# Knowledge mobilisation

Sue Dopson

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# Approaches to Change

Unfreeze

Movement

Refreeze
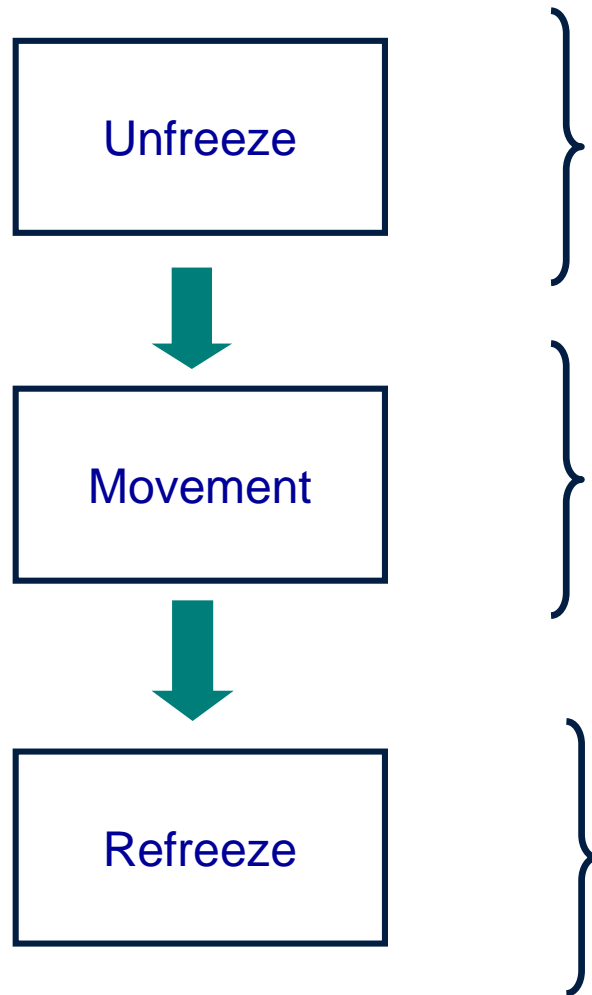
1. Establish sense of urgency

2. Form guiding coalition

3. Create a vision

4. Communicate Vision

5. Empower people to act on vision

6. Create 'short-term' wins

7. Consolidate improvements to

    produce further change

8. Institutionalise new approaches

Lewin 1951; Kotter 1995

