

Rethinking Capacity Building for Knowledge Mobilisation: A Practice- Based Approach

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Outline

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Background

- Capacity building is seen as one of the key objectives of knowledge mobilisation
- At the same time, most of the current literature discusses capacity building for *undertaking* research rather than *utilising* its outcomes in practice
- Most health services research literature on capacity building is atheoretical
- This is an attempt to introduce some ideas from broader theoretical management literature to conceptualise capacity building for knowledge mobilisation

Setting

- The NIHR CLAHRC for Greater Manchester—a large-scale knowledge mobilisation initiative aiming to improve the implementation of applied health research in day-to-day clinical practice
- Conceptual paper informed by the three forms of evidence:
 - *Theoretical*
 - *Experiential*: 5 years of practical experience in the CLAHRC
 - *Empirical*: 45 interviews and 69 hours of observation

Definition

Capacity building for knowledge mobilisation is a dynamic activity to augment **capabilities** to carry out functions or achieve objectives of knowledge mobilisation programmes over the **long term** (i.e. after the programme funding is over) with an **improved provision of evidence-based healthcare** as an ultimate outcome

Typology of capabilities based on the domain of knowledge

- *Process and systems thinking*, e.g. an ability to apply improvement methodology to address an issue;
- *Personal and organisational development*, e.g. theory and practice of group facilitation; stakeholder management and influencing skills;
- *Involving patients, users, carers, staff and public*, e.g. service redesign based on patient and staff experience;
- *Initiating, sustaining and spreading change*, e.g. project and programme management skills; evaluating impact and learning;
- *Delivering on cost and quality*, e.g. financial projection and calculation; measuring cost-effectiveness;
- *Problem solving/consultancy*, e.g. problem identification, definition and structuring; written and visual presentation of data and recommendations;
- *Innovation for improvement*, e.g. assessing and evaluating potential innovations; building innovation into service improvement approaches.

(Bevan 2010)

Typology of capabilities based on the level of complexity

- *First-order, or ordinary, capabilities*—an ability to deploy resources to fulfil a relatively simple task
- *Second-order, or core, capabilities*—bundles of an organisation's resources and first-order capabilities which are strategically important to achieving its objectives at a certain point in time
- *Third-order, or dynamic, capabilities*—an ability of an organisation to constantly integrate, reconfigure and renew its resources and capabilities in response to the changing environment

(Wang and Ahmed 2007)

Mechanisms of capability development

1. *Acquisitive learning*—getting ideas from the outside of the organisation
2. *Experience-based learning*—internal learning by doing
3. *Integration* of acquisitive and experience-based learning (mediated by the context):
 - knowledge articulation
 - knowledge codification
 - knowledge exchange

‘Configurations’ of capacity building for knowledge mobilisation

- *Individual-centred*—an individual based in a healthcare organisation is supported by or embedded into an external knowledge mobilisation team
- *Team-centred*—a team based in a healthcare organisation is working on a knowledge mobilisation project supported by an external knowledge mobilisation initiative.
- *Organisation-centred*—the whole organisation is involved in one or several knowledge mobilisation projects supported by an external knowledge mobilisation team

	<i>Individual-centred capacity building</i>	<i>Team-centred capacity building</i>	<i>Organisation-centred capacity building</i>
Capabilities developed	Individual ordinary and core capabilities, with some dynamic capabilities (the latter usually within the same project)	Ordinary, core and dynamic capabilities, both individual and organisational	Ordinary, core and dynamic capabilities (the latter not confined to the current project) at organisational level
Integration of externally acquired knowledge mobilisation skills and internal organisational knowledge	Possible if newly developed individual capabilities are in line with the priorities of a healthcare organisation and when effective knowledge exchange networks are in place	Happens through the combination of acquisitive and experience-based knowledge unfolding in the process of joint working within the team	Happens through established communication channels and knowledge sharing mechanisms within a healthcare organisation (e.g. practice meetings)
Boundaries to the spread of knowledge and capabilities	Between an individual and their organisation	Between a team and other groups and individuals within the healthcare organisation	Between different organisations

	<i>Individual-centred capacity building</i>	<i>Team-centred capacity building</i>	<i>Organisation-centred capacity building</i>
Relevance for a healthcare organisation	Low to high	Medium to high	High
Further development of capabilities within an organisation	Low	Medium	High
Resource investments	Low to medium	Medium to high	Medium to high
Potential application	When a combination of specialist expertise and knowledge mobilisation skills is required for a particular project	When a project requires a multiprofessional approach drawing on multiple interrelated capabilities	Feasible in relatively small organisations with existing capacity building oriented organisational culture

Practical implications

- Moving from 'building' capacity from scratch towards 'developing' capacity of healthcare organisations
- Moving from passive involvement in formal education and training towards active, continuous participation in knowledge mobilisation practices
- Moving from ordinary, lower-order, project-specific capabilities towards higher-order, generic, dynamic capabilities allowing healthcare organisations to adapt to change, absorb new knowledge and innovate
- Moving from individual-centred capacity building towards approaches targeting groups and organisations