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## Multi-level Pluralism: A Pragmatic Approach to Choosing Change and Improvement Methods

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### Introduction

The need for healthcare organizations and systems to improve and sustain quality is uncontentious. In most developed economies, projected health spend is outstripping GDP growth as a result of significantly changing demographics, advances in medicine, surgical techniques and patient expectations. Politicians, the media, professionals and patients all have views as to how the quality of patient care can be improved whilst spending is reduced. Whatever the latest government white paper, and whether framed as modernization (Freeman and Peck 2010), culture change (Braithewaite et al. 2010) or quality improvement (Berwick 2009), leaders are needed who have the skills

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and capability to translate those visions into reality on the wards, in the GP surgery, in the recovery college. Leading the improvement of quality in healthcare is arguably, therefore, one of the most challenging areas of modern leadership (Gregory et al. 2012).

The array of approaches to organizational change and improvement is vast (Langley et al. 2009; Myers et al. 2012). There is an extensive body of knowledge termed the 'improvement sciences' (Shewhart 1931; Deming 1986; Goldratt and Cox 2004; Womack and Jones 2003), meaning ways of thinking about improvement which are evidence-based and often involve analysis of quantitative data. In the field of leadership and change, leaders are offered linear change approaches (Kotter 1995) or the identification of adaptive and whole system challenges (Heifetz 2002), through to the emergent change of Stacey (2010, 2012a, b) and Shaw (2002). These approaches are underpinned by different ontologies from modernism to post-positivism, through systems thinking and into complexity, making it difficult to answer questions about which is best for any given situation.

For change to be sustainable, leaders arguably need to consider people, paying attention to staff, patients and carers. To understand how best to relate to people and intervene in group dynamics, there are numerous psychological theories such as Transaction Analysis and Gestalt (Lapworth and Sills 2011), and from organizational development, theories such as dialogue (Isaacs 1999) and Appreciative Inquiry (Cooperrider and Whitney 2005).

Faced with such an overwhelming choice of approaches to change and improvement, the leader may well feel daunted, believing that '[c]hange is like a totem before which we must prostrate ourselves and in the face of which we are powerless' (Grey 2005, p. 90). There are thus a number of dilemmas for health leaders: how do they choose what change or improvement approach to use in a particular situation? Does pick and mix work, or will that just confuse everyone? Is it better to choose one approach and stick to it?

We propose a typology of reactions to these dilemmas, which is explored in this chapter. Our typology includes Singularism, Conflation, Privileging, Unaware Pluralism and Multi-level Pluralism.

## Our Interest in This and Our Methods

This paper, and the thinking behind it, emerged from a leadership development programme at Ashridge Business School, designed and delivered by the authors. This programme, marketed as GenerationQ but known academically as the Ashridge Masters in Leadership (Quality Improvement), is designed for senior clinical, managerial and policy leaders in healthcare in the UK. It seeks to equip them to lead the improvement of healthcare delivery in their highly challenging context.

This Masters level programme has, from the beginning, been informed by different perspectives about how to effect change in health-care organizations, embracing as it does both technical quality improvement disciplines, such as Lean, Theory of Constraints and Six Sigma, as well as more relational approaches from Organizational Development.

In endeavouring to make sense of the different theories and approaches available and the participants' responses to them, we have been exploring the notion of pluralism as a potentially useful framing of some apparent clashes in ontology and methodology.

Our method has been to devise this framework based on our own observations and reflective practice, and then to engage in Action Research with a broad cross section of our programme participants. Reason and Bradbury state that '[a] primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives' (2001, p. 2). Whilst recognizing that Action Research is an orientation to research rather than a specific methodology (Ladkin 2007), this emphasis on what is useful felt appropriate given our interest in the practical dilemmas faced by leaders.

We have therefore engaged in cycles of first and second person enquiry with almost one hundred past participants, as individuals and in group sessions, inviting them to be co-researchers.

