Are UK healthy?

Research by *Gillian Wright* suggests that effective knowledge sharing in public services is shaped by wider organisational issues beyond the sharer-receiver unit.

The UK healthcare sector has been experiencing relentless, almost hyperactive government intervention during the past five years. The breakdown of traditional partnerships between purchasers and providers of care services has resulted in a much broader sharing of information and knowledge across organisational and professional boundaries.

According to a recent Ernst and Young survey of 431 private organisations, the main barriers to effective knowledge management are an unreceptive workplace culture, a lack of management leadership and poor understanding of what knowledge management involves. Similar studies by other firms, such as KPMG, confirm this. While it makes sense that people need to be motivated to engage in an activity that requires additional time and carries the possibility of loss of power or status, this does not account for the organisational factors that exist within UK healthcare sector partnerships. To investigate this further, this study sent a six-page questionnaire to 500 care managers working in partnerships, with 132 responses received.

SIX CRUCIAL FACTORS

Factor analysis and regression modelling has isolated six crucial factors for effective knowledge sharing. The results are broadly consistent with previous findings that highlight the importance of an innovative workplace culture, a capacity to learn from failure and good information quality. However, additional factors concerned with change management – including a predisposition to confront performance indicators – are also highly influential.

Table 1 shows the construct strengths for the six latent factors extracted from the 27 variables and the loadings for the principal factor to which each variable contributes. Item statements with reversed valences are indicated 'R'.

After analysing the multiple regression of the dependent variable (effectiveness of knowledge sharing) regressed onto all six latent factors, the results suggest that effective knowledge sharing is shaped by wider organisational issues beyond the individual sharer-receiver unit. This represents a significant management challenge. Organisations cannot assume staff will always embrace this sort of change and must ask how welcoming the workplace culture is to change. There can be serious obstacles and

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impediments if managers don't assess their organisations current status on each of the six factors below. The logic and practical implications of each of these factors follows:

Creating an open and innovative climate: This emphasises the need for healthcare managers to provide clear and exemplary leadership, to empower employees to challenge the rules and to proactively search for better working methods and systems.

Learning from failure: Organisations are often very comfortable examining successes, but reluctant to look at their mistakes and failures. It is a simple fact that failure teaches us as much, if not more, than success. This is a particularly salient fact for healthcare providers and a sensitive topic for our respondents.

Information quality: Emphasises the need for an appropriate information infrastructure that informs and empowers employees so that they want to engage in the organisational decision-making processes.

Performance orientation: This needs a climate of honesty, openness and a willingness to face the realities of service performance levels. This factor is also linked to the pervasive fear of punishment for poor

Table 1: Factor analysis: Elements of knowledge sharing

Item	Factor					
	1	**2**	**3**	**4**	**5**	**6**
1. Open leadership climate *a = 0.9346*						
Accepting new ideas	.823					
Motivating staff to develop new ideas	.770					
Encouraging staff to suggest new things	.701					
There is a rigid and hierarchical structure R	.662					
Recognising the importance of people	.657					
Strategic inclusion of all staff	.641					
Change seen as a positive challenge	.638					
Systematically reflecting on success	.580					
Token consultation with staff R	.535					
Systems exist to facilitate learning	.501					
Strong leadership	.500					
2. Learning from failure *a = 0.8869*						
Systematically learning from failure		.718				
Regularly reflecting on what doesn't work		.691				
Having a user focus for continuous improvement		.653				
3. Satisfaction with change processes *a = 0.7672*						
Constantly high levels of stress R			.731			
Continuous changes of target outcomes R			.678			
Experiencing discomfort with change R			.652			
Results of innovation not apparent to staff R			.508			
4. Information quality *a = 0.7974*						
User focused information				.829		
Appropriate information systems				.787		
Service quality performance data reviewed				.640		
5. Performance orientation *a = 0.7439*						
Defensiveness impedes improvement R					.820	
Ignoring performance statistics R					.693	
Imperative to be seen as successful R					.678	
6. A vision for change *a = 0.7471*						
Lack of urgency to change R						.837
Perceived need to improve user responsiveness						.759
Desiring the status quo R						.552
Eigen values	12.0	2.7	1.7	1.5	1.3	1.1
% of variance explained	43.2	9.2	5.9	5.2	4.7	3.7
Cumulative % of variance explained	43.2	52.4	58.3	63.5	68.2	71.9

performance, as alluded to earlier. Healthcare managers need to instil a real desire to serve the public well and to achieve high levels of customer satisfaction. This should create a hunger for meaningful and realistic performance data and a willingness to address the issues.

Satisfaction with change processes: Performance improvement through knowledge sharing inevitably requires changes to working practices, measurement systems and behaviours. Such changes on their own may not be too daunting or difficult to implement, but managers need to assess the overall level of change that is being demanded of staff.

Vision for change: There was complacency among interviewees about the need to change. Change is not easy to deal with and people need clear and compelling reasons to understand why it is required.

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