

## **Section 4.4**

# **Organizational Theory**

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# The problem of knowledge use in health-care organizations

- In principle, it is through the autonomy delegated to experts within the operating core of health-care organizations that the mobilization of up-to-date knowledge is ensured
- However, the practices of autonomous and highly qualified professionals guarantee neither the quality and safety of care, nor the adaptation or updating of practices to cutting-edge knowledge and technologies
- If such things were guaranteed, concerns about how to generate more evidence-informed practices would not be an issue



That expert organizations may at times underperform with respect to knowledge use is intriguing from an organizational perspective



# What is an organizational perspective on knowledge use?

- Taking an organizational perspective means scrutinizing the intellectual and system capabilities that organizations develop and nurture to improve their use of knowledge and, consequently, their performance, adaptation, and innovation
- This perspective draws on extensive scholarly work on learning organizations and evidence-informed management
- It addresses the concept of receptive capacity, which includes learning by organizational participants and their involvement in the creation and co-production of knowledge



# Why an organizational perspective on knowledge use?

- While the abilities to capture knowledge, to put knowledge into action, and to learn from experience is based on the behaviors, talents, and intellectual capacities of individuals

An organizational perspective on knowledge use emphasizes the steps organizations can take to stimulate closer connections among their decisions, operations, and emerging knowledge





# The organizational perspective posits three interrelated principles

- Experts and knowledge cannot be dissociated; each empowers the other
- Knowledge is a process phenomenon whereby internal and external knowledge consolidates organizations by circulating through them
- Codified knowledge plays a key role in sustainable organizational change



# Three key concepts

Knowledge as capabilities

Knowledge as process

Knowledge as codification



# 1. Knowledge as capabilities

- Capabilities are the properties that can stimulate attention to and use of knowledge
- When knowledge is **endogenous**, the challenge is to ensure its diffusion to other organizational units
  - For example, if leaders of a given clinical program develop ways of improving the functioning of multidisciplinary teams, processes should be in place to ensure the sharing of that knowledge with other appropriate units
- When knowledge is **exogenous**, the challenge is to capture it rapidly and to translate it into innovative practices and/or services within the organization



# 1. Knowledge as capabilities

- An organization can improve its ability to manage knowledge if its structure, strategy, and culture have certain characteristics (autonomy, flexibility, decentralization, group incentives, knowledge brokering, etc.)
- The concept of knowledge as capabilities holds that organizations will excel in knowledge management if they manage the tension between the autonomy of a decentralized structure and the need to stimulate professionals to improve their performance



## 2. Knowledge as process

- Knowledge as process looks at processes that condition knowledge's acceptability and potential
- Knowledge is seen as a dynamic and ambiguous entity characterized by fluid boundaries
- Social processes that support the constitution and circulation of knowledge in networks of organizations are regarded as determining levels of use and application



## 2. Knowledge as process

- The concept of knowledge as process suggests that the use of research-based evidence is contingent on the ability of people within an organization to agree on a common set of problems and to maintain cooperation and communication despite inevitable controversies
- Knowledge is used when it contributes to increasing individuals' problem-solving capacities, when it increases their sense of self-control over their working contexts and day-to-day practices, and when it reflects normative preferences of what an innovation should do



## 3. Knowledge as codification

- Knowledge as codification refers to knowledge that is embedded in formal and visible codes and well-circumscribed technologies
  - Codified knowledge in health-care organizations includes clinical practice guidelines, quality indicators, performance management systems, information systems, and electronic patient records



### 3. Knowledge as codification

- An organizational perspective on knowledge use sees both potential for and limits to the expansion of codified knowledge for governing health-care organizations
- Potential resides in the possibility of inducing desirable changes by providing information about processes and outcomes that support organizations in their improvement efforts
- Limits are found in the undesirable dynamics that codified knowledge systems can stimulate
  - In particular, the gaming that often develops in order to comply with expectations embedded in summary performance evaluations



# One should remember...

- Each of the three concepts embodies different strategies for promoting the use of knowledge or research-based evidence in health-care organizations and systems
- The three concepts reflect a constant tension between the search for conformity between research-based evidence and organizational practices and the need for *in-situ* learning and adaptation in order to bring about quality and performance improvement



# Summary

- **Knowledge as capability** underlines the potential of organizational structures and resources to support people in their attempts to use knowledge
- **Knowledge as process** emphasizes flexibility in knowledge use and the need to contextualize knowledge in order to adapt to local settings and dynamics
- **Knowledge as codification** focuses on the potential of sophisticated information systems to govern health-care organizations, an approach that is most beneficial when people confront their views on the information that can be extracted from such tools





# Some interesting questions to examine in the future

- What specific attributes and dynamics may transform codified knowledge into learning opportunities and improvements?
- What kinds of interplay between formalized knowledge systems and more organic processes may contribute to increased performance in health-care organizations?
- How do certain organizational assets (e.g., technology, new organizational roles such as knowledge broker) contribute to learning and improvements?
- How do new organizational forms such as networks stimulate knowledge exchange?
- Could the development of networks across various organizational forms and health-care systems increase mutual learning?



# Conclusion

- Organizations are resources capable of increasing the development and use of knowledge
- The net impact of strategies deployed to increase the use of research-based evidence in health-care organizations and systems highly depends on the enrichment of organizational contexts

