

A Formative Evaluation of the Service Delivery and Organisation (SDO) Management Fellowships

Alison Bullock,¹ Zoë Slote Morris,² and Christine Atwell¹

¹ The Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE), Cardiff University School of Social Sciences, King Edward VII Avenue, Cardiff CF10 3WT

² Morris Buscher Associates, 30 Hall Drive, Hardwick, Cambridge, CB23 7QN

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Address for correspondence:

Professor Alison Bullock
The Cardiff Unit for Research and Evaluation in Medical and Dental Education
(CUREMeDE)
Cardiff University School of Social Sciences
Glamorgan Building
King Edward VII Avenue
Cardiff CF10 3WT

Email: bullockad@cf.ac.uk

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Executive Summary

Background

The NIHR Service Delivery and Organisation (SDO) Management Fellowships is a research mobilisation programme. With the aim of encouraging utilisation of research in healthcare management, typically it places practising NHS managers with selected SDO-funded academic research projects as Management Fellows (MFs). Fellowships usually run for 12 months full-time equivalent over the life of the research project.

The objectives of the SDO Management Fellowship Programme are to:

1. improve the quality and relevance of the research projects through manager involvement;
2. develop capacity in the managerial community for accessing, appraising and using research evidence; and
3. encourage greater engagement, linkage and exchange between research and practice communities in healthcare management.

The Fellowship programme is based on an exchange model of knowledge mobilisation (KM), which emphasises interpersonal links between researchers and practitioners. Such programmes are seen as a means of addressing the problem of research utilisation, but empirical knowledge of their impact and what causes impact are not well understood. A small literature suggests features that support successful partnerships between researchers and practitioners include the research having relevance and benefit to participants, agreeing expectations, flexibility, the right skills and attitudes, mutual trust and respect, an engaged workplace, and supporting infrastructure.⁽¹⁻⁵⁾

Aims

The primary aim of the evaluation was to understand the benefits (impacts) of the Fellowship programme and the processes by which the impacts were achieved or inhibited. Specifically, the evaluation sought to:

- describe the processes and dynamics of the Fellowships – issues of motivations, set-up, expectations, practice, issues, and lessons learned from the perspective of the participants;
- explore the impact of the Fellowships from participants' perspectives with particular focus on the three programme objectives (above), and to link this to processes and dynamics;
- identify lessons learned and make recommendations.

Methods

A case study design was used which centred on Fellows. Data gathering took place between November 2010 and May 2011. All MFs appointed prior to the start of the evaluation (n=11) and their Chief Investigators (CIs; n=10) were visited and interviewed face-to-face (10 sites). In eight sites the visit also included observation of a research team meeting. Three CIs from projects eligible for a Fellow but without one were interviewed by telephone. Twelve line managers (LMs)/colleagues in eight sites were interviewed. All interviews were audio recorded. An online questionnaire was used to collect data from 32 members of research teams. The evaluation team also attended various meetings of the Fellows which included those Fellows who joined the programme after the evaluation started. Twelve programme participants attended a validation workshop in June 2011 and a further four submitted written comments.

The NRES Queries Line deemed that the evaluation did not require research ethics approval (15/09/10). Approval was obtained from a Cardiff University research ethics committee (22/09/10). Research governance approval was obtained from all study sites.

Analysis focused on participants' expectations, experiences, and opinions on lessons and future developments. Qualitative interview data were analysed thematically guided by a programme evaluation model adapted from Kirkpatrick. The model draws attention to participants' reactions, learning, behaviour change, and reports of impact; and links them to the processes which enable or hinder impact. The data gathered from the questionnaire were analysed using simple counts and summaries of open comments. Emerging findings were validated at meetings with the Fellows and other stakeholders.

Results

All researchers and Fellows were clear that the MFs improved the quality and relevance of the research project; improving researchers' access to sites, data, and recruitment of participants; giving advice on data gathering instruments, processes, analysis, and dissemination. The Fellowships are awarded after projects had been agreed making it difficult to improve the relevance of those particular projects. However, some Fellows suggested or undertook additional work and it was possible to make some adjustments to the main project.