# Case Study: The Genetic Knowledge Path Idea

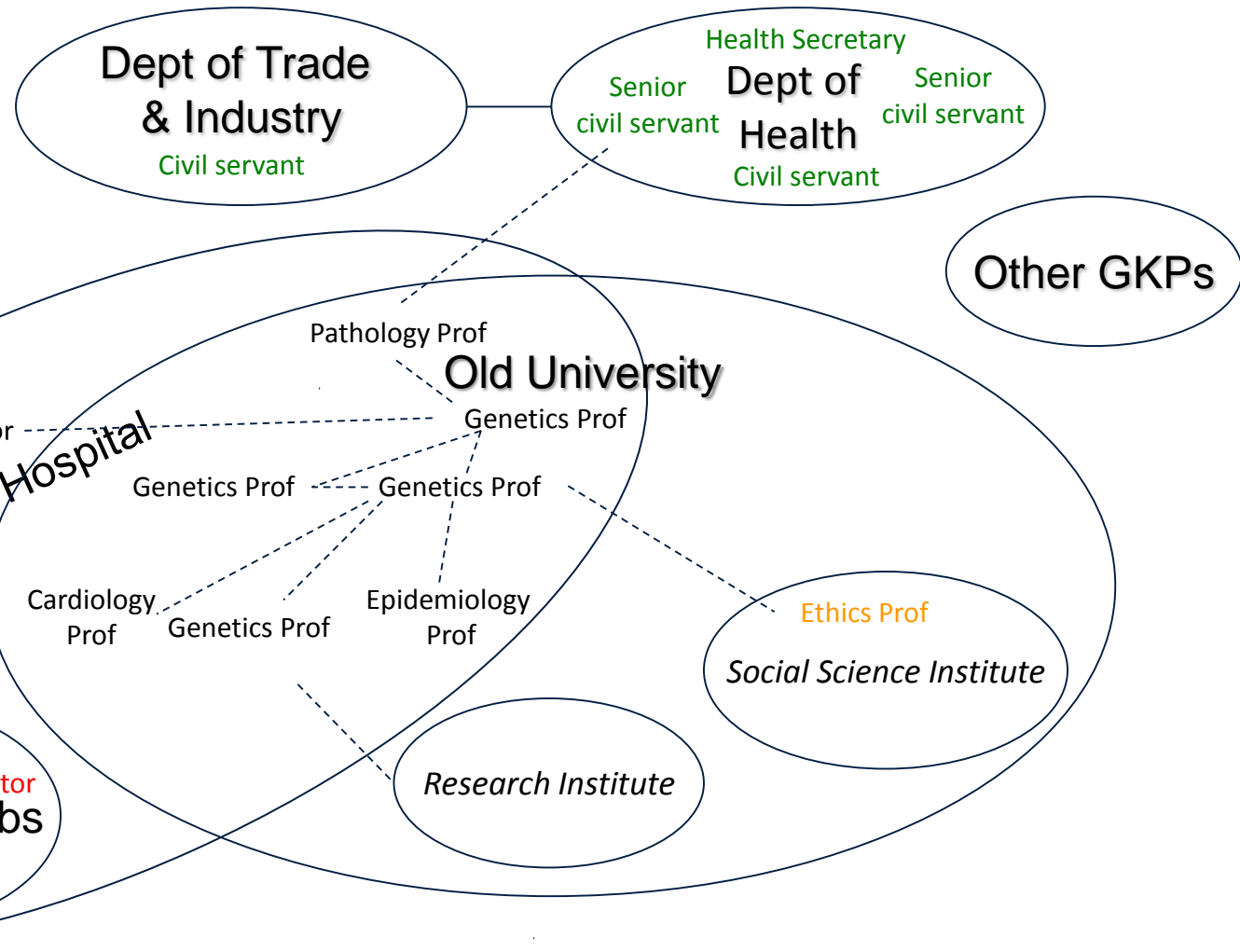➤ "[The idea for GKPs] appeared very late in the drafting of the NHS plan, virtually just a sentence, just a throw away sentence that took everyone by surprise & when [the then Health Secretary] was questioned what it was, he said, 'You tell me.' We then had to develop some themes."

➤ Funded GKPs as a "reaction to lobbying"

➤ Unclear specification of what GKPs should do

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# OGKP (Conception: 2001)
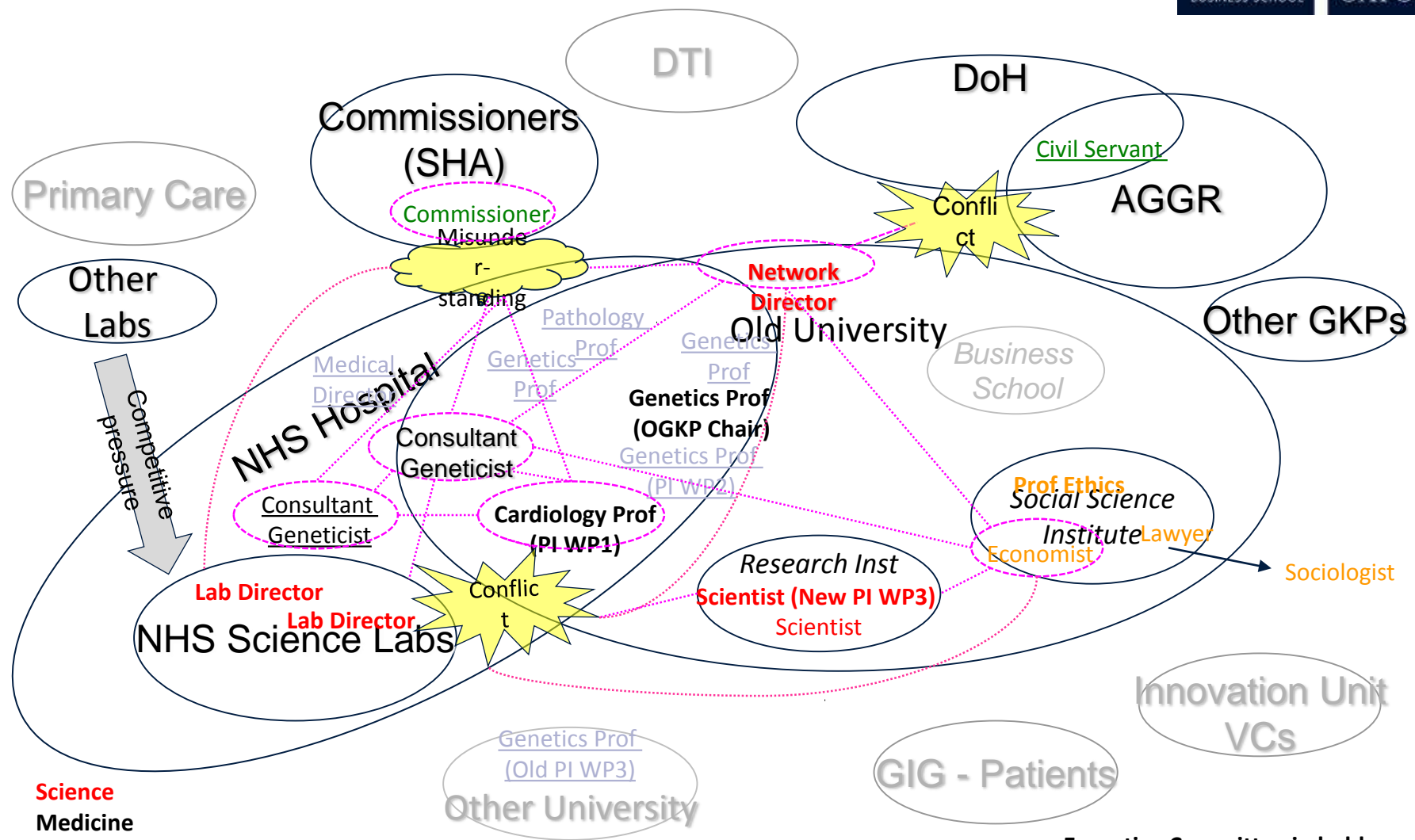


