Knowledge to action Des connaissances à la pratique

Section 3.5.7

Organizational Theory

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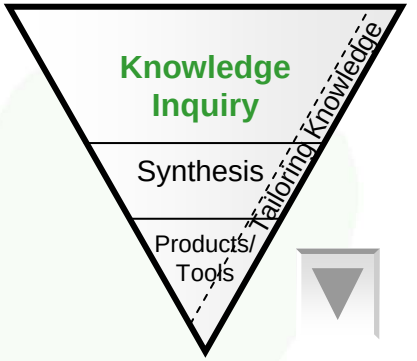
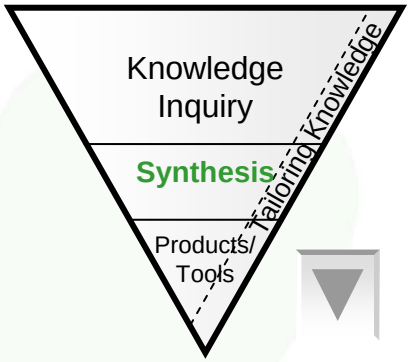
Organizational Interventions



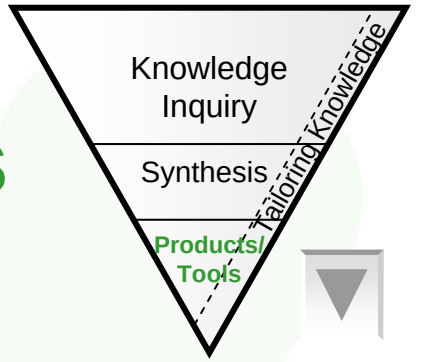
1. Overview of the Chapter Structure
2. Key learning points
3. Supporting frameworks and theories
4. Summary of evidence
5. Areas for future research

1. Overview of Chapter Structure



- Introduction and background
- What organizational KT interventions should we consider: (i) quality programs (ii) organizational change programs (iii) implementation of evidence based practice guidelines (iv) organizational knowledge creation and synthesis
- Future research;
- Implications for reflective practitioners

Key Learning Points

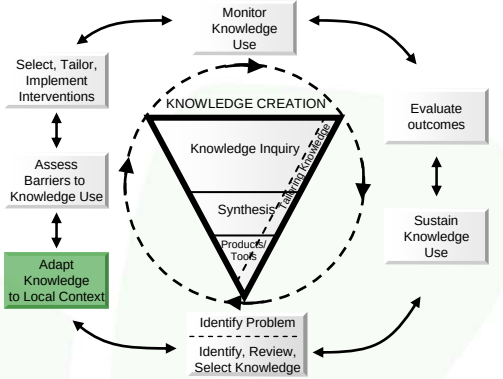


- Slow but cumulative growth of organisational research in this area;
- Social science as well as biomedical research base;
- Key findings suggest ‘emergence’, local processes and limits to top down control;
- Interface with management practice is problematic;
- More attention needed on how to get such research into practice;

Background

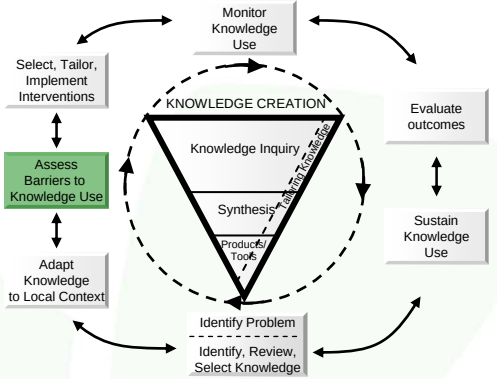
- Growth of the importance of the *meso* (organisational) level of analysis alongside the micro (near clinical) and macro (system wide);
- Repeated attempts to introduce change programmes in health care organisations over the last 20 years;
- Importing new organisational and managerial ideas;