Of key value was the MF's insider knowledge of the NHS. The extent to which this was an enabling factor depended in part on how well their skills and workplace experience matched the focus and methods of the project and on how current and active their interface was with the workplace. There was no single, generalisable message about the level of seniority or workplace role which best serves projects. What was important was selecting the 'right' person for the Fellowship role. Mutual respect was a characteristic feature of CI/MF relationships.

The capacity development aim of the programme refers specifically to access, appraisal and use of research. Participants did not refer to evidence appraisal; MFs appeared to assume that what the researchers produced was sound. They reported improved *understanding* of research processes. Access was also little discussed with most attention being given to the use of research evidence. Exposure to research processes and more formal courses were the principal means by which the MFs' understanding of research was developed. In a small number of notable cases, the Fellows were beginning to develop capacity in the workplace, mainly as conduits of research findings. The range of capabilities developed by the Fellows went beyond their ability to assess, appraise and use research and includes reports of improved management skills and improved personal confidence.

Many of the barriers and enablers to increasing the capacity of managers were in common with improving the quality and relevance of research. These include clarity of expectations; MFs' role, personal characteristics and standing within the workplace; Fellows contact with the workplace; LMs' motivations and congruence with the programme. Organisational satisfaction was most in evidence where workplace colleagues reported desire to improve within the area addressed by the research project. Change in LMs and NHS organisation were seen as potential barriers to impact, by undermining links between the MF and the workplace.

Most projects reported significant development of their engagement, linkage and exchange as a result of the Fellowships. However, the design of the programme limits engagement as it does not include identification of study aims. The MF mainly acted as a conduit/interface between the project and the wider workplace. The process of engagement between the MF and research project was characterised as ongoing, interactive and viewed as successful by CIs and MFs. However, a number of issues relating to the MF engagement, linkage and exchange with the workplace were identified. The expectations of workplace organisations were sometimes unmet; engagement structures were often not in place.

Overall, without exception the CIs and MFs were supportive of the Fellowship programme, despite some local issues. Costs were associated with employment opportunities foregone by MFs, additional time and resource commitments for CIs, and loss of work by the LMs. Although generally supportive of the Fellowships, many LMs reported fewer benefits and more frustrations. Tackling the barriers identified above would address many of their concerns. Key is for each party (and in the workplace, more than just LMs as they change) to articulate what they require from the Fellowship and how they plan to engage. This should be negotiated, agreed; written down and reviewed regularly; repeating the process if changes are necessary. The Fellow should be selected to meet needs.

The evaluation has limitations. It relied on self-reported data although triangulation was designed to help this. Participants were interviewed once although this was mitigated through the process of subsequent contacts with participants (MFs in particular), a validation workshop four to six months after initial data gathering, and presentation of findings to an advisory group of stakeholders. Given the short duration of the evaluation, potential impact over time has not been measured.

Conclusions

Clear benefits have been derived from the programme: Fellows enhanced the validity, efficiency and credibility of the research, improved their own knowledge and skills as managers as well as researchers, and served as the conduit for linkage, engagement and exchange. Outcomes for the workplace were less common across the programme, but examples of good practice and scope for improvement were identified.

The primary recommendations concern all parties and relate to all three programme aims. The evidence suggests that:

1. Expectations of the Fellowship should be clearly articulated and agreed by *all* concerned. Each party needs sound motives for taking part which should be voiced. All should also be aware of real and potential costs of taking part.
2. The selection of the Fellows is critical. Within each project careful thought should be given to the desired roles, experience and interests of the MF which should be matched to the appointee.
3. An environment of mutual respect, trust and openness should be developed and maintained by all participants.
4. Review meetings would provide opportunity for all parties to raise and discuss issues and should be timetabled.
5. Post-Fellowship plans should enable MFs to utilise their experience and develop longer term relationships with the research community beyond the specific Fellowship project.

Future enquiry could review impact beyond the short-term, considering issues of sustainability and workplace impact. Also a more experimental design to “test” the validity of the recommendations would be of value.

Draft Addendum

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