combine a fixed core with a flexible part that supports the match with the specific context. Physiotherapists very much favour customization, but also warn against unbridled variety at the sports clubs. A community officer

A number of commercial partners in the network tend to take a different approach if funding is

involved, keeping hold of participants for longer so that their shops (physiotherapists' fitness area) are kept busy for longer. (...) If little money is available, then it's more about the motivation and collaboration between the various parties. This means that there are often fewer possibilities and the protocol has to be more flexible.

Doubts about a loss of scientific evidence because of protocol flexibility lead to a call to enforce it strictly. A healthcare service worker explains

Of course if the protocol is more flexible you can't say anything much about its effectiveness. In practice, all kinds of forms of combined lifestyle interventions are now being provided; taking us back to the unbridled growth we had before the BeweegKuur was introduced.

Some healthcare service workers wonder whether aiming for face-to-face contact is realistic if there is no financial support.

Table 3: Statements round 3 (on a 4-point scale) on five categories

Respondent category	N	S1, M (SD)	S2, M (SD)	S3, M (SD)	S4, M (SD)
Health service workers	14	3.21 (0.579)	2.64 (0.633)	2.21 (0.699)	3.21 (0.579)
Community services	18	3.56 (0.511)	3.00 (0.343)	2.39 (0.608)	3.17 (0.383)
Health professionals	18	3.67 (0.485)	2.72 (0.669)	2.50 (0.786)	2.89 (0.471)
Sports services	21	3.57 (0.676)	3.05 (0.740)	2.29 (0.902)	3.29 (0.463)
GPs/NPs	8	3.38 (0.518)	3.00 (0.535)	2.50 (0.535)	3.00 (0.000)
Total	79	3.51 (0.575)	2.89 (0.620)	2.37 (0.737)	3.13 (0.463)

The differences between the categories are not significant.

Third round

In the third round, the results (Table 2) from the variance analysis as well as from the *T*-test show no significant differences between and within groups (see Table 3). In this final round, consensus is achieved about (i) the basis of the study into the effectiveness of local practices, (ii) how the interaction in the network is organized and (iii) dealing with differences in collaboration.

The first proposition in the third round (Table 2) was not included in the variance analysis because, apart from being able to choose, respondents were also able to suggest an alternative. The respondents could indicate their preference for the nature of comparative research into the effectiveness of local practices. Do respondents want to compare local practices by means of measurable effects based on a strictly applied protocol or on the basis of exact and systematic descriptions? A greater number of panelists prefer comparisons on the basis of exact and systematic descriptions. However, detailed analysis shows that the reality is more subtle. The expert groups' opinions about measuring the effects of local collaboration are very similar. In their explanations, proponents show a more quantitative approach in their preference for being more flexible in enforcing the protocol. The proponents of a descriptive approach, in their turn, indicate this approach as difficult and time-consuming. A community mental healthcare service worker

If you apply the protocol too strictly, you miss the connection with the target group. It's better to respond to their needs and take their resistance (e.g. against exercising) into account so that, by going along with them first, you gain their confidence and support. Mind you, you have to give an accurate description of how everything is going.

An exercise therapist

Describe measuring tools clearly and have a standard for everyone; a protocol is a means to an end, with a certain amount of flexibility.

The suggested alternatives show that, in practice, both approaches are reconciled and linked up with each other. The response of a community official

Actually, I advocate a flexible protocol because so many different elements can come into play, and if you can take them all into account, you will get good results. Nonetheless, I still go for the quantitative option because I'm worried that otherwise it will involve an awful lot of written work, meaning time, for the local stakeholders. And there just isn't the time, and, if there were, I'd prefer to use it for something else. I'm also afraid that this option will involve a certain amount of subjectivity, although I do think that practices have to be compared.

A quantitative and a qualitative approach are linked up by applying the protocol flexibly, advocating customization or a combination of both perspectives, the message here being: '*Count what you can count and describe what you can't measure.*' The suggested combination of a protocol with a fixed core and a flexible part, supporting the match with the specific context, links both approaches.

The ANOVA analysis (Table 2) and the comments are in agreement about the value of face-to-face meetings in the local networks, with a view to absorbing new developments into the network's practice. An illustration

In local collaboration, it appears that 'knowing' one another plays a far more important part than I would ever have realised. I'm now 57 years old and have been working in public health for over 30 years, but it's becoming more and more obvious to me that you have to invest in getting to know and respect your discussion partners (their positions,

opinions and possibilities). That takes time and you allow yourself too little!