## Defining Pluralism

The metaphysical aspects of pluralism, and whether or not a pluralist ontology is tenable, have been explored and staunchly defended in philosophical

circles (McDaniel 2009; Turner 2010). The latter argues that only a pluralist view can reflect the complexity of reality, offering a 'metaphysically perspicuous' approach (ibid., p. 8). In the field of organizational research, some writers have sought to find a route that recognizes the strengths of modernist and post-modern research and enquiry methods, since 'a single paradigm is necessarily limiting' (Lewis and Kelemen 2002, p. 252). Modernism embraces beliefs about reason and progress, and from this network of beliefs chooses (either consciously or otherwise) to focus on and privilege certain voices and views whilst playing down others, especially those which reflect ambiguity and uncertainty. Post-modern research, on the other hand, seeks to emphasize the uncertainty of organizational life and to find an approach which is congruent with this by stressing fragmented pieces of information and offering a patchwork quilt of impressions of the subject matter.

Multi-paradigm enquiry potentially offers a new look at this modern versus post-modern duality. Whereas use of a single paradigm can produce a valuable but narrow view, multi-paradigm enquiry may foster 'more comprehensive portraits of complex organisational phenomena' (Gioia and Pitre 1990, p. 587). Lewis and Keleman (2002, p. 258) explain this further:

Multi-paradigm researchers apply an accommodating ideology, valuing paradigm perspectives for their potential to inform each other toward more encompassing theories.

It is in this area of multiple perspectives, of 'both ... and', that our recent work in leadership development has focused. We are becoming increasingly convinced that a pluralist approach to change and improvement holds exciting new ways of approaching some of today's toughest leadership challenges and provides a potential answer to the dilemmas for health leaders posed earlier in this chapter.

## **Revealing Underpinning Assumptions in Three Change Approaches**

In this section, we take Lean, Appreciative Inquiry and Complex Social Processes as three different approaches to change in complex systems and reveal their underpinning and sometimes contradictory

assumptions, acknowledging that some subtleties will be lost in summarizing. Their fundamental differences serve as a good illustration of our central proposition.

## Lean

Originating with figures such as Walter Shewhart and Edwards Deming, Lean came to fruition in the Toyota Production System. Womack and Jones (2003) identify five core principles of Lean Thinking:

- i. Specify the value as desired and judged by the customer or end user.
- ii. Identify 'value streams' (the process from end to end) for each product or service providing that value and identify and systematically remove any waste.
- iii. Make the product or service flow continuously.
- iv. Introduce pull (meaning only move goods where there is demand further down the value chain) between all steps where continuous flow is impossible.
- v. Strive for perfection through continuous improvement for each value stream.

Here, the invitation is to see organizations as existing to satisfy and exceed customer demands; organizations are collections of 'value streams'. If those value streams do nothing but add value and eliminate waste, we have a long-term prescription for sustainable high-quality organizations.

## Appreciative Inquiry

Appreciative Inquiry (AI) originated in Case Western University (Cooperrider and Whitney 2005; Barrett and Fry 2005). The underlying philosophy of AI is relatively explicit, relying on both social constructionism and the 'heliotropic hypothesis'.

Social constructionism (Weick 1995) suggests that social reality is a construction agreed upon by the members of that society. Thus organizational reality is only bounded by our collective imaginations and by our ability to envision a different future. Creating new and better ideas,

and using new and different language, is, therefore, a powerful way of changing organizations. The heliotropic hypothesis suggests that organizations and social systems evolve towards the most positive image they hold of themselves. Both these underpinning theories, therefore, suggest that by finding ways of helping people think and dream together more positively, there will be natural movement towards that improved state.

## **Complex Social (or Responsive) Processes**

Stacey (2010, 2012a, b), postulates that thinking about organizations as spatial entities which exist apart from the people who populate them is unhelpful. He suggests that organizing is a constantly iterated process of gesture and response between people. Meaning arises in those interactions in every moment. As organizing is a complex (in the sense of the Complexity Sciences) process, no one (including leaders) can predict or control the direction the organization will take—even though they may be given ostensible responsibility by others. They may be in charge, but not in control (Stacey 2010, p. 233).

In terms of organizational change, this theory emphasizes the following:

- i. Change takes place in conversation and everyday interactions not in the grand announcement or change programme.
- ii. Change emerges as people interact together.
- iii. The leader's role is to judge when to hold a conversation open and to notice and amplify emerging patterns.