Theoretical Frameworks



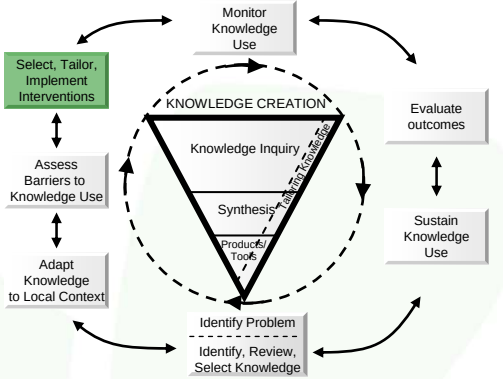
- (i) Literature on Quality Programmes such as evaluations of Total Quality Management; Business Process Engineering and service improvement strategies in health care organisations;
- (ii) Organisational Change programmes/management of change in health care organisations;
- Generic organisational studies literature

Theoretical Frameworks



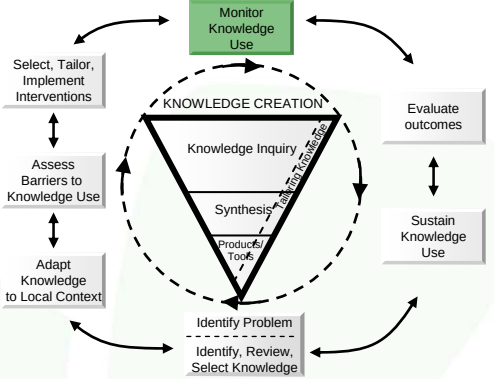
- (iii) implementation of evidence based practice guidelines; draws more on the perspective of clinical as well as organisational research;
- (iv) organisational knowledge creation and synthesis; still developing a literature base; draws on generic organisational studies literature on knowledge management and mobilisation;

Empirical Evidence



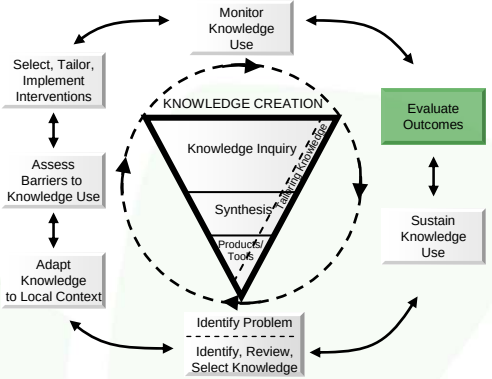
- A range of different forms of evidence and comment;
- Large number of evaluative studies of change programmes in health care organisations;
- E.g. R. Joss and Kogan. M (1995) '*Advancing Quality: TQM in the NHS'*, Buckingham: Open University Press

Empirical Evidence



- Overviews: J. Ovretveit (2005) 'Public service quality improvement', in (eds) Ferlie, E., Lynn. L. and Pollitt, C. 'Oxford Handbook of Public Management', Oxford: Oxford University Press
- Iles, V. and Sutherland, K. (2001) 'Organisational Change – A Review' London: NIHR SDO Programme

Empirical Evidence



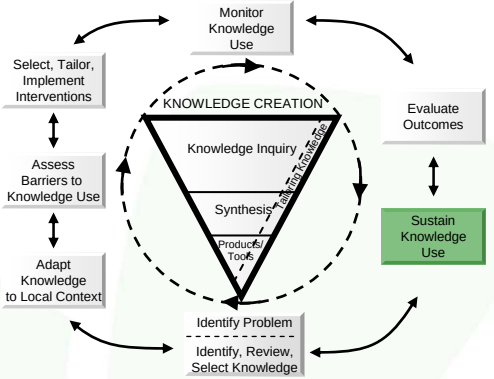
- Primer: Berwick, D. (1996) ‘A Primer on leading the Improvement of Systems’, British Medical Journal, 312, pp 619-22.

- Note the emergence of service improvement as a new research and practice related field;

Empirical Evidence

- Comparative Analyses: Ferlie, E. and Shortell, S. (2001) ‘Improving The Quality of Health Care in the US and UK: A Framework for Change’, Milbank Quarterly, 79(2): 281-315.
- Need more well designed comparative analyses;

Future Research Needs



- Need more work on Knowledge Translation and Knowledge Management processes;
- Link to existing academic work on generic organizational change programmes;
- How do health care managers use health care management research?
- More international and comparative studies are needed;

Implications for Reflective Practitioners

- Need to identify, read and discuss the relevant implementation literature;
- Not easy in a field where reviews are scarce;
- Concepts important as well as the empirics;
- Need to consider the implications of the literature for local context;