The explanations show that people see regular meetings, joint reflection and learning as essential elements in ensuring long-term collaboration. A small group calls for independent monitoring of the effects of the collaboration and organizing the reflections so as to learn from this information. With a view to learning processes and dealing with different references, it is often suggested that someone should be designated to drive the network. Online encounters are considered supplementary to real-time encounters.

The ANOVA shows no differences in opinions about being able to handle the diversity among sports clubs and investing energy in this. This is qualified in the explanation. Diversity requires structure and balance between what it delivers and what it costs in terms of energy. Worried respondents note that the balance is precarious. Sports support services, which are secondary organizations, argue that they want to map the quality and quantity of the sports available or to act as intermediaries. Remarkably, the number of respondents giving explanations for their standpoints increased as the Delphi went on, from 33 in the first round, to 63 in the second and to 92 in the last round. Given the drop in participation, this is a substantial increase, possibly revealing a growing commitment among respondents over the course of the Delphi.

The Delphi seen as a whole

From the outset, stakeholders show awareness of their mutual dependence in terms of achieving a result and wishing to respond to the context of the collaboration. In the Delphi, we see such commonality developing in relation to the basis for the BeweegKuur implementation. In order to understand how this broad-based agreement has come about, we considered the following points when analysing the interactions: (i) the coordination of the collaboration and the role played by the protocol; (ii) communication during the collaboration, including the effect of face-to-face meetings on the level of commitment; (iii) the networks' ambitions and their development over time and (iv) the context of the collaboration. The connections between these elements form the 'cornerstones' which, interlinked, offer an explanation for the interactions in this specific practice. This explanation serves as a theory about this specific practice.

GROUNDING THEORY

A theory of gradual commonality

We have observed two connected shifts in the practice of implementing the BeweegKuur, leading to what we call a theory of gradual commonality

- (i) Over time, the coordination of the interaction in the network gradually shifts. At first, coordination consists of a strict adherence to the protocol. Gradually, coordination shifts towards a mutual harmonization of activities and, on the basis of the shared ambition, towards concentrating on a match with the specific context. This creates room for differences in opinions, expertise and interests.
- (ii) The better people get to know one another, the stronger and the more resilient the connections between them become. Stakeholders start adjusting to one another, and their activities become more closely linked in the collaboration. The mutual ties and the identification with the shared perspective make it possible to connect to the specific context. The shared ambition is reinforced through the opportunities people create with one other, and this in turn enhances the elasticity and resilience of their interactions with one another and with the context.

The first development concerns the emergence of commonality in the network in order to then achieve the connection with the specific context. Illustration (c) in the continuum in Figure 1 depicts this theory of gradual commonality, which forms the basis of the BeweegKuur implementation process.

Figure 1 depicts the interactions in the collaboration as they unfold over time. Figure 1a represents strict adherence to the protocol, with a centralizing effect on the collaboration. Figure 1c explicates the commonality in the collaboration. Figure 1d shows that the intervention can become fully interlinked with the interaction in the context. The development of the implementation can be perceived as a gradually changing interaction.

The theory of gradual commonality covers the relationship between coordination, communication, ambition and context and is substantiated by providing a theoretical basis for the findings of the Delphi study.

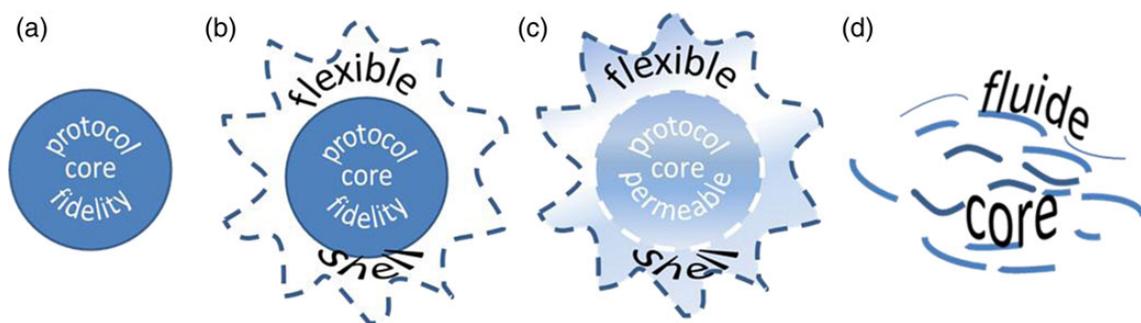


Figure 1. Gradual development of commonality in implementation.