Science
Medicine
Social science
Management / policy

Dept of Trade & Industry
Civil servant

Health Secretary
Senior civil servant
Dept of Health
Senior civil servant
Civil servant

Other GKPs

NHS Hospital

Old University

Pathology Prof
Medical Director
Genetics Prof
Genetics Prof
Genetics Prof
Cardiology Prof
Genetics Prof
Epidemiology Prof

Ethics Prof
Social Science Institute

NHS Science Labs
Lab Director
Lab Director

Research Institute

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# Community Affiliations

| Community | Institutional Affiliation | Epistemic Affiliation |
|---|---|---|
| Medical Scientists | University | Medicine |
| NHS Medical Scientists | NHS Hospital | Medicine |
| Research Scientists | University | Biomedicine |
| NHS Scientists | NHS Labs | Biomedicine |
| Social Scientists | University | Social Science |
| Policy Community | DH (& various) | Policy (various) |
| Commissioning | NHS PCT | Management |

# OGKP (end 2007)



DTI

DoH

Civil Servant

AGGR

Commissioners (SHA)

Primary Care

Other GKPs

Commissioner

Misunder-standing

Network Director

Old University

Business School

Other Labs

Competitive pressure

Pathology Prof

Medical Director

Genetics Prof

Genetics Prof

Genetics Prof (OGKP Chair)

NHS Hospital

Consultant Geneticist

Genetics Prof (PI WP2)

Prof Ethics

Social Science Institute

Lawyer

Consultant Geneticist

Cardiology Prof (PI WP1)

Economist

Sociologist

Lab Director

Conflict

Research Inst

Lab Director

Scientist (New PI WP3)

NHS Science Labs

Scientist

Conflict

Innovation Unit VCs

Genetics Prof (Old PI WP3)

GIG - Patients

Other University

**Science**
**Medicine**
**Social science**
**Management / policy**

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**Executive Committee in bold**
GKP Supervisory Board underlined

# Epistemic clash between Dept of Health & University

- Different epistemic understanding of genetics
  - As slow-moving ongoing science (University)
  - Funding a cool new innovation provides kudos (DoH)
- Construction of GKPs
  - Ongoing academic genetics research (to produce publications & hence further funding cycle)
  - Or translation into NHS practice & networking – demonstrating money has been well spent (& enable further funding cycle)
  - Standardised quarterly reporting or tick box exercise without feedback?