Of the three approaches considered here, a Complex Responsive Process (CRP) view of organizing has the least to say as a method of organizational change, precisely because it seeks to shed light on organizing rather than offering a prescription for change. However, Rodgers (2006) and Shaw (2002) both offer the possibility of generative change through taking a CRP view.

## Our Emerging Proposition of Multi-level Pluralism

Our contention is that a leader in healthcare, attempting to improve quality and patient outcomes, faces what can be categorized as wicked (Grint 2008) and complex (McCandless 2008) problems. They will thus need to employ a range of improvement and change methods, but their dilemma will be which to choose. This is problematic as these approaches clash at different levels, as shown in Table 2.1 below. Our proposition is that rather than requiring a ‘numbing’ thought process, by finding ways to reconcile, integrate or conflate the different approaches, multi-level pluralism is not only possible but may also help to unlock the full power of each approach. By pluralism, we mean adopting an approach in which two or more states, groups or principles can coexist. We suggest that this can be at a number of levels including ontology, ideology and methodology; hence the approach is multi-level.

**Table 2.1** Comparison of approaches

	Lean	Appreciative inquiry	Complex responsive processes
Ontology	Modernist Knowable reality Positivism	Post-modernist Reality is socially constructed	
Epistemology	Empirical data is knowledge	Meaning constantly shifts—eclectic approaches to knowing	
Ideology (of change)	Change must be structured Consistent leadership to encourage widespread use	Organizations grow naturally towards the sun	Change is always happening—no one can be said to be in control
Methodology	Measurement, analysis, improvement, control to eliminate waste	Choreographed appreciative story-telling, amplified to encourage change	Conversations are building blocks of change

To fully utilize these approaches, the leader is knowingly or unknowingly embracing a linked set of attendant assumptions and views. For example, a leader advocating improvement through using Lean methodology is (perhaps unwittingly) also acting from a positivist, empirically based world view. A leader advocating AI is acting from a social constructionist ontology.

So, how can an individual who believes wholeheartedly in the efficacy of the Lean approach, with its emphasis on control and the elimination of variation, see the merit in Complex Social Processes where the leader cannot be said to be in control, and where variation is seen as a rich source of newness and innovation? How can someone who believes that positive psychology and appreciative thinking naturally encourage organizational movement feel comfortable with a Lean approach, which seeks to surface problems and deficits? If operating from one paradigm or world view, it can be hard to see merits in another, as Kuhn (2012) describes in his history of scientific revolutions.

## Potential Responses

In our work as leadership developers, working alongside clinical, managerial and policy leaders, we have seen various ways of dealing with the conflict between different change and improvement approaches. We summarize this into five ways of thinking about the issue:

- i. Singularism.
- ii. Conflation.
- iii. Privileging.
- iv. Unaware Pluralism.
- v. Multi-level Pluralism.

We explore these different responses below, recognizing that our typology is an analytically convenient way of categorizing different responses to embedded pluralistic assumptions. We also note that in our work



with leaders, individuals can be ontologically flirtatious, flitting between combinations of different responses at different times.

## Singularism

Often practitioners of a single approach advocate their position with an almost religious fervour, as the way. This espoused certainty remains a common feature in change initiatives, perhaps because it is congruent with the visionary, heroic styles of leadership frequently found in health-care settings (Binney et al. 2005). Singularism seems to be the default position for participants beginning our Masters leadership development programme. Despite knowing that their context is complex and political, they frequently start with the assumption (or hope) that there will be a single methodology, a silver bullet for all of their organizational change needs. Early excitement and short-term gains often lead to disillusionment or challenges in sustaining or embedding a specific approach.

## Conflation

Perhaps equally as frequent is the tendency to conflate different approaches, reducing them to their lowest denominators. Phrases such as ‘Really this is just a matter of common sense’ or ‘Implementing Lean is bound to be complex’ seek to reconcile different approaches to organizational change into some kind of homogenous whole. However, to achieve some form of harmonious reconciliation the sharp edges of each approach must be removed, their differences lost.

To illustrate why this is simply unsound and a dumbing down of the theory, consider the contrast in thinking between AI and Lean, shown in Table 2.2.