Coordination

Unfamiliarity with new collaborations creates insecurity and a need for stability and predictability [(Weick, 1995), p. 153]. It has become clear in the study that, at the start of the implementation process, the collaboration was coordinated by a protocol on the basis of which the stakeholders harmonized their input, thus giving the collaboration clarity and direction. Care professionals are familiar with this way of working and set great store by strict adherence to the protocol. Policymakers in community organizations are also familiar with such rational, plan-based approaches. The sports organizations in the Netherlands, often local clubs, are not familiar with this kind of coordination, so that, socially speaking, they tend to become side-lined in the collaboration. Sports clubs are organized by volunteers, and they have only been sporadically involved in BeweegKuur networks.

As soon as concrete mutual activities have to be harmonized in practice, the focus shifts from adjusting the protocol to aligning activities. Attention is needed when the stakeholders' diverging contributions to the collaboration are being coordinated; and, when activities are actually being aligned, space is needed to accommodate the wide variety of ways of implementing the protocol. The study shows that, at local level, there is so much variation and diversity among the sports clubs, fitness organizations and social workers providing sports that it is impossible to get a clear overview. A physiotherapist puts it like this

First of all, in our programme, we took stock of what was there already and what we might need. However, there is such a huge diversity in the field of regular sports. I don't really feel like looking into all the possibilities to which I could refer people.

It is not clear what the quality of the coaching offered by sports clubs would be. Because of this, sports clubs will eventually lose their connection to the network. In specific contexts, physiotherapists get sports clubs involved in the collaboration by equipping them to meet the requirements demanded by the network. The sports clubs lose out in favour of the physiotherapists and to a lesser extent the fitness professionals. As the form of organization is so alien to sports clubs, they cannot sufficiently connect with these practices. This tallies with Scott's view that a lot of knowledge is implicit and linked to specific actions that are rooted in certain practices (Scott, 1998).

Because of their shared experiences in the collaboration, the stakeholders more or less automatically adjusted to one another. In the collaboration, resilience and elasticity come about through the concrete actions that the network takes to create opportunities for reinforcing itself and others. By making use of one another's potential, mutual understanding increases and people are energized and enjoy participating. By making better use of one another's potential, room is created for different and new contributions to the implementation process. In terms of theory, the development described here fits in with what Stacey and Griffin (Stacey and Griffin, 2005) describe as the adaptive capability to adjust to the context of the collaboration. This is about the development and evolution of an entity in dynamic, constantly changing environments. Variation is important in such contexts in order to successfully combine that entity and the environment in processes of communicative interaction [(Stacey and Griffin, 2005) p. 5]. That is also what we saw in our study.

We conclude that the coordination of the collaboration shifts from a uniform implementation

of the protocol towards interaction based on shared ambition. The interaction is geared towards adjusting joint activities in practice, harmonizing and interacting with the specific context.

Communication

The stakeholders' mutual and growing appreciation is expressed in the way they make use of one another's potential and leave room for differences. This is in line with what Weick (Weick, 1995) and Stacey (Stacey, 2007) stress, namely, that interaction helps to link up and identify with others and create a shared ambition. Face-to-face interaction helps to elucidate others' needs, interests, motives and intentions. Direct contact can create a feeling of safety; stakeholders know with whom they are dealing and see the effects of the interaction. This is in line with the importance Gray ascribes to a good dialogue that creates mutual identification: 'Problem setting requires identification of the stakeholders, mutual acknowledgement of these issues that join them, and building commitment to address these issues through face to face negotiation' [(Gray, 1989), p. 57]. As we saw in the Delphi study, by communicating about shared experiences and learning processes, partners develop a joint implementation strategy where they speak the same language and understand one another. A sports support worker from the regional network

I found the face-to-face meetings with the network extremely important. It helped us to understand one another. That takes time because you all start out with a different frame of reference, with different words, different abbreviations, different contacts. In this way, we also really inspired one another.

The study showed that traditional sports clubs did not take part in the discussions about harmonizing activities in practice. The fact that the sports and fitness clubs hardly participated in face-to-face meetings explains why they were not able to sufficiently connect with the BeweegKuur intervention.

