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Crafting a System of Profound Knowledge Management in Long Term Care

Charlotte Johnston, PhD

Abstract

Healthcare industries face regulatory and funding challenges to improve quality and close knowing-to-doing gaps in healthcare. The study presents a substantive conceptual theory for crafting *knowledge management* (KM) in *long-term-care* (LTC); and extends Deming's theory of profound knowledge from an organizational to the individual level of action and decision making.

Problem.

World Health Organization (2005) called for KM solutions to close global knowing- to -doing gaps.

- CMS suggested deviations from care standards lead to thousands of deaths from medical errors.
- KM literature lacks construct consensus and organizing principles to address healthcare gaps.
- Lack of empirical KM studies in healthcare.
- Consistent call for research to probe a better understanding of KM process in healthcare.

Purpose

To seek a substantive conceptual theory of how KM is used to improve performance capabilities in LTC.

To take steps toward closing knowing-to-doing gap.

To expand the healthcare industry's understanding of KM strategies and performance interventions.

Relevant Literature

Knowledge management:

- Lack of consensus concepts and constructs.
- Lack of empirical study at individual level.

Performance improvement:

- Linked to best practices and lessons learned.

Quality management in healthcare:

- Mandated and regulated continuum of healthcare.

Performance improvement in healthcare:

- Knowledge translation process lacks clarity
- Systematic model needed to manage knowledge

The nature of knowledge:

- Widely disputed models spanning decades.
- *Western focus* data - information versus knowledge.
- *Eastern focus* tacit versus explicit elements
- Clinical research support for key categories.

Deming's theory of profound knowledge:

- Knowledge linked to theory and decisions.
- Organizational focus.

Research Questions

Central Question:

What conceptual theory explains how the process of knowledge management is used to improve organizational capabilities in LTC?

Preliminary Research Questions:

1. What individual and organizational processes explain the use of knowledge management to improve performance capabilities in LTC?
2. What factors within these processes enhance or inhibit the effectiveness of these initiatives?

Emergent Research Questions:

3. What is the nature of knowledge as it relates to knowledge management in LTC?
4. What is the relationship between the emerging grounded theory and Deming's (1993) *theory of profound knowledge*?

Procedures

This *grounded theory* study utilized:

- Data collected via semi-structured interviews.
- Sample of 11 knowledge creators, knowledge managers, and knowledge users from 3 facilities.
- Participants represented depth and breadth of primary clinical and regulatory processes in LTC.

Data Analysis

Conceptual framework from participants.

Coding with gerunds revealed core properties, theoretical links, and implicit relationships.

Journaling and memos revealed emergence of core categories.

Theoretically sampled data integrated for conceptualizing, and theorizing.

Findings

Long-term care KM process elements identified:

- *Sentinel data* : implicit knowledge trigger linked to theory and directed to action.
- *Bridging decisions* : action based on Implicit knowledge *versus* explicit knowledge resources.

Factors enhanced and inhibited KM initiatives:

- Lack of consensus for the *nature of knowledge*.
- Risk management focus.
- Resource dependency.

Nature of knowledge in LTC:

- Merges Eastern knowledge *creation* with Western knowledge *management* requirements.

Deming's Profound Theory of Knowledge:

- Organizational management philosophy
- Crafting KM integrates individual knower with *Deming's theory of profound knowledge*.

Limitations

Scope of the study did not allow for the depth and breadth of the entire healthcare continuum.

- Empirically investigated KM in LTC.
- May not be transferable to healthcare continuum.
- Small sample represented diverse range of participants from three LTC unique facilities.

Conclusions

LTC lacks systematic KM strategy to facilitate improvement of performance capabilities.

KM interventions in LTC are crafted, not created.

Sentinel data and bridging decisions direct and support individual KM interventions.

Cognitive structures individual knower linked to critical pragmatic decision making processes.

Profound system of KM needed to link individual knower to organizational resources .

Recommendations:

- Craft system of profound knowledge management in LTC.
- Provide systematic resources to support KM.
- Call for empirical research across continuum.

Social Change Implications

Supports WHO call for research to facilitate KM to close knowing-to-doing gap in healthcare.

Facilitates transition from reactive *risk management* to proactive *quality management* focus in LTC.

Provides deeper respect and understanding of critical role of knowledge users in LTC.

Potentially saves lives in LTC operationalizing KM application of best practices and lessons learned.