These differences at a theoretical level lead to fundamentally different ways of approaching organizational issues in practice—amplifying or dampening difference, for example, or searching for problems versus paying attention to strengths. Conflating the two approaches into

Table 2.2 Contrasting thinking between Lean and AI

Lean	Appreciative inquiry
It is possible (and desirable) to reduce variation and thus create greater efficiency	Differences in perspectives and ways of doing things are inevitable and welcome. Variation leads to positive change
No problem is a problem—only by surfacing what is going wrong can we fix it	Focus on what is already working, the best of what is. Deficit-based thinking does not take us forward

one is simply not possible without losing the internal integrity of each approach.

Privileging

An alternative temptation is some form of privileging. Whilst perhaps more logically sound than conflation, this risks raising or lowering the adjudged worth of particular theoretical approaches. For example, it may be tempting to see organizational issues exclusively through the lens of Complex Social Processes, using Stacey’s grid which he later rejected (2010, 2012a) (see Fig. 2.1).

Stacey suggests that organizations need both stability and instability at the same time. The temptation may be to try and ‘locate’ other theories within the grid. Perhaps Lean fits in the bottom left-hand corner, with AI more in the emergent space further out? We advocate caution here because of the hierarchy which this kind of thinking suggests. Believing Lean fits within an overall framework of Complex Social Processes relegates Lean to a limited view of the world which only applies in certain circumstances, and similarly with AI. Thinking this way promotes Complex Social Processes to the top slot, to being the single unifying framework which encapsulates the other two. Rather than adopting a pluralistic approach, one has been chosen over the other two.

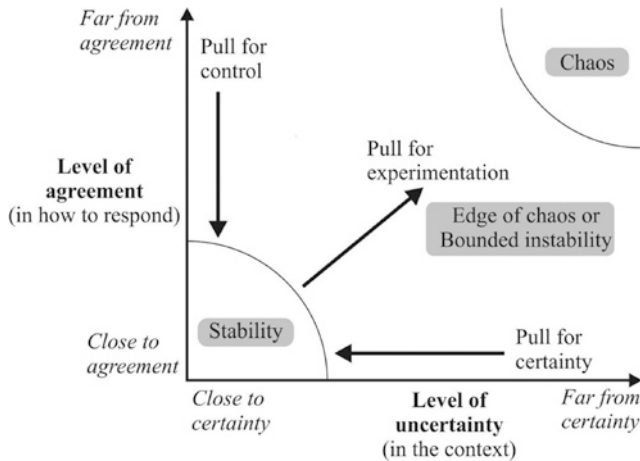


Fig. 2.1 Stacey's grid of complex social processes

The risk of privileging is that it may prevent people from fully utilising the depth of different approaches.

## Unaware Pluralism

We know from working with healthcare leaders that they prefer pragmatic solutions, often manifesting an inbuilt caution around anything that sounds too theoretical and impractical. It is perfectly possible, and sometimes effective, to have an eclectic approach, a sort of bricolage—a kind of unaware pluralism which enables flexibility and context-appropriate approaches without ever unearthing the theoretical underpinnings. We are not advocating that all leaders need to fully explore the rarefied aspects of ontology and epistemology, but we do believe that some exploration of these areas brings benefit. If they are unaware of the underlying fundamentals of change methodologies, leaders risk being surprised when an approach to which they are wedded as the 'truth' is

rejected by some, or when a method is not as powerful as anticipated or change is hard to sustain.

## Multi-level Pluralism

In advocating multi-level pluralism in response to the change challenges faced by healthcare leaders, we suggest that we have the capacity as human beings to hold a pluralist view when it comes to matters as complex as organizational change—that we are capable of believing each of these approaches is valid as one perspective on how organizations work and change may come about, and only by holding and using all of them do we get the fullest possible range of understanding and action to cope with the complexity and challenge of modern organizational life, especially in healthcare.

This differs from an ecumenical or simply tolerant view, in that at any one time we may fully and wholeheartedly subscribe to the world view which underpins each of these theories. We authentically believe that an organization can be a set of value-adding processes or streams (Lean) and that organizing is a constantly iterated dance of gesture and response (CRP).