The saying 'unknown, unloved' would seem to apply here. There is insecurity about how to harmonize regular sports offerings with the BeweegKuur. During the collaboration, stakeholders arrived at a joint solution based on their discussions about the situation. The physiotherapists decided to remove the insecurity by implementing the protocol in a flexible way. In local BeweegKuur sessions, they regularly conducted

group-based sports activities, showing that they were capable of solving problems. Aarts and Van Woerkum (Aarts and Van Woerkum, 2002) conclude that this competence is a promising basis for the collective approach to complex problems.

In terms of relationships, sports clubs lack sufficiently strong relationships with healthcare practices to be able to contribute. This leads to feelings of insecurity because it is difficult to overcome the large differences between them and the healthcare sector, as the study has shown. Sports clubs in the Netherlands have no close links with one another because each club provides a different sport. A community officer about the situation

I think that, with the exception of a few highly organised sports providers, most find it extremely difficult to participate in networks like that. They are often well-meaning volunteers who simply enjoy their game/sport. And suddenly they find themselves in one of these networks and hear things that basically they'd never even considered before.

Expecting local sports clubs to be able to link up with the BeweegKuur network would appear to be asking too much.

The study shows that, by applying the protocol in a flexible way and taking things into their own hands, the physiotherapists' removed the insecurity in many local networks about the group offerings. This enabled them to link their group sports offering to the demand arising from a specific context.

Ambition

The study shows that the collaboration evolves from a strict adherence to the protocol to a joint ambition that can be flexibly implemented. The network participants' separate ambitions converge in discussions about harmonizing concrete activities in the specific context. Weick characterizes this process as a 'state of being in which an individual becomes bound by his actions and through these actions to beliefs that sustain the activities and his own involvement' [(Weick, 1995), p. 157].

The commonality in the harmonization of concrete activities is the basis for the link with one another in the specific context. The study shows that, gradually, the internal link, 'bonding', offers more support and confidence in the collaboration. As confidence in what is shared grows, so too does the capacity to collaborate, to acknowledge

and to overcome the differences with specific contexts, ‘bridging’ (Putnam, 2000).

We can conclude from the Delphi study that the stakeholders embraced the BeweegKuur ambition. Municipalities are pleased with the new networks that can also be used for other purposes. Dietitians, physiotherapists and fitness professionals have tapped a new market. The involvement of these health providers is motivated by the funding of their role in the approach. GPs are satisfied with the broad-based and extensive referral possibilities that the approach offers because of the coordinated efforts of physiotherapy, fitness and dietetics.

Context

The context in this study is the social and physical environment in which the collaboration becomes concrete. In the network’s communication about the shared ambition, it is possible to highlight the various opinions about, and interests in, the collaboration. The social nature of the collaboration and being able to learn from one another connects the stakeholders with the shared ambition. The growing resilience of the network and the links supports the interaction with the specific local context, so that activities are more or less automatically harmonized based on the interaction, replicating what happened initially in the network. A dietitian

It took a while to get to know everyone, to speak one another’s language and to trust one another. Getting started doing practical things together also helped.

This observation ties in with Weick’s assertion that: ‘If people want to share meaning, then they need to talk about their shared experience in close proximity to where it happens and hammer out in a common way to encode it and talk about it’ [(Weick, 1995), p. 188]. Stakeholders depend on one another when it comes to achieving harmonization in the specific local situation. The learning that is interlinked with the communication between stakeholders accommodates the required connection between ambitions and context.

CONCLUSION

The findings in this study lead to what we have called a theory of gradual commonality. This

theory offers an explanatory interpretation for developing commonality in the collaboration of the networks implementing the BeweegKuur. This theory covers two shifts: the first shift explains the emergence of commonality in the network, and the second explains how this commonality then supports the collaboration, creating links with specific contexts.

The insights gained from this study and this specific theory may form a starting point for research into other networks and domains so that we can get a better idea of their value.

The theory of gradual commonality underlines the importance of research into interactive processes in complex collaborations. It shows that practice-based research can contribute towards the development of scientific insights that can act as a starting point for a shared knowledge base for both science and practice. With large and complex projects such as the BeweegKuur, it is advisable to fully integrate the study into the collaboration, with a view to developing knowledge about such collaborations. It underlines the need to provide time and space in the practical field for nurturing relationships, for reflecting on the relevant communication and processes in order to learn together. After all, reflecting on interaction should be the first step towards future action.

