Knowledge mobilisers: their challenges and support needs

Insights from the "KIT Agents" project

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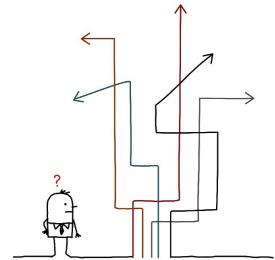
Background: The KIT study

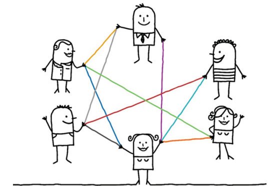


Knowledge and innovation transfer (KIT) is:

- a complex, dynamic and evolving process
- a long-standing international challenge for organisations.

Who are Knowledge Mobilisers? (KIT "agents")

- typically health service managers although roles vary
- the essential feature is that they facilitate engagement between research and practice, with the aim of improving patient care



Background: The KIT study aims

Aim: To analyse the work of knowledge mobilisers (KIT agents), reporting what they do and the challenges they face.

Our questions:

- What are commonly shared expectations of the KIT agent role?
- What, in practice, do KIT agents do?
- How does the work of KIT agents impact on healthcare planning and practice?
- How can KIT agents be best supported?
- What measures can be used to assess the impact of KIT activity?

Methodology

Over the 2-year study we completed case studies of **13 KIT agents** over **5 sites** (4 in Academic Health Science Networks in England/1 in Wales).

- This involved:
  - **interviews** with the KIT agent (n=23), their line managers (n=5) and colleagues (n=22),
  - **observed examples of their work** (meetings, events) (20 observations),
  - invited each KM to keep a **reflective audio diary** (72 diary entries).

- To address the research question on impact, we used a consensus method in a meeting of experts (nominal group technique).

Early network formation

Interviews with MDs (n=14) showed that the networks were at different stages of development, started with different structures and had unique operational models.

- All pursued the aim of driving improvement through innovation.
- Fellowships or secondments were the most common strategies for supporting KIT during early network formation.
- An emerging role of operational leaders with specific duties around promoting improvement and innovation.

The KIT agents

Most of the case study KIT agents were clinically qualified and fulfilled their KM role on a part-time basis.

The roles varied in terms of:

- the seniority of their position within their organisation;
- number of agents and whether in a team;
- the primary location of the KIT agent (NHS, universities or industry);
- how the KIT agent was supported;
- type of training planned or received;
- whether the role was aimed at clinicians, managers, or both; and
- strategy focus (health or wealth or both) and focus of activities (on research and data gathering or implementation).

Commonly shared expectations of the KIT agent role

	KMs	Line manager	Colleagues
Engagement (linkage and exchange)	■	■	
Facilitate and challenge practice change	■	■	
Build local KIT capacity	■	■	
Deliver improvements	■	■	
Define role/manage expectations	■	■	
KIT delivered through collective partnership		■	
Recover investment in role		■	■
Subject matter expertise			■
Hand over projects			■

> *"I wasn't there as an extra pair of hands. I was there to improve their skills to do it"* ***Fran from Riverside.***

What, in practice, do KIT agents do?

Range of content and activities:

- Growth agenda – e.g. providing market research, signposting people around the innovation system
- Knowledge mobilisation – e.g. providing formal research evidence
- Healthcare improvement – e.g. introducing QI methodologies, patient and public involvement

Agents **linked** with individuals in and outside their organisation to fulfil their KIT role.

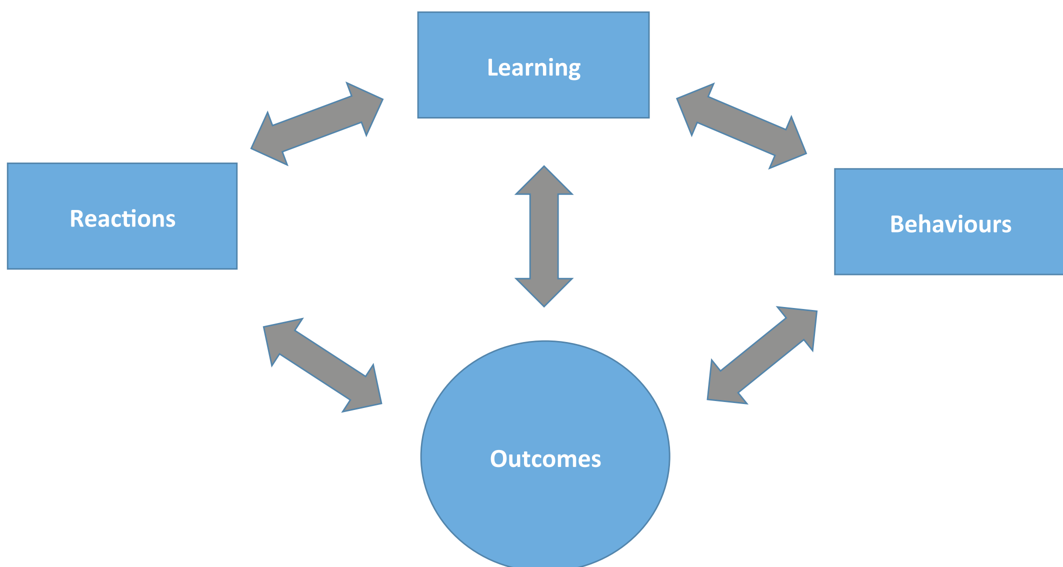
All the KIT agents were involved in **bringing people to knowledge** with the intention of helping them work differently (i.e. better).

