



**MANAGEMENT PRACTICE IN HEALTHCARE ORGANISATIONS
REF: MP241**

CALL FOR PROPOSALS

1 Introduction and overview

The National Institute for Health Research Service Delivery and Organisation Programme (NIHR SDO) wishes to commission research on several themes concerned with management practice in healthcare organisations. The intention of this call is:

- To add to the evidence base that is relevant to the practice of managers in healthcare organisations and which can be used to improve the effectiveness of managerial behaviour and decision making and so to contribute to improved organisational and clinical performance.
- To promote the greater engagement of the academic community of researchers and the practice community of healthcare managers, and the development of links between academic institutions and NHS organisations in this area.

We have provisionally allocated a budget of £3.5 million for this call for proposals. At this stage we are seeking outline project proposals. Shortlisted proposals will be provided with feedback and full proposals will be sought. We anticipate that a number of projects will then be commissioned.

This brief sets out the context for this topic area and indicates issues that might fruitfully be investigated. There will be two briefing meetings for researchers interested in submitting outline proposals, in London on 6 May 2008 and in Manchester on 7 May 2008. Researchers are encouraged to attend one or other meeting, where there will be a short presentation on the brief by Professor Kieran Walshe, chair of the commissioning group, and then an opportunity for questions and discussion. There will be a limited number of places at each meeting, and places need to be booked in advance. Further details of how to book a place and attend can be found in section 5 of this brief.

For those interested in making an application the Outline Proposal Application form and associated guidance notes are available from the SDO website (www.sdo.lshtm.ac.uk/ecashome.html) and should be read in conjunction with this Research Brief.

2 The SDO Programme objectives

The Service Delivery and Organisation Research and Development Programme (SDO) is one of the national research programmes of the NHS in England and is a constituent programme of the National Institute for Health Research (NIHR). The NIHR SDO Programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and
- Building capacity to carry out research amongst those who manage, organise and deliver services and improve their understanding of research literature and how to use research evidence.

Further information on the programme, including a list of past, current and recently commissioned projects, can be found on the SDO website (www.sdo.lshtm.ac.uk).

3 Background to this call

Management practice was identified by the SDO programme board as one of its commissioning priorities in June 2007. Many of the research studies commissioned by the SDO Programme over the last eight years have direct relevance or interest to healthcare managers, especially those on topics such as leadership; organisational cultures, systems and processes; performance management and improvement; service delivery and reconfiguration; etc. However, rather less of our past research has been directly focused on exploring the roles, work, performance, effectiveness, careers and development of healthcare managers and healthcare management itself. At the same time, there is an increasing recognition of the importance to organisational and service performance of management and leadership behaviours in public services (Meier and O'Toole 2002), of the need for organisation and management research to tackle more directly the core concerns and challenges of the management community (Starkey and Madan 2001; Tranfield and Starkey 1998) and of the potential for research evidence to improve managerial practice and decision making (Shortell, Rundall and Hsu 2007).

4 Call for proposals: main themes identified

The commissioning group has identified five main themes in which we are interested in commissioning research:

- i. Professionals in management: supporting the engagement of clinical professionals in the management and leadership of healthcare organisations.
- ii. Managerial effectiveness: understanding and improving the effectiveness of managerial practice and its impact on organisational and clinical performance.

- iii. The realities of managerial life: exploring the identity, values, motivations, and operational realities of healthcare management.
- iv. The managerial workforce: improving the effective use of managerial capacity through better workforce planning, selection, training and development, mentorship and career planning.
- v. Research utilisation in healthcare management: improving managerial decision-making through better use of relevant research evidence.

We are open to commissioning research across all areas of the health sector, including primary, secondary and tertiary care. We wish to commission both secondary research (systematic or structured reviews, or research syntheses) and primary or empirical studies in these themes. The purpose of research syntheses would be to summarise and collate the existing research in those areas where there is already a substantial existing body of work, and to make it more accessible to the management community. The purpose of primary research would be to add to existing knowledge, in areas where there are important research gaps, and so to contribute to improving practice in the management community.