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# Epistemic Clash Research vs. NHS Labs

- "The way we work in the research lab is try & get everything as fast as possible because it's a competitive world … [we] need … visible productivity… to scrape over the surface for the big prize…The clinical genetics lab is incredibly compulsive & obsessive… do everything in duplicate & never get that wrong. That's very reassuring, but the problem is that if you are compulsive & obsessive, it just takes too long." **Medical Scientist**

- "They [NHS scientists] feel they are providing a service & being careful & we [research scientists] are feckless people who wander in at 11 o'clock & go home at three & look for glory." **Research Scientist**

- NHS Labs reluctant to share information due to concerns about competition with other Labs

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# Epistemic Clash Science vs. Social Science

- Economist able to communicate with scientists (shared quantitative epistemology) & helped to prove SCD test as cost-effective (producing further funding)

- Sociologist's work weird & of no benefit

- "Our world is very black & white so when a sociologist talks to me about barriers in networks it does not mean much to me." **Research Scientist**

- "These weird sort of sociology people… we were just providing material for them to write interesting papers." **NHS Scientist**

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# Epistemic Clash Research vs. NHS Commissioning

- "They hadn't thought through the process to completion... we can't just think about genetics in isolation… how does that fit in with the rest of the cardiac services? …think of the knock on effects, the unintended consequences… although its frustrating & you think, oh just give us the money & we can get on with it, you have to be more conscious of the bigger picture… The economic case for many service changes is fine, but the NHS works on a cash basis & unless it can get cash… [for] defibrillators … we can't do it. Its not the cost of the test, it's the cost to the NHS in the year of introduction." **Commissioner**

- "I think the main lesson is for us to tie up with the commissioning process, because it doesn't matter how fancy your research is, if you are aiming to get it translated into practice, it has to be commissioned… it can't just run on whim, you have to have the evidence behind it… in a timely matter & it has taken a lot of work to gather the information & make persuasive arguments… we have been lucky with our commissioner... he is on our side." **NHS Clinician**

# Research Questions

Phase 1 Under what circumstances and how do managers access and use management research knowledge in their decision-making?

      Operationalised by seeking to understand how managers engage with management-related knowledge – including, although not exclusively research based knowledge.

Phase 2 Management knowledge 'use' in context. Studied as tracers the use of a management knowledge text used in our sites.

Phase 3 Action Learning sets – test and evaluate this form of intervention as a method of sharing research based learning and facilitating the uptake and utilising of research based evidence.

