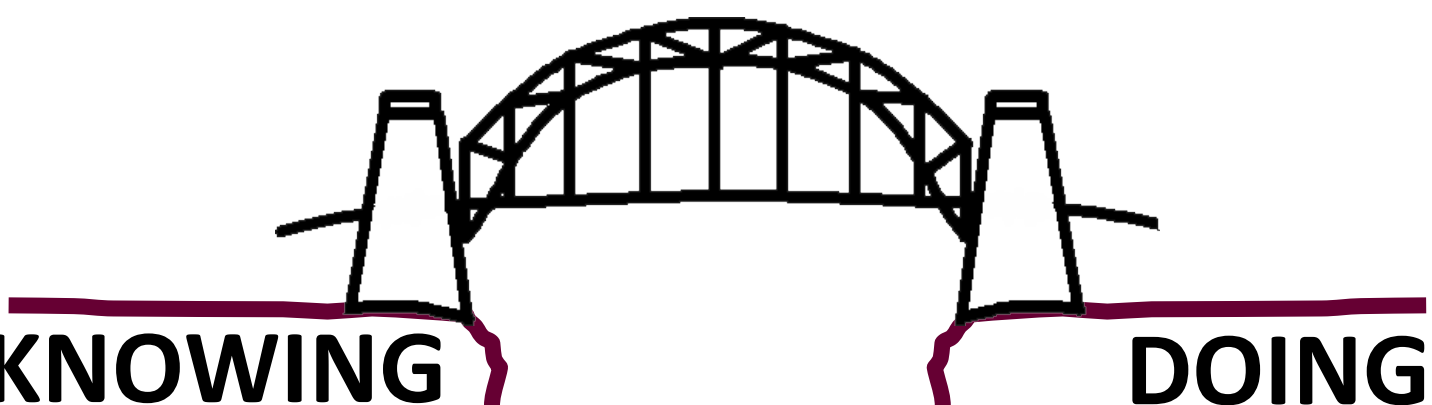


THE 'DARK SIDE' OF KNOWLEDGE BROKERING

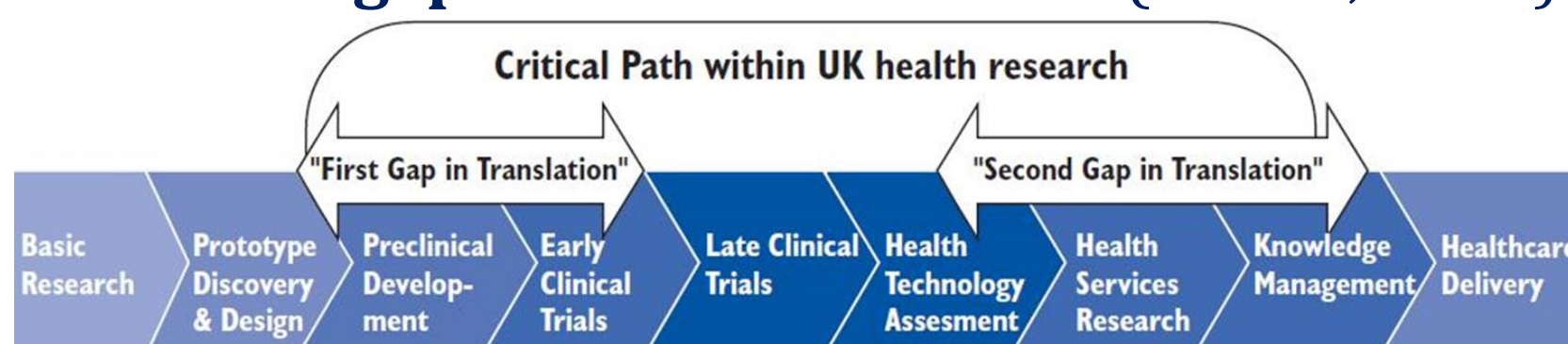
Dr Roman Kislov, Manchester Business School

Knowledge brokers

- ❖ **Where do they work?**
 - Inter-organisational networks
 - University-industry collaborations
 - Collaborative research partnerships
- ❖ **What formal positions do they occupy?**
 - Knowledge transfer associates
 - Diffusion fellows
 - Technology transfer managers
 - Knowledge exchange officers
 - Facilitators
- ❖ **What are they used for in healthcare?**
 - Translation of research evidence into clinical practice
 - Promoting interaction between researchers and end-users of research
 - Developing capacity for evidence-informed decision-making