Shared features of roles

> *"You have to build relationships and there's no substitute and knowledge transfer happens in the context of a relationship. It doesn't happen in the middle of the ether."* **- James, Greenhills**

- A series of **repeated and ongoing interactions**, and the details of the actions taken were tailored to the needs of their colleagues.
- These relationships were typically intended to be finite.
- Most engagement aimed to embed knowledge, a set of skills, approaches, or set of contacts that would stay with the colleagues' organisation beyond the interaction.

Framework for understanding KIT outcomes



Outcomes of KIT agent work

Reactions	Learning – individual or organisational	Behaviour	Outcomes
• Ranged from hostile to positive reactions to KIT work	• QI capacity development • Business development • How to access and use knowledge • Community priorities	• Using QI methods • Improved SME business planning and negotations • Less siloed • Shared ownership of problems • Shift in thinking (changed behaviour in light of evidence reviews) • Better relationships	• QI in appraisal system • Achievement of targets • Improved use of research in practice • Successful funding bids, awards, proposals • More data driven organisation • Improved PPI

What helps/hinders (individual level)

	What helps
Attitude and outlook	Enthusiastic and positive Solutions-focused Proactive Tenacious and persistent
Status of the agent	Experience valued by others (e.g. clinical, managerial) Seniority Being well-known and well networked
Leadership skills	Team player Suiting style to context (e.g. extent of nurturing)

"[She] is the key facilitator, gate keeper to the right people and the right departments and the right projects." **Grace's colleague in Greenhills**

She just asks the right questions… which is a luxury because nurses don't get supervision." **Fran's colleague in Riverside**

What helps/hinders (organisational level)

	What helps	What hinders
Resources to support KIT	Time for practitioners to engage in KIT Time for KIT role Physical home Approachable KIT team with relevant skills Availability and usability of data	Frontline staff having no time for anything other than service delivery
Organisational leadership	Board-level and line manager support Early engagement	
Organisational culture and receptiveness	Listening Openness to challenge Receptive to research Working with the willing	Professional silos Confusion between missions and ownership 'Initiative-itis'

"you can eat cake without having icing on it, and research and ***evidence*** *on daily practice is like icing" Jessica, Moorlands*

What helps/hinders (political &system level)

	What helps	What hinders
Politics	Initiative drivers	Pressures on the NHS Frequent policy change Funding shortfalls Delays in licensing Complexity of landscape and geographical boundaries
Culture at system level		Short-term budgeting Command and control culture Driven by targets Relationship between primary and secondary care Risk adverse

"our information systems are just driven by targets and performance but actually what we need is to understand who's coming through the doors and why and that will then lead to improved performance if we can then structure our services appropriately in response to that demand. " James from Greenhills.

Assessing outcomes

'outcome' rather than 'impact':

- 'impact' interpreted as effects on target populations (such as better health for patient groups)
- diverts attention away from more indirect outcomes

Potential ways forward:

- Like the KIT agent themselves, a system to measure results or impact most likely needs to be flexible
- Link processes to outcomes (Logic models as a useful tool)
- Specific actions linked to what the KIT agent and their clients agree they are trying to achieve
- Added benefit from requiring the parties to articulate what they want to achieve, how the KIT agent might help, wider constraints. This provides a basis for review.

Applying social marketing theory to KM

Social marketing theory reveals linkages between processes and outcomes and impact.

