

Keeping knowledgeable: how NHS chief executive officers mobilise knowledge and information in their daily work

Davide Nicolini,^{1*} John Powell² and Maja Korica¹

¹University of Warwick, Coventry, UK

²Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

*Corresponding author

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Scientific summary

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Background

Evidence-based decision-making and evidence-based practice, which were originally the domain of clinical staff, now permeate professional life in different sectors beyond medicine, establishing themselves as powerful norms and sets of expectations. The phenomenon has come to have particular purchase in the context of the UK NHS, where it has become an imperative not only for clinicians, but increasingly also for managers, to pursue the goal of operating in an evidence-based or evidence-informed way. The resulting movement of 'evidence-based management' is premised on the presumed positive consequences of ensuring that practising managers develop into experts who make organisational decisions informed by research, rather than by personal experience alone. Yet, while the normative argument for evidence-based management has been repeatedly made in an increasingly prominent way, the practical realities of everyday knowledge- and 'evidence'-work by managers still remain, to a significant extent, an empirical black box. This is particularly true in health care, and especially in relation to managers at the very top of NHS organisations, whose work remains severely understudied and underreported. This is in spite of their critical role in pointing the direction and setting the culture of large parts of the NHS 'front line'. We know very little about the information behaviour of top decision-makers, specifically what knowledge they mobilise in which circumstances and, perhaps more importantly, how this is done. As a consequence, we remain relatively unsure of the extent to which 'evidence-based management' is being practised at the top of the NHS leadership structures, and with what effect.

Objectives

The study aimed to investigate how chief executive officers (CEOs) of NHS trusts make decisions and mobilise particular knowledge and 'evidence' in the course of their day-to-day activities. The objectives of our research were to address the following research questions:

- How is knowledge mobilisation understood, performed and enacted in the everyday working practice of NHS CEOs?
- What are the material practices and organisational arrangements through which NHS trust CEOs source and use existing knowledge and 'evidence'?
- How are different types of 'evidence' used (or brought to bear) in their daily activities?
- Do the source, the content, and the format in which such 'evidence' (but also information and knowledge more widely conceived) is presented make a practical difference in terms of patterns of mobilisation?
- Are there specific organisational arrangements that support or hinder the process of knowledge mobilisation by top managers (i.e. what is the practical influence of context on this process)?

Methods

The study was conducted between March 2011 and May 2013. The research was exploratory in nature and was designed to build (rather than test) theory. Our theoretical approach was to view knowledge mobilisation as inextricably linked with other aspects of the CEOs' activities. In order to address our research questions, we employed a qualitative methodological approach, combining in-depth observation with interviewing and documentary analysis.

Our sample was composed of seven CEOs of acute and mental health NHS trusts in England. The sample included an almost even ratio of men to women (3 : 4), and was intended to maximise analytical diversity among cases. We thus recruited CEOs with diverse professional backgrounds (NHS management, private sector, nursing and medical), who were at different junctures in their careers, in terms of both tenure in the present post and overall experience at CEO level. The sample also included CEOs from different types of organisations (foundation and non-foundation trusts), and organisations with different performance levels according to Monitor indicators (i.e. those used by Monitor, the national regulator of Foundation Trusts, to indicate performance against its set criteria, e.g. financially sound or financially struggling). To protect the anonymity of our informants, and following customary academic practice in the social sciences, in this report *we refer to all our participants using the female pronoun*.

The data were collected using a combination of shadowing, interviews and documentary analysis. The key method used was shadowing, which involved closely following each CEO as she went about her working day, and observing as much of it as possible. This enabled us to understand the various nuances of the daily practice of knowledge mobilisation *as it actually happened*. All executives were observed for 5 or more weeks (apart from one case, where observations lasted 3.5 weeks). Access was extremely favourable and we were able to document all aspects of CEOs' work, save for occasional one-to-one supervisory meetings with more junior colleagues, human resources-related meetings concerning individuals, and private meetings with patients. When evening or day events of a particularly sensitive nature occurred, post-hoc accounts were collected through short ethnographic interviews. The same method was used to collect information about the work the CEOs did at home or when commuting. In two cases, we were also given access to their e-mail correspondence.