# Case sites

Beechwell      Policy unit

Elmhouse       Healthcare management consultancy

Firgrove       Academic Health Sciences Centre

Mapleshire     CLAHRC

Oakmore        A private /charitable healthcare trust

Willowton      Primary Care Trust

# Methods

- Phase 1
    - 45 interviews with managers and clinical hybrids
    - tick list data collected
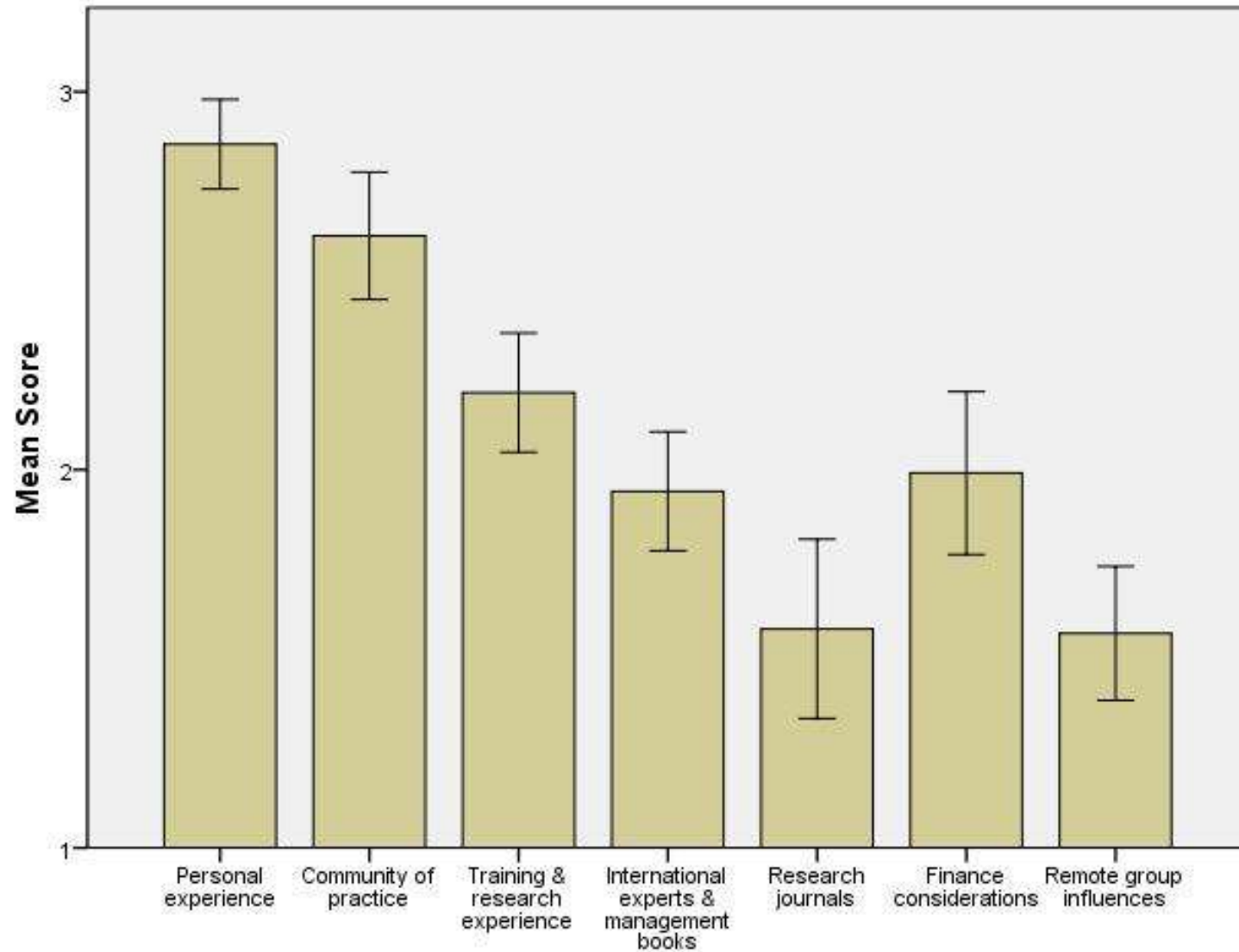    - CVs collected
    - Nvivo Analysis

- Phase 2
    - 6 in depth case studies
    - 108 interviews
    - observation
    - documentary analysis

- Phase 3
    - 3 ALS created
    - Due to meet 3 times at 3 monthly interviews
    - Supervision space created

- Analysis Strategy

# Influences on knowledge use



Error Bars: 95% CI

# Respondents described certain issues or puzzles acting as a 'trigger' for engaging with management knowledge

*There may be politically a lot of talk about something, <u>and that would trigger me or the organisation to suddenly have to learn </u>about a particular issue.  I'm starting a project on mutual ownership, John Lewis-type models, because politically people are talking about it - so I have to learn about it.*

*<u>So I've got a problem, I can't make sense of it</u>, often a people problem really, the department isn't functioning well or we're not getting enough business, so I'm looking at the Marketing Director, I'm looking at the Finance Director, I'm looking at the Operations Director.  <u>Some kind of frustration [or] puzzlement</u>; it makes me then go off and think about it.*

*I'm not a great seeker after knowledge in a formal sense, <u>what I am a seeker after is experience</u>.*

# An orientation towards new management knowledge may be strongly influenced by organisational context and strategic objectives

*The Chief Executive said they're doing such and such in another Trust, and they're doing it really well.  So that would <u>cause me to search, to contact the people and find</u> out exactly what this is about, how are we going to develop our own.  I might go have a conversation with them... <u>I wouldn't be thinking we need to change this service so what books should I [read]</u>.  I will use tools...because I like process, I tend to see big picture.*

*I'm constantly focusing on <u>what the new evolutionary, revolutionary things are in people and leadership development</u>.  I'm very much an advocate of experimental learning and looking at different methodologies, models and ways of delivering experiential learning.  So I spend a lot of my time <u>academically researching, but also looking at other organisations</u>.*

# The notion of pragmatic value emerged as *the* key test

*My main filter would be about pragmatic value.  <u>Face validity would be really important – would it be of practical value</u>... [Some groups aren't] able to understand complex academic models...you've got to give a blend of different learning activities to keep them engaged.*

*[Some managers] recognise the need to be generating new knowledge just the same as [academics] do... but <u>their notion of knowledge is somewhat different.</u>  They have to deliver something which has to be accepted by others and used by others.  <u>Not just [knowledge] generation, its sharing and impact</u>... because they think it has great economic value and that it'll impact on the fortunes of the company… <u>they would be open to anything which was of value</u> to them.*

