

Knowledge Mobilisation

“To what extent and how is Evidence Based Management (EBMgt) enacted in organisations?”

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These are summary notes to accompany the presentation made by the above named speaker, as one of the knowledge exchange seminar series organised by the Fuse knowledge exchange group and is to be read in conjunction with the slide set, available on the Fuse website.

Professor Dopson described her interests in evidence based management research and roles at Oxford University, and explained that the purpose of the seminar was to share some examples of field work undertaken in this topic area. She reminded the audience that establishing changes in practice was not a rational process, as illustrated in Slide 2. Many factors that can influence the process need to be taken into consideration, which to some degree explains why people working across boundaries (so-called boundary spanners, sometimes known as knowledge exchange brokers) are employed. There are also other influences which affect attitudes to change, for example, beliefs about hierarchies of evidence influencing enthusiasm to take forward a change. Power relationships in organisations also have a role to play. Whilst there had been a notable movement in evidence based medicine, the role of evidence in taking management decisions presented a new field of endeavour.

Professor Dopson presented two examples, the first one of which related to the Genetic Knowledge Path (GKP) concept. Within England six genetics knowledge parks were set up with the aim of getting good genetic science into NHS practice, and Professor Dopson studied one such site. The idea of GKPs arose almost unexpectedly as an afterthought to the NHS plan without a particularly clear agenda, see the quotation on Slide 3. The six parks were left free to develop their own approach, and from the outset it became obvious that there were lots of different ‘actors’ and communities involved (see Slides 4-6). Different professional allegiances were apparent (see Slide 5 for a list of the groupings involved). Some of the groupings listed focused on the research budget available, others on the production of academic papers, others on their hospital careers and yet others on the rigour of the tests being developed. The case study which was the central feature of the project, took place over seven years and entailed monthly visits. The map of the various actors and communities involved evolved over that time (compare Slide 6 with Slide 4) and key changes included:

- Withdrawal of the Department of Trade & Industry
- The Department of Health created an advisory committee to monitor the GKPs which meant that the GKPs had to complete quarterly monitoring forms – a resented part of the process
- The GKPs were asked to co-operate in Year 3

- Patient groups ‘disappeared’

A whole series of epistemic (defined as different ways of seeing the world) differences opened up (see Slides 7-10). Illustrative quotes reflecting the different viewpoints of the Department of Health, University, NHS laboratory staff, economists and sociologists are included on these slides, and there were many clashes of opinion over the period of the study. NHS Commissioners were introduced to GKPs in year 5 and that late inclusion had an influence on their perspective (see Slide 10). One common general theme was that career preferences and trajectories played a part.

The second example related to the application of research in management decision making, and was in three phases. The research questions at each phase are listed on Slide 11. The case sites (fictitious names) are listed on Slide 12 and included contrasting bodies in health from the public and private sector, with differing objectives and organisational structure, all of which were seen as leading edge in their field. In all cases there were very few evidence based management texts available at the sites themselves. The research methods used in each of the phases are listed on Slide 13. Slide 14 illustrates in bar chart form the extent to which there were influences on knowledge use, and Professor Dopson drew attention to the primacy of personal experience and the relative under-use of journal articles. Certain ‘triggers’ would cause them to engage, as listed on Slide 15, such as “lots of talk” around the organisation about something, or a particular problem arising. The lesson derived from this was, first of all, to understand what the “puzzles” are in the organisation or what people are curious about – see Slide 16. Pragmatic value emerged as a key test illustrated in the quotes in Slide 17. Early experiences growing up also had an influence – see the quotes on Slide 18 for examples of how childhood experiences formed attitudes and outlook. Individual’s biographical stories are therefore important. For PhD students, supervisors were a major influence and the relationship was not to be underestimated and took the form of an apprenticeship (see Slide 19). Opinion or knowledge leaders need to know what shapes them and their preferences.

A key finding was that knowledge was transposed to suit the context, rather than just translated into the setting to explain its implications for practice (see Slides 20, 21). In Phase 2 of the research, work was done to compare the texts that influenced the thinking at each site and the organisational puzzle that it was being applied to. A table comparing the texts and problems is presented in Slide 22. One of the organisations in this slide, Elmhouse Consulting, were working on efficiency savings (the NHS QUIP programme – Quality, Innovation, Productivity and Prevention Initiative) and the management text applied, was an internal publication written by one of the partners, and this was used to settle or curtail internal disputes. The then Primary Care Trust was focussed on shifting their performance into the upper quartile of PCT performance nationally. This was very much driven and applauded by the next, senior, tier (the then Strategic Health Authority) but was disliked locally as not fitting the local situation, with, unsurprisingly, mixed results. In the PCT the key text advocated a whole systems approach, which succeeded in stimulating discussions of an inter-professional nature, but clashed with the performance management culture relying on quantitative measures. The public health doctor who had authored the text subsequently left the organisation.

In Oakmore (private sector organisation) there were three domains, one led by a clinical psychologist, another by the CEO and the third in the form of commercial pressures to push marketing and a performance management system, so the knowledge structure was diverse. The CEO had high impact derived from their leadership position and flexibility to draw on other sources and experiment. Five features stood out across the organisations:

1. Business management and consultant's texts trumped evidence based management books
2. Traditional research papers were absent
3. Business management approaches diffused into the sites rather than evidence based management
4. Knowledge leaders were important, especially at the senior levels
5. Macro level shifts in the political economy had a major effect, for example the introduction of a new initiative, like QIPP and the rise of management consultants

Action Learning Sets, which were Phase 3 of the project, were very powerful for knowledge exchange. They included representatives from all six sites, encouraged experimentation and bringing back the results to share in a safe space. See Slide 23 for the main headline points about what happened in the sets. The sets showed that people can be mobilised around a text, but trying to understand how this maps out theoretically is a "wicked" problem.

Discussion

Discussion took place on a number of topics with the following points emerging:

- As a researcher, Professor Dopson was surprised by the importance of (some) texts and the significance of knowledge leaders
- The QIPP agenda had the power to change the conversation
- Skilful and thoughtful leadership can make a change
- Management consultants had a considerable influence. External consultants can say difficult things to the key clinical actors
- Transposing was about massaging knowledge. People who were skilled in this were very attentive to management and other "knowledges" within the organisation, they knew who cared about what to influence views and they had finely honed social skills and were part of important networks.
- There was some debate around the suitability of the texts in use at the sites to the problems they were trying to address. Professor Dopson observed that for some of the sites, there would be more robust change frameworks available, and sometimes serendipitous factors would influence the approach, for example, the authors a Director had been told about whilst studying for an MBA.
- Professor Dopson spoke in favour of a modular approach to study which enabled people to experiment and apply learning in real time, and academically facilitated learning sets can also be helpful. "Sustainable shots in the arm" can be more useful than a single dose via a Masters course, for example.
- There was also a discussion around the inevitability in large organisations of there being pockets of knowledge that can constrain change in other areas without access

to the knowledge. People within an organisation who can create the architecture to allow knowledge to flow have an important role.

- Comment was made that mobilisation to a common goal was important, even if the textual basis for it was an airport management text.
- Professor Dopson had seen examples where the CEO wasn't the focus of change within an organisation and she encouraged the audience to identify such 'shining stars'.

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