We also conducted formal semistructured interviews with five CEOs and certain members of their staff at the end of the observation periods, as well as a number of ethnographic interviews during our on-site observations. All formal interviews, which lasted between 38 and 65 minutes, were recorded and transcribed verbatim. Finally, we consulted a variety of documents such as annual trust reports, news articles and regulator documents.

The analysis was carried out as a reiterative continuous process that proceeded in parallel with the study. Each of the two empirical researchers regularly read and reflected on their field notes, including before each return to the field, and wrote analytical notes as part of the research diary. These were eventually prepared into extended analytical memos, which synthesised the analysis of emerging insights from each case, and enabled cross-case comparative analysis. In line with the open-ended, exploratory research tradition, no set analytical categories were identified prior to entry into the field. The list of emerging first- and second-order analytical categories was discussed and refined through regular team meetings between all three team members, and regular meetings with the advisory panel, whose feedback significantly informed the analysis. Members' validation was also pursued by feeding back the provisional results of the study to the participant CEOs during sessions designed to work as a two-part development opportunity. Finally, further insights were also collected at three CEO networking events organised in collaboration with the NHS Confederation. The validity and analytical generalisability of the findings was thus increased by variation between the cases studied, and by the collaborative approach to data analysis.

Research findings

Our in-depth, observation-based study provided previously unavailable empirical data on how knowledge and information enter the daily activities of CEOs, how such knowledge and information are sourced, for what purposes, and how they are put to work, and revealed the 'social life' of such knowledge and information. The key findings can be summarised as follows:

1. NHS trust CEOs deal with information and knowledge all the time and this constitutes one aspect of their daily activity, perhaps the most important. However, CEOs very rarely mobilise knowledge in the

canonical way described in many of the existing models available in the literature – although this does not make them poorly informed or irrational decision-makers. Rather, NHS CEOs are highly skilled workers who are mostly engaged in a variety of tasks and activities that allow them to stay on top of things in their own organisation. The ideal endpoint of this knowledge and information work is therefore not decision-making, but rather knowledgeability understood as a personal and organisational capability: *knowledge-ability*. The first and major finding of our study is thus the need to abandon the image of the CEO instrumentally using discrete elements of information and knowledge as resources that are brought to bear for the purpose of specific decisions. This is because this image simply does not reflect what CEOs actually do. Instead, we should substitute the image of the CEO as making different forms of more or less formalised information work all the time, and ask through which practices CEOs make themselves appropriately knowledgeable at particular times and in relation to particular issues, in particular contexts, relating to particular sources of insight.