Each of these five themes is described in more detail below, and for each we indicate whether or not we want to commission secondary research, and identify some indicative areas for primary research. Research proposals can address one, some, or all of the areas identified within a theme.

i) Professionals in management: supporting the engagement of clinical professionals in management and leadership of healthcare organisations.

There is an extensive literature on the roles, relationships and functioning of clinicians (doctors, nurses, therapists and other healthcare professionals) in managerial positions in healthcare organisations – in the UK and internationally (for example Fitzgerald 1994; Shortell et al 1998; Kitchener 2000; Llewellyn 2001; Thorne 2002) and a substantial history and experience in this area in healthcare organisations. Common themes have included the practical, organisational and career barriers to proper engagement; the construction and design of appropriate and feasible managerial roles; and the differences in underlying attitudes and perspectives and their effects. We would welcome proposals for secondary research in this theme. We have identified two potential areas for primary research:

- The interaction and functioning of the “triumvirate” (generally of nurse, doctor and manager, but also including other clinical or social care professionals in some areas) which forms the management team at department, division or service level in many healthcare organisations, and what makes for effective and sustained performance at this crucial interprofessional team level.
- The selection, preparation, development and support of clinicians who take on significant management roles in healthcare organisations (for example, medical

and clinical directors) and the effects on their identities, skills and careers, taking account of similarities and differences between different health professions.

ii) Managerial effectiveness: understanding and improving the effectiveness of managerial practice and its impact on organisational and clinical performance.

While the difficult and contested concept of “managerial effectiveness” has long been the subject of research, defining and assessing effectiveness at an individual level and establishing a link to effectiveness at an organisational level remains problematic (Cohen 1993, Willcocks 1997). However, practising managers readily identify examples – at an individual and organisational level – of effective managerial practice and would often suggest that individual effectiveness can make a substantial difference to service delivery and organisational/clinical performance. We would welcome proposals for secondary research in this theme. We have identified two potential areas for primary research:

- How practising managers construct and use ideas of “effectiveness” in managerial practice, and how existing theoretical concepts of effectiveness (including cost-effectiveness) at an individual or organisational level can be used to explore, inform, and explain these empirical experiences and to explore the relationship between effectiveness and organisational/clinical performance in and across a range of different organisational forms in healthcare.
- Learning about the nature or content of effective managerial practice and its effects on service delivery and organisational/clinical performance in a range of contexts and settings, from the behaviours, experience and perspectives of highly successful managers and organisations in the healthcare sector, and/or from poorly performing and unsuccessful managers and organisations in the healthcare sector.

iii) The realities of managerial life: exploring the identity, values, motivations, and operational realities of NHS management, and their effects on organisational performance.

There is a considerable wider literature on what some have termed the ethnography or lived experience of management, from the early work of Mintzberg (1973) and Stewart (1982), to further studies by Hales (1986, 1999), Carroll and Gillen (1987) Linstead (1997) and others. We seek to add to this literature by commissioning research which is specific to the distinctive organisational context of healthcare organisations (and specifically the NHS), which tackles areas which have been less commonly explored, and which will help to understand the connection between these issues and organisational performance and service delivery. For example, much literature examines the experience of chief executives and senior leaders, while the role and function of middle and junior managers has been less well studied. We do not seek to commission secondary research on this theme. We have identified three potential areas for primary research:

- The identities (values, motivations and beliefs) of healthcare managers, how their performance of their roles is shaped by these identities, and how these identities have changed or are changing and the consequences of such changes.
- The work life, roles and behaviours of middle and junior managers in healthcare organisations, and their place in and contribution to wider organisational performance and service delivery.
- The interaction between middle and junior managers and frontline clinicians in healthcare organisations, and the way that managerial/professional relationships at this level affect service delivery and performance.

iv) The managerial workforce: improving the effective use of managerial capacity through better workforce planning, selection, training and development, mentorship and career planning.