DISCUSSION

Through the Delphi, we focused our research on *the practice of cooperation* in the complex process of implementation as a whole, as expressed in the interactions of a variety of participants. The researchers were inspired by different theories on implementation; certain distinct insights and models were brought into the Delphi: Rogers (Rogers, 2003) and Scott (Scott, 1998) by paying attention to the specific (organisational) relation with the local context; questions about stages of policy implementation stem from Sabatier and Mazmanian (Sabatier and Mazmanian, 1980); Hill and Hupe (Hill and Hupe, 2007) and Hupe and Hill (Hupe and Hill, 2009) on questioning about multiple levels (local and regional) and about the discretionary space and the specific role of professionals as intermediaries in reaction on Lipsky’s (Lipsky, 1980) street-level bureaucracy. Crucial in this research is its starting point in practice. All the Delphi respondents were professionals participating in the implementation of the BeweegKuur. In the Delphi, a future perspective

on implementation is constructed, based on experiences in practice. This start from practice is fundamentally different from implementing insights based on theory. The latter may have an empirical base, but do not start from shared reflection on practical experience. The Delphi participants share the conclusion that, in order to achieve effectiveness, the implementation perspective should be based on co-creation through local partnerships with practice, policy and science.

The Delphi stimulated the co-creation of a common perspective with various professionals from different sectors (science, practice and policy), thus enhancing the use of the developed insights in practice. It is a way of creating a solid ground for an effective implementation practice based on a shared body of knowledge reflecting the integration of science and practice.

We mentioned the growing amount of research on implementation accompanied by a lack of progress in the use of insights. In light of the growing interdependence between different professionals and their attempts to be effective in their networks, this is a concern, as this makes practice complex and incomprehensible from different theoretical perspectives that highlight only small parts of the implementation process. From our research, we suggest, in line with Wensing *et al.* (Wensing *et al.*, 2010), including the way in which knowledge is adapted to the local context by using the social worlds of the knowledge users.

We agree that implementation is a difficult ambition; as Hill and Hupe (Hill and Hupe, 2009) stated, it is a moving object. We also agree with Grol *et al.* [(Grol *et al.*, 2011), p. 68], as already stated: for those who work on implementation it is particularly important to be explicit about ideas and hypotheses in order to prevent people from going to work from a too narrow view of the problem—precisely because the problems and interventions are subject to constant change. We did precisely what Grol said, being explicit about ideas and hypotheses through our Delphi in order to shed light on the complexity of all the different issues.

The main objection that Wierdsma (Wierdsma, 2004), Gray (Gray, 1989) and others have against theory-based research of complex collaborations is that it disregards the messy nature of such collaborations. Choosing theory-based research of collaboration implies choosing a simplification of its complexity and a disregard of coincidence and unplanned effects (Van Woerkum *et al.*, 2011). To counter this argument, we chose a Delphi study

methodology to gain deeper insight into the complexity of collaboration processes. Delphi stems from the post-war military concerns of the American Air force. Project Delphi was the name of a research method to foresee all possible future options and movements that possible enemies could make. The Rand Corporation developed the tool.

Delphi is an interesting research tool. It is not a replacement of case-study- or interview-based research, or discourse analysis. It is a valuable and interesting instrument because of its possibility to confront and stimulate anonymous interaction. When actors have different references and expertise in relation to a central problem, a Delphi can explore any opinion or any combination thereof. Delphi can stimulate the introduction of possibilities for consideration and examine the impact and consequences of alternatives. The Delphi can give an impression about the acceptability of any particular option concerned. Group pressure or group hierarchies have no impact in the Delphi, thus making it easy to voice opinions that could be left unspoken otherwise. The method serves the researcher to reveal ambitions, relations and communication patterns without interference from group dynamics.

This specific case shows interesting results that should be developed and tested further in other cases and contexts. It provides a basis for further development of the idea of a theory of gradual commonality. We think that this theory might be relevant for other health promotion partnerships, but we also realise the problems and shortcomings of this study. The main problem in this study is the dwindling response rate. Although all categories were represented in the third round, we saw a bigger drop in response rates of health professionals and GPs/NPs. This might indicate a slight selection bias; the health professionals and GPs/NPs who were not so positive about the BeweegKuur might have dropped out. The consensus therefore might be a consensus among policymakers and supporting healthcare workers that is not fully backed up by health professionals. This possible divide in support for health promotion policies is an interesting aspect for further research.