When these views collide, as we believe they will, we are suggesting leaders need to live with the dilemmas, paradoxes and ambiguities that emerge. This has parallels with the debate in quantum physics about whether light consists of particles or waves. Is this duality paradoxical or do wave-particle aspects always coexist (the de Broglie Bohm theory)? Niels Bohr (Kumar 2011) regarded the ‘duality paradox’ as a fundamental or metaphysical fact of nature. Others have refuted such thinking, insisting that light is made of particles which sometimes behave like waves. We are drawn to Einstein’s words on this:

It seems as though we must use sometimes the one theory and sometimes the other, while at times we may use either. We are faced with a new kind of difficulty. We have two contradictory pictures of reality; separately neither of them fully explains the phenomena of light, but together they do’. (quoted in Harrison 2002)

Similarly, we believe that to understand organization improvement, contradictory ‘pictures of reality’ must be embraced. Leaders, faced with the dilemma of which improvement approach to adopt, need to hold multiple perspectives on how organizations are and how they change, even if these perspectives present fundamentally different ontologies. In short, they need to be pluralist.

To illustrate further how this pluralism operates at multiple levels, the examples summarized in Fig. 2.1 all differ at a methodological level. Whilst Lean differs from both Appreciative Inquiry and Complex Responsive Processes at an ontological level, Appreciative Inquiry and Complex Responsive Processes share a post-modern ontology. However, when considering what we have termed their ideology of change, by which we mean what is valued in effecting organizational change, the two theories diverge. Appreciative Inquiry holds that focusing on positive conversations is the route to success, whilst Complex Responsive Processes suggests this is unhealthy and unrealistic. Thus the pluralist leader may have to embrace differences and paradoxes at different levels.

## Testing Out with Health Leaders

Our thinking about multi-level pluralism arose from working with healthcare leaders who were also participants on a leadership development programme. It was therefore with them that we tested our emerging proposition, drawing on the principles of Action Research.

In this section, we lightly draw attention to three emerging themes from this enquiry which both validate the usefulness of the idea of multi-level pluralism and raise questions for further research and practice.

The first theme is that of relief. Many spoke of the way the idea of multi-level pluralism helped them make sense of, and validate, their own personal responses to the differences between improvement and change approaches to which they had been exposed. Typical comments were: ‘It frames what I feel’; ‘It is incredibly helpful’; or ‘It makes sense of what it is we have been learning and the differences I see in my

organization'. One consultant described his emerging pluralism in this way:

I have gone from wearing one hat all the time to having many different hats and choosing which one which is the most appropriate in the context in which I find myself. ... I still make the odd fashion faux pas but thankfully less often.

Such comments offer initial validation of the usefulness of multi-level pluralism as a means to make sense of, and work with, different change and improvement approaches.

Second, there is a general welcoming of the framework itself and the typology. Some drew attention to the dangers of a singularist approach, noting: 'It has the potential to cause elitism ... and can result in ... marginalising the "zealots with their strange language", resulting in counterproductive behaviours amongst staff'. Others found that explicitly identifying conflation as a potential response helped them to recognize a pattern in their own behaviour. 'A learning point for me has been how to avoid the temptation of plucking the best bits from the theories and creating a Frankenstein monster of QI techniques.'

Third, questions of a practical nature were raised, such as: how and when could multi-level pluralism be usefully introduced to leaders? What might be the impact on the followers, and indeed the bosses, of a leader who embraces pluralism? Would a pluralist be seen by others as being inauthentic, indecisive or 'flip flopping'? Would providing a 'voice over' to explain the different choices being made mitigate this?

## Conclusion and Further Considerations

We began this chapter by suggesting that health leaders face a dilemma when confronted by the vast array of change and improvement methods. We propose that multi-level pluralism may be a route for making sense of different approaches by drawing attention to the underpinning ontological, epistemological, ideological and methodological differences. Initial validation with leaders suggests this is the case.

Further exploration is required into the practical use and introduction of multi-level pluralism. However, we believe that the concept gives leaders increased confidence that they can deal with the multiple change challenges they face at work, and means they will be less susceptible to the guile of quick fixes or the certainty of a promised right way. Given the importance of improving patient care and delivering a high level of service at an affordable cost, we can think of few other areas where the stakes and potential rewards are so high—not just for healthcare leaders but for all of us.

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