By some definitions, managers make up around 3% of the NHS workforce, but while workforce planning for other key staff groups (such as doctors, nurses, and other clinical groups) has been the focus of much research and practice attention, relatively little has been done to map or quantify the managerial workforce needs of NHS organisations or the supply/capacity of the NHS managerial community. While much work has been done to define managerial competencies, such frameworks have rarely been tested and used empirically. The total NHS investment in management and organisational development is substantial, but the effects or impact of that investment is rarely evaluated and is not well understood. The relationship between national/central activities in this area and those undertaken at a more local/organisational level has been complex and not well connected. We would welcome proposals for secondary research in this theme. We have identified three potential areas for primary research:

- The current and future managerial needs of healthcare organisations, how well that managerial capacity is provided for, through existing national and local schemes for managerial selection, training and development, and whether there are there particular areas of mismatch in supply/demand or skill shortage.
- The use by healthcare organisations of management and organisational development to provide for their current and future managerial needs, and to enhance or improve their managerial capacity.
- The nature or form of past, current and future managerial career trajectories in healthcare, and the use made by managers and healthcare organisations of career planning, talent management, and retention strategies to secure their future managerial capacity.

v) Knowledge utilisation in healthcare management: improving managerial decision-making through better use of relevant evidence

The rise of the evidence-based healthcare movement, the increasingly explicit use of research evidence to inform and shape clinical practice, and the growing investment in NHS R&D infrastructure and activity have all helped to focus attention on the way that healthcare managers and leaders use evidence in their decision making (Walshe and Rundall 2001; Kovner and Rundall 2006; Shortell, Rundall and Hsu 2007) and the way that knowledge (from a range of sources) is acquired, integrated and applied in healthcare organisations. It has been argued that there is a substantial opportunity for better knowledge utilisation, in which evidence (from research, practice and other sources) is used more effectively to inform managerial decision making, but that a range of cultural, practical and organisational barriers to such use exist. We do not seek to commission secondary research on this theme. We have identified three potential areas for primary research:

- The use that healthcare managers currently make of different forms of knowledge or evidence in their decision making, including how they access or acquire and interpret sources of knowledge/evidence, their skills and capacity in appraising and applying knowledge, and their attitudes to and beliefs about knowledge/evidence.
- The uptake, utilisation and application by healthcare managers and organisations of evidence on management and organisation issues produced by a range of national bodies and agencies (such as the National Institute for Health Research, the NHS Institute for Innovation and Improvement, the National Institute for Health and Clinical Excellence, and the NIHR SDO programme), and the barriers or constraints to uptake, utilisation and application.
- Promising practices, innovations or systems for promoting and supporting the use of knowledge/evidence in managerial decision making which may already exist in leading NHS organisations, healthcare organisations elsewhere, or be in use in other industries or settings, and how they can be used in the NHS, and to what effect.

5 Call for proposals: process and criteria

The SDO Programme is now seeking outline applications for innovative research that builds on previous SDO work in the areas outlined above. We have provisionally allocated £3.5 million to this call. Projects may be of up to three years duration and may be funded to a maximum of £450,000 per project. Applicants should note that this is an absolute upper limit, not a target, and that we anticipate funding a range of projects in both size and duration. For larger projects, value for money will be an important consideration and project costs will be carefully scrutinised and must be well justified.

There will be two briefing meetings for researchers interested in submitting outline proposals, as follows:

London 6 May 2008 2.00pm to 4.30pm	Wellcome Collection, 183 Euston Road, London NW1 2BE Directions can be found at: http://www.wellcomecollectionconference.org/Location/index.htm
Manchester 7 May 2008 2.30pm to 5.00pm	Room B3, Manchester Business School East (MBS East), Booth St West, Manchester M16 6PB. Directions can be found at http://www.manchester.ac.uk/visitors/travel/maps/numerical/ #26 on the map

Researchers are encouraged to attend one or other meeting, when there will be a short presentation on the brief by Professor Kieran Walshe, chair of the commissioning group, and then an opportunity for questions and discussion. If you wish to attend either meeting, you must email Donna Cox at Donna.Cox@LSHTM.ac.uk to receive a booking form, as the number of places will be limited. The subject header of your email should say "Management Practice" and please state in the email which event you wish to attend. The presentation slides and a short note of issues raised during discussion at each meeting will be posted on the SDO website alongside the Research Brief soon after each meeting has taken place.