2. The CEOs we observed utilised three overlapping orders of monitoring to make themselves knowledgeable for all the practical purposes of their jobs: mundane monitoring, occasioned monitoring and intentional information-seeking. However, our data suggest that there is no such thing as 'one best way' to make oneself knowledgeable: how a CEO's knowledgeability is accomplished, why and in relation to what objects differs on the basis of a number of contingent or contextual factors, such as the specific issue at hand, the personal style of the individual CEO and the nature of her everyday work. Individual CEOs thus relied upon a particular mix or arrangement of people, objects, routines and sources, which help them to become appropriately knowledgeable in relation to the different issues and demands of their work. We define such an arrangement as the (*personal*) *knowledgeability infrastructure* of CEOs. Our observations suggest that each CEO creates, maintains and continually adapts a specific and very personal configuration of tools of the knowledge and information 'trade' that she uses to make herself knowledgeable. The knowledgeability infrastructure is thus itself context-dependent, based on personal choices and continuously evolving.
3. CEOs sought information and used knowledge for three main purposes: (1) making decisions, (2) accounting for decisions already made and (3) making sense, this last being by far the most prevalent one. A great part of the CEOs' effort is aimed at 'connecting the dots' and constructing a sense of the present and future for their own and other people's consumption. Sense-making (and sense-giving) are thus central to the work of CEOs and key to understanding their knowledge and information work. Sense-making and sense-giving for the consumption of others are often achieved by 'weaving' insights and knowledge into narratives that emerge over time, possibly around images or metaphors. These are refined through further intelligence and information, and are continuously and context-appropriately shared with others. This is why CEOs rarely search, retrieve, consult and quote scientific and other forms of evidence in person (though we observed them ensuring in interactions that these have been considered elsewhere, in relation to a task or discussion at hand). What matters is not simply that CEOs search or use information themselves. Instead, it emerged as important that they systematically ask others to do so. Our observations thus suggest that the knowledge and information work carried out by NHS CEOs as part of the top management team (TMT) may be ostensibly different from that of other members. In this sense our findings may not apply to other managers at director level, whose practices of knowledge mobilisation could be different. This in turn suggests that a stepwise change may be required in the practices of knowledge mobilisation when progressing from director to CEO level. More research on this subject is needed, as the nature of our study did not allow us to draw empirical conclusions regarding this particular point.
4. The research found that sense-making and sense-giving are mostly accomplished dialogically, that is through 'serious' conversations with others, and carried out in a variety of forums and opportunities. These conversations constitute one of the central types of work carried out by the CEOs, and are accomplished through diverse media (mainly face-to-face conversations, e-mail and telephone). In particular, the CEOs in our sample heavily relied on an *inner conversational circle* (usually composed of selected members of the executive team), with whom they had the most intense level of interactions. The composition of, relationships with and trust in this social circle affected the capacity of CEOs to become and remain knowledgeable, their ability to fulfil their sense-making function and their opportunity to operate as reflective managers.

Implications

Given the current drive to make the work of all NHS staff more evidence-based or evidence-informed, our research findings have a number of implications.

First, our empirical findings have a practical implication for all those who plan and design initiatives, tools and actions to support the work of NHS trust CEOs and to help them to become more effective. Our findings will allow them to operate with a different and, we would argue, richer and more nuanced view of what these executives actually do, so that such initiative and tools are conceived with a more realistic understanding of their end users.

Second, the research offers a framework to examine critically both how, and how effectively, NHS executive managers make themselves knowledgeable in view of the demands of their specific jobs. The framework is envisaged as a self-reflection exercise and is predicated on the CEOs asking first 'what kind of a manager/CEO do I need, but also wish, to be?' and 'what is the nature of my context, both organisational and institutional, as I understand it?' Only at this point is it possible to examine whether the executives have the contextually and temporally appropriate infrastructures in place (including people, relationships, technologies and practices) to allow them to become the kind of manager they wish to be, or whether some changes/improvements are necessary. The findings and framework developed in this study could thus become the basis for a diagnostic framework regarding the fitness for purpose of the personal knowledgeability infrastructure of CEOs and other managers in the sector.

Third, our findings identify specific capabilities, information sources, decision styles and strategies, and attitudes towards knowledge and evidence that may set apart the work of the CEO from that of other members of the executive team. The information is relevant for recruiters, trainers/consultants and prospective CEOs, as it points at a number of specific skills that new CEOs may have to learn to fit the requirements of the new position.

The results of the research also open a number of opportunities for future research. These include exploring the dynamics of TMT knowledgeability practices from the perspective of individual directors (as opposed to the CEO), extending the study to other countries and CEOs from other industries, as well as investigating the possible correlations between the type of personal infrastructure of knowledgeability, its distinct elements along the lines elaborated here, the personality of the CEOs (for example in terms of Myers–Briggs types indicators), the practices of knowledge mobilisation and other outcome measures, such as performance.

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Editorial contact: nihredit@southampton.ac.uk

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