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# Biographical narratives and formation

## Role of early experience

*I want to understand what the [academic] community is thinking...  A lot of people could say...he's an academic with chalk up his nose.  That's not the answer.  The answer is <u>I came from a poor background, and if I tried to take shortcuts when talking with people smarter than me, I always looked stupid</u>.  My older brother would tell me something, I would repeat it at university – and people would say, how could you be so naive?  And I said <u>enough is enough, I'm not going to go through life like that, looking stupid</u>.  I want to do my work before I open my mouth.  So I feel it very personally.*

*The family business [was] healthcare. <u>It was always discussed over the breakfast table, and I worked in every role that you could in [the business] from a schoolboy</u>. So petty cash, double entry bookkeeping and stocktaking, delivery notes and all the sort of healthcare stuff. <u>I'd literally sit on the kitchen table and my father would explain it to me.</u>*

# Apprentice-like relationships – the role of PhD training

*After high school I didn't really quite know what I was going to do... I worked in a library cataloguing department and got really interested in classification systems, so <u>when I was doing my PhD, [working] for a large library was probably my favourite job. That really formed the person I am</u>... When I met my wife, I introduced her to these professors before I even introduced her to my parents - that's how close I was to these guys.*

*I wanted to be a psychologist...but it wasn't until I did my Master's that I realised that I liked doing research. I found this research assistant job with [a business school professor], and it was a definite trigger point. <u>He definitely looked after me [during my PhD], has been a huge influence, and I'm infinitely grateful to the role he's had in my career. [He] is still in my head</u>, making me think about the independence of what I do and the rigour.*

# Role of knowledge leadership

## *Transposing* knowledge – from texts to experiential knowledge

*I really want to get a transformative way of working. So I go to the management literature about this... One way is by making differences explicit, <u>it's about raising tensions. In a sense you're making problems for people</u>, you say, "<u>Look at the problems I've created for you, what does this tell us?</u>" And you just have to wait for them to calm down, because there's a hell of a lot of emotion... It's hard to say, why are you so upset - they'd want to wring your neck. <u>I discovered what you need to do is to back off [a bit], so you've got to be really, really careful</u>, recognising the traps.*

*My MBA project has gone down quite badly [with] managers. It had a lot of research evidence, interviews, and flow data... I wasn't surprised, I think I expected it. It's been a weight around my neck. <u>There are a few people who are still smarting from it</u> even three years on... <u>It didn't get that far because there was a difficulty and tension</u>. It's fair to say that the blame lay on both sides.*

# 'Knowledge tracers'

- Focussed on 'knowledge tracers' during Phase Two:
  - strategic texts linked to management ideas / models / theory used to bring about organisational change or transformation

- We found knowledge pluralism and the co-existence of different knowledge paradigms -
  - Strategic texts not readily commensurable with an evidence-based perspective and RCT 'gold standard'
  - Complex picture of absorption, translation and 'transposition'

| Sites | Firgrove AHSC | Beechwell Think Tank | Elmhouse Consulting | Willowton PCT | Mapleshire CLAHRC | Oakmore Healthcare |
|---|---|---|---|---|---|---|
| MANAGEMENT TEXT/ KNOWLEDGE ARTEFACT | Model based on Schein's process consultancy | Policy document based on health economics research | Elmhouse model and monograph | Text on whole systems change and organisational learning | Programme based on COP concepts | Balance Scorecard |
| | (Schein, 1969, 1987) | (Anon text) | (Anon text) | (Anon text) | (Wenger, 1999; Bate et al. 2005) | (Kaplan and Norton, 1996) |
| STRATEGIC PUZZLE / ISSUE | OD and inter-organisational learning in new context – an AHSC partnership | Historically fragmented internal divisions; low integration and knowledge sharing | Maintain strong external reputation and profitability of business. Project – design major efficiency savings | Systemic fragmentation, poor outcomes and population health in specific areas | Academic / practice divide – getting research into practice | Organisational transformation orientated towards commercial success and high clinical performance |

# What happened in the Sets?

Reflective protected space valued & powerful

No particular type of management knowledge favoured

Experiential knowledge "tested out" academic knowledge

Academic/manager interface stimulating

Issues were reconstructed and reframed

Participants returned to work with different view