The application process will be in two stages. At the first stage, outline proposals will be sought. All proposals will be reviewed by the commissioning group, and a number will be shortlisted. We normally shortlist around 2 to 3 times as many projects as we expect to be able to fund, taking into account the budget for the call and the typical cost of proposals. All applicants will receive general feedback notes on the response to the call for proposals.

Researchers whose proposals are shortlisted will be given the opportunity to develop a full proposal, and may be given individual feedback on their outline proposal to help inform that development. All full proposals will be subject to external peer review, and will then be reviewed by the commissioning group, which will then make recommendations to the director of the NIHR SDO Programme on whether to fund each proposal. All proposals which are not funded will receive feedback from peer reviewers and the commissioning group.

The commissioning group includes practising managers working in the NHS, academics with relevant research expertise, and service users/lay representatives. At both stages, the main criteria which will inform the selection process in the commissioning group will be:

- Relevance of the proposed research to the five main areas or themes set out in this call for proposals.

- Relevance of the proposed research to the needs, interests and current and future challenges for the management community in the NHS.
- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.
- Likelihood that the proposed research will produce findings which are useful to and capable of application by the management community in the NHS.
- Likelihood that the proposed research will promote the greater engagement of the academic community of researchers and the practice community of healthcare managers, and the development of links between academic institutions and NHS organisations in this area.

SDO funds research that is primarily of relevance to the NHS in England. However, there is no restriction on where researchers are based, or as to where empirical studies are undertaken.

In developing project proposals, applicants are invited to take into consideration the important points of guidance noted below in sections 6 to 8.

6 Involvement of stakeholders

SDO research is largely stakeholder-driven. Applicants should demonstrate clear involvement of all relevant stakeholders (including where relevant, local communities, lay people, service users, carers and minority ethnic communities as well as health care practitioners and managers) during the design, execution and communication of the research.

A core issue is the practical application, communication and uptake of research findings. Applicants are invited to consider the nature of expected research outputs and how these might be better communicated to important policy, managerial and practice audiences in ways that are likely to enhance impact.

Given the core research concerns of the SDO Programme, and the need to build robust bodies of knowledge, successful projects are most likely to involve a partnership working between experienced academic teams and those more closely involved in the design and delivery of services.

It is a core concern of the SDO Programme that all commissioned projects should pay full attention to the needs and experiences of services users and their carers. Thus proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.

7 Nature of the investigations

In addressing issues in a way likely to lead to the wide applicability of findings, firm theoretical and conceptual underpinnings in tandem with substantial empirical work are likely to be important features. Approaches that utilise and take forward wider social science theories are encouraged.

Empirical projects are likely to use a wide diversity of methods, including both qualitative and quantitative approaches, carefully matched to study questions and with clear understandings as to how findings from different empirical approaches will be integrated.

Substantial empirical projects are likely to utilise broad teams with significant input from diverse disciplines and a commitment to developing robust inter-disciplinary approaches. It is frequently necessary to involve researchers with skills in organisational issues, although skills in human resource planning, economics, sociology, psychology or other disciplines may also be required depending on the proposed study.

8 Outputs from the proposed work

In outlining their research plans, the applicants should make clear how findings will be communicated effectively to a wide variety of academic, policy and service audiences.

At a minimum, researchers will be expected to deliver the following written outputs from any proposed research: an executive summary (500 words) and research summary (5000 words) with clearly identified policy, managerial and practice implications; a full report detailing all the work undertaken (no more than 80,000 words); supporting technical appendices.

In addition, on completion of projects, successful applicants should be prepared to work with the SDO to develop summaries of their work for wider audiences (for example, see the *Research Summaries* already developed from many completed SDO projects; <http://www.sdo.lshtm.ac.uk/researchsummaries.html>).

Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications.

Where appropriate, the proposed work should be designed and delivered in a way that is likely to lead to significant high-quality peer-reviewed publications.

Projects lasting more than one year will be expected to deliver interim reports on progress and provisional findings (approximately annually).

9 Application process

The process of commissioning the study will be in **two stages** and applicants should submit **outline proposals** via the SDO electronic Commissioning and

Appraisal System (eCAS). Applicants must submit proposals online via the SDO website: www.sdo.lshtm.ac.uk/ecashome.html

Further guidance regarding online submission is available on the eCAS website using the help guidance on each page. If you are a first time applicant you will need to register with eCAS. All applicants are advised to familiarise themselves with eCAS before the deadline for proposals.