Delphi studies are, as other methods, not free of bias and can have many difficulties. We have tried to overcome those with a careful execution of the study. First, the selected respondents were actual professionals who work with the BeweegKuur and were involved in developing it.

The main researcher in this study is part of the BeweegKuur network as well, thus eliminating too much distance from the respondents. Second, we provided timely (within 2 weeks) and adequate (personal via e-mail) feedback on the respondents' answers in the several rounds. Third, the initial statements used in the research were as precise as possible and so were the statements in the second and third rounds encompassing the respondents' answers to each preceding round. Fourth, to prevent superficial analysis of the data, we used a combination of qualitative and quantitative methods. The number of respondents made statistical analysis possible. This does not account for the reasons that underlie the opinions of the respondents; we cannot know these different beliefs and attitudes on the basis of this research. This is a question for further research. This Delphi study was informed by three earlier scientific studies (ter Haar *et al.*, 2010; 2012; 2014) about the BeweegKuur also conducted by the researchers. This Delphi study was the last in a series of studies on this case and therefore the results of the earlier studies were used to design the Delphi.

This Delphi research, although it is a real interactive strategy between partners in cooperation, gives only an impression about existing opinions over a short period in time. The question is how and why relationships develop over time, and it is important to learn how they are connected with the context and how these relations proceed. A historical perspective is lacking.

This being said, to gain a good understanding of collaboration, it is essential to recognize the messiness of the collaboration and its consequences. Thinking in terms of unambiguous causes and effects is not suitable. Ambitions are shaped by the many considerations and choices people make in the collaboration, with a view to the specific context. Collaboration emerges as a process without a clear beginning or end, and, if we attempt to box it in, there is a major risk that this will distract our attention from what is really going on. And then we will fail to appreciate how what is happening now is heralding the changes to come. It is not possible to distance ourselves from the tendency to design, control or study interaction from a distance. A greater commitment, literally and figuratively, would seem essential to really understand how the process of collaboration unfolds. The many varied perspectives that lead to choices in interaction, the complexity generated by the diversity in collaboration, the social

processes and the influence people have on one another require a close look and a greater sensitivity to what is going on. Science and practice must constantly reflect on interaction, and researchers must always be prepared to engage in critical description and self-examination. This form of research is accountable towards the subject and the question of why certain choices are made in the process. In addition to the objections referred to above, theory-based study, so-called evidence-based research, has a strong tendency to generate preconceived results. This means that implicit theoretical premises or experiences—gained elsewhere in similar processes—that may influence the choice remain unexamined. Therefore, the learning effect of how decision-making processes develop in a particular context is minimal.

To resolve this situation, studies into interaction are needed, and a more solid base needs to be established for the collaboration between practice and science. To make practice more evidence-based and science more practice-based, we recommend permanently collaborating in joint projects. If researchers are allowed to work more closely in practically implementing public health, they will experience issues of a different kind than those on which theory-based observations normally focus. This collaboration means that people in the practical field can benefit from the fresh perspective of outsiders, forcing them to explicate the often implicit, unconscious assumptions on which they base their decisions and actions.

Practice-grounded research allows science to be socially relevant. A grounded theory enhances the link to the practical field and encourages the use of this theory, thanks to the shared use of concepts with which everyone in the practical field is familiar. In this article, we suggest a theory of gradual commonality as a means to reflect on cooperation in practice. It maybe can serve as a framework to reflect on experiences with coordination, communication, ambition and context. It is a *practice-based* theory, which has to prove itself in the future. We do not know whether it will be able to resolve implementation problems better than the earlier described approaches that are on offer.

In conclusion, we would like to add that, if we indeed want to re-conceptualize the nature and purpose of implementation as non-linear and capable of transformation by its participants through self-organization, science also must take on a different role. To be able to effectively

support implementation strategies, we should also give more attention to discussing and elaborating that role than we have done so far. Production of knowledge and performing of reality become inextricably linked, giving rise to elaboration on the nexus between research, policy and practice (de Leeuw *et al.*, 2008; Mantoura and Potvin, 2012). The idea of co-creation can facilitate a shared knowledge creation that stimulates shared implementation strategies (Wiener, 2007). It is just a beginning.

Reflection, with the aim of developing a better understanding based on a close look without loss of detachment, as Strauss and Corbin (Strauss and Corbin, 1994) had in mind, is still relevant today.

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