Author's response to reviews

Title: Sticky Knowledge-Lessons for transferring best practice in heath systems

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Rogers:

Rogers is the most positive of the reviewers. We have taken note of her comments and have made it clearer that our aim in this article is to describe S¿s ideas about knowledge being ¿sticky¿ by illustrating his key concepts using an example in primary care. We therefore have made the aim more specific ¿ so that we do not try and achieve more than that.

Rogers comments that S¿s ideas seem overly structured and that the real world is not so ordered, and draws attention to other theories. We acknowledge this issue and indeed agree ¿ but we do not wish here to enter a debate on other theories. We have stated as follows and quoted Stacey re complexity in organisations and the mindlines ideas of Gabbay et al.

Nevertheless, we recognise that this approach seems very structured and categorical whereas much of recent thinking has been about recognising the emergent, iterative and adaptive manner in which evidence is understood [30] and change develops ¿ suggesting that only certain aspects of any implementation remain under strategic control [31].

Pugh¿s review is more critical and she is not aware of S¿s work. I can assure her that his work is not really a repeat of other authors. His work is in my view original in that it intergrates two areas ¿ the communication theory (Shannon and Weaver) and van der Venn¿s work on implementation stages and builds a model of where knowledge is more likely to ¿stick¿. His book (PhD thesis) is not widely cited ¿ true ¿ but I think it has relevance outside commercial producers units trying to move knowledge from one unit to another.

We have however, acknowledged that this is only one approach among many relevant others. We do not wish to review the many other authors ¿ that is not our aim. We wished to illustrate a new idea using a case study and for others to be aware that it is possible to undertake empirical studies using S¿s ideas ¿ he has a questionnaire based on his categorisations that he used on many
companies that were trying to transfer ideas between units. This is the para that reflects these modifications and where we cite the authors Pugh suggests and which we agree have contributed to the field:

We recognise that there are many theoretical approaches. Roger’s work on the diffusion of innovation is a widely recognised starting point [7], but there are many others who have written about knowledge creation, notably Nonaka [8], about knowledge management [9] and the social life of information [10] on how organisations make sense of information [11]. However, recent work in the field of strategic management has examined the difficulty of spreading innovation [12] and the problem of transferring of best practice from one location to another [13]. In this article, we want to focus on one recent approach to this difficulty and consider its application to a health care context. The approach suggests that many difficulties occur because knowledge is sticky and difficult to move. This concept is novel for the health sector and requires discussion. Our article examines the concept of sticky knowledge and how it might help us bridge the gap between clinical knowledge and clinical practice.