Any queries or requests for clarification of this research call should be raised at one of the two briefing meetings noted in section 5 above. A brief note of queries raised and answers given at each meeting will be posted on the SDO website shortly after each meeting. No other correspondence about this research call can be entered into.

Outline proposals should be submitted by **1pm on Wednesday 11 June 2008**. No late proposals will be considered. No paper-based submissions will be considered.

Following submission of full proposals successful applicants will be notified no later than **beginning of October 2008**. Applicants should plan for projects to start in **January 2009 at the latest. Please note that these dates are approximate and may be subject to change.**

Projects of up to three years' duration may be funded. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.

Where appropriate consideration should be given to linking your study with the appropriate Topic Specific Clinical Research Networks. Further information on these can be found at <http://www.ukcrn.org.uk/index.html>

Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to provide proof of research ethics committee approval for their project, if this is required. Further guidance on requirements can be found on the SDO website <http://www.sdo.lshtm.ac.uk/proposalresources.html>

NIHR Investigators, as members of NIHR Faculty are expected, via the National Coordinating Centre through which their research activities are funded, to advise the Director of NIHR on research issues within their expertise. This may take the form of serving on review panels or carrying out peer review. We would not normally expect to require more than four peer reviews or serving on two panels a year.

Further details are available on the NIHR website: <http://www.nihr.ac.uk/faculty.aspx>

Successful applicants will be expected to attend at least one meeting a year with the SDO Programme at their central London offices during the project lifetime and, as such, should ensure that travel costs are appropriately costed within the proposal budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

References

Carroll SJ, Gillen DJ (1987). Are the classical management functions useful in describing managerial work? *Academy of Management Review* 12(1):38-51.

Cohen SA (1993). Defining and measuring effectiveness in public management. *Public Productivity and Management Review* 17(1):45-57.

Fitzgerald, L (1994) Moving clinicians into management. *Journal of Management in Medicine* 8(6): 32-44

Hales C (1986). What do managers do? A critical review of the evidence. *Journal of Managerial Studies* 23(1):88-115.

Hales C (1999). Why do managers do what they do? Reconciling evidence and theory in accounts of managerial work. *British Journal of Management* 10:335-350.

Kitchener M (2000). The 'Bureaucratization' of Professional Roles: The Case of Clinical Directors in UK Hospitals, 7(1):129-154.

Kovner A, Rundall T (2006). Evidence based management reconsidered. *Frontiers of Health Services Management* 22(3):3-22

Linstead S (1997). The social anthropology of management. *British Journal of Management* 8:85-98

Llewellyn S (2001). Two way windows: clinicians as medical managers. *Organisation Studies* 22(4):593-623.

Meier KJ, O'Toole LJ (2002). Public Management and Organizational Performance: The Effect of Managerial Quality. *Journal of Policy Analysis and Management* 21(4):629-643.

Mintzberg H (1973). The nature of managerial work. New York: Harper and Row.

Shortell SM, Waters TM, Clarke KWB et al (1998). Physicians as double agents: maintaining trust in an era of multiple accountabilities. *Journal of the American Medical Association* 280(12):1102-1108.

Shortell S, Rundall T, Hsu J (2007). Improving patient care by linking evidence-based medicine and evidence-based management. *Journal of the American Medical Association* 298(6):673-676.

Starkey, K & Madan, P (2001) Bridging the relevance gap: aligning stakeholders in the future of management research. *British Journal of Management*, 12: S3 – S26

Thorne M (2002). Colonizing the new world of NHS management: the shifting power of professionals. *Health Service Management Research* 15(1): 14-26.

Tranfield, D & Starkey, K (1998) The nature, social organisation and promotion of management research: towards policy. *British Journal of Management*, 9: 341 – 353

Walshe K, Rundall T (2001). Evidence based management: from theory to practice in healthcare. *Milbank Quarterly*, 79(3):429-457.

Willcocks S (1997). Managerial effectiveness in the NHS. *Journal of Management in Medicine* 11(3):181-189.

Addendum

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The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.