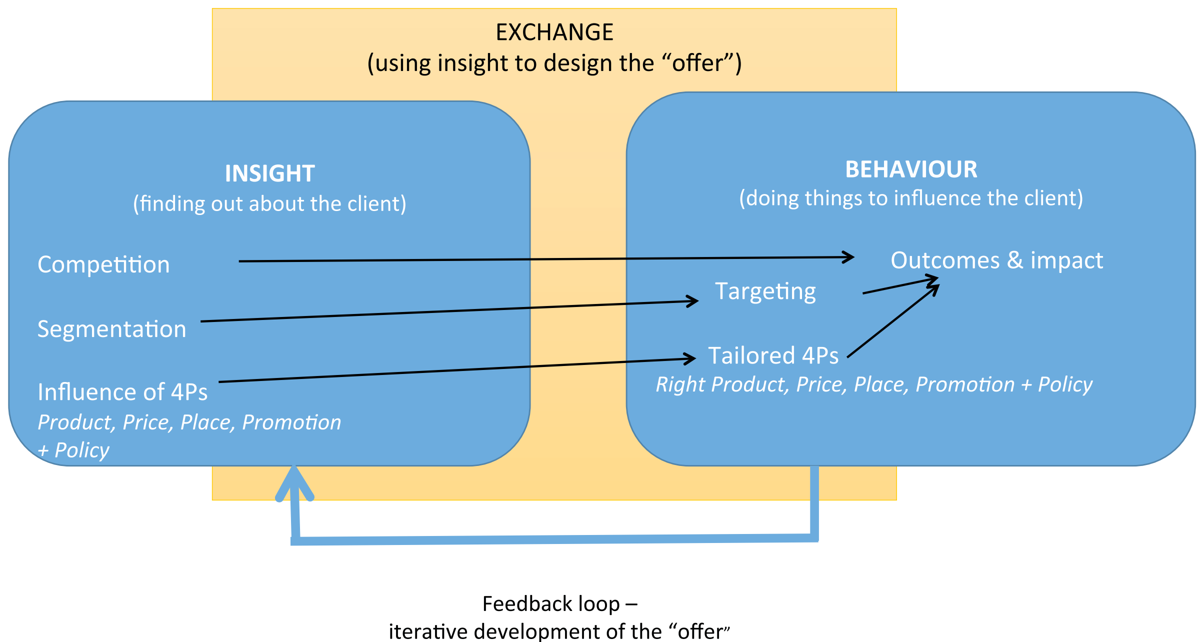
- All KIT agents sought to develop **insight** into their 'clients' (Links)
  - enables them to tailor support to meet the specific needs of individuals and teams.
- Such insight helped them to understand **competition,** that is, the factors that stood in the way of the individual's attention, willingness and ability to engage or adopt change behaviours.
  - Competing factors included: lack of relevance of research; time pressures; lack of specific skills (e.g. QI methodology); lack of knowledge; lack of confidence; politics and territorialism; and lack of alignment between national and local programmes.
- In social marketing theory, an **'offer'** is made, here by the KIT agent, for example, to build capacity, capability and skills; support by listening, provide practical help and coaching; and make linkages.

Applying social marketing theory to KM

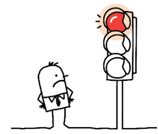
Further themes employed in marketing are useful, including:

- the perceived **quality** of the product or service: clinical and managerial experience was valued – enhanced KIT agent credibility.
- **Place or positioning:** the importance of face-to-face meetings to build relationships.
- **Policy:** increased emphasis on cost-saving or particular patient safety targets could provide an impetus to do things differently.
- **Segmentation and targeting:** for example, the KIT agents talked of working with the willing and not pushing failing projects.

Applying social marketing theory to KM

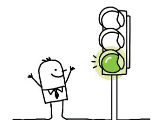


Implications



- **Confusion about who leads and supports QI** was a challenge for KIT agents.
  - This needs to be addressed to avoid duplication, territorialism and wasted resources.

- KIT roles **take time to develop** and **require flexibility on behalf of the organisation**.
  - Longer-term views to assessing the roles are necessary, which we note might be in tension with short-term fellowships.



Implications

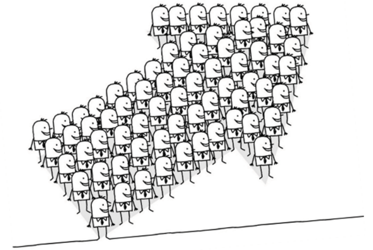
"You can't always just step into that kind of role." - **Sophie's colleague at Greenhills**

- **Individual dispositions** (listening skills, a can-do attitude, a proactive approach to both defining the role and the work, and status, i.e. relevant practitioner experience) were centrally important to KIT agent success.
  - Person specifications and recruitment processes would benefit from being reflective of these attributes.

- Multiple **skills** are required to use local **data for service improvement**.
  - This raises implications for training.

Implications

- Our data suggest that full-time, short term knowledge broker posts potentially pose **career progression and recognition problems** for the individual.
    - Knowledge brokers in hybrid roles can retain membership and accountability within their profession.



- Some agents expressed feelings of **isolation**.
    - It would be fruitful to explore how communities of practice could be developed to counter this.

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