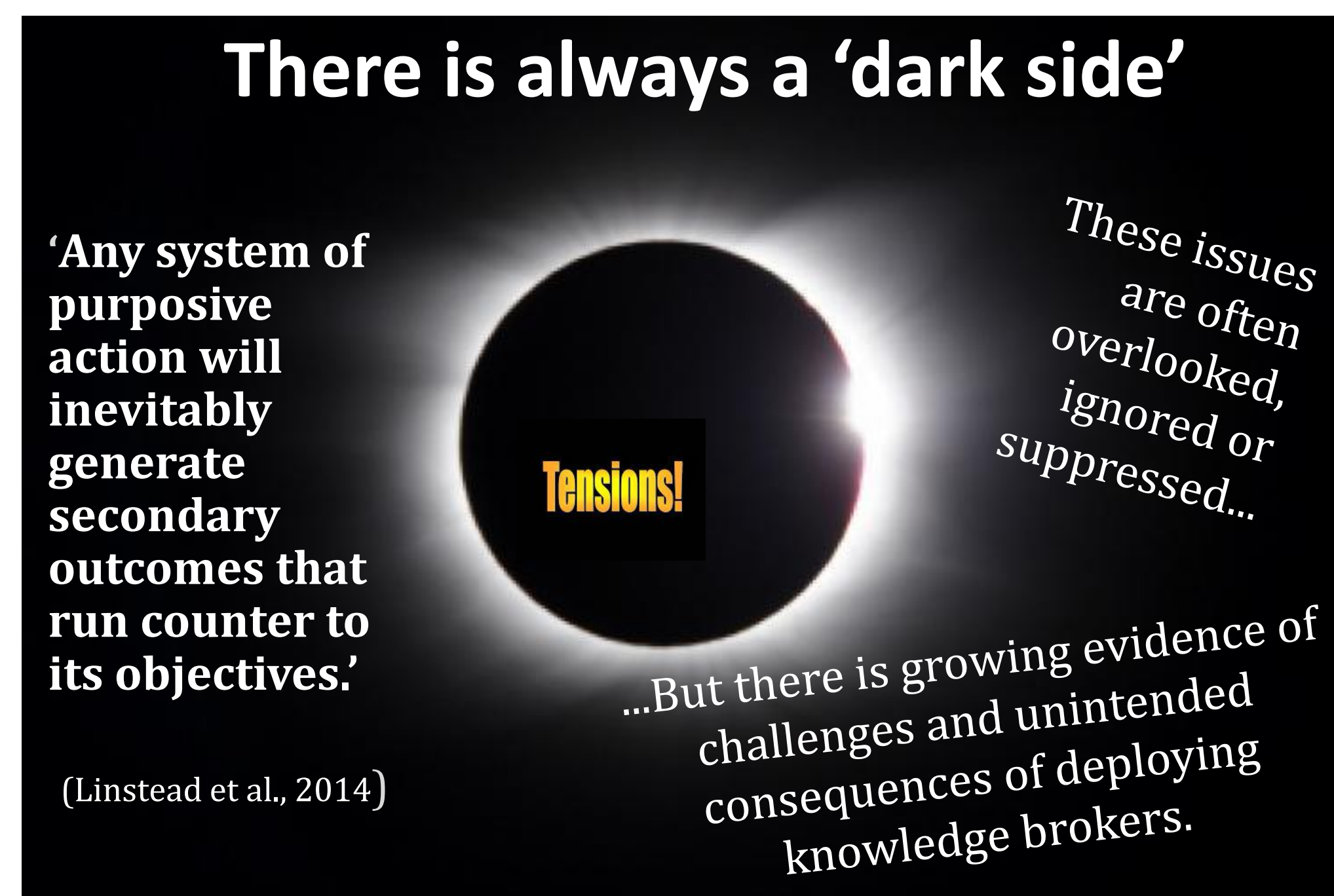
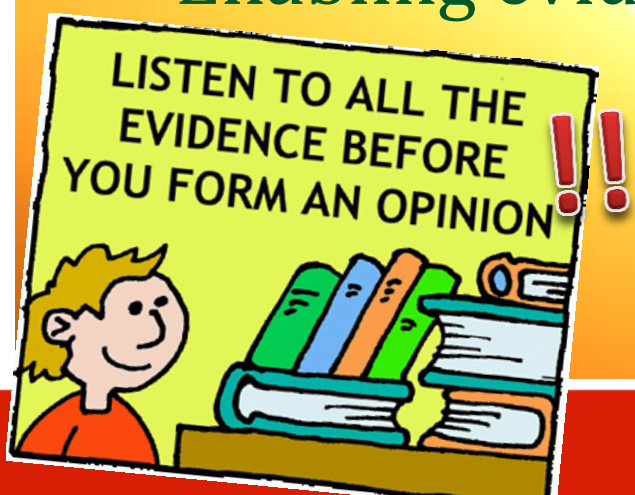


'Knowledge brokering is ... one of the 'in-between' missing pieces that can bridge the know-do gap for health services.' (Lomas, 2007)



The 'bright side' of knowledge brokering

- Spanning boundaries
- Bridging the gaps
- Helping knowledge to flow
- Enabling evidence-based decision-making
- Connecting practices
- Promoting collaboration
- Facilitating positive change



1. Tensions between different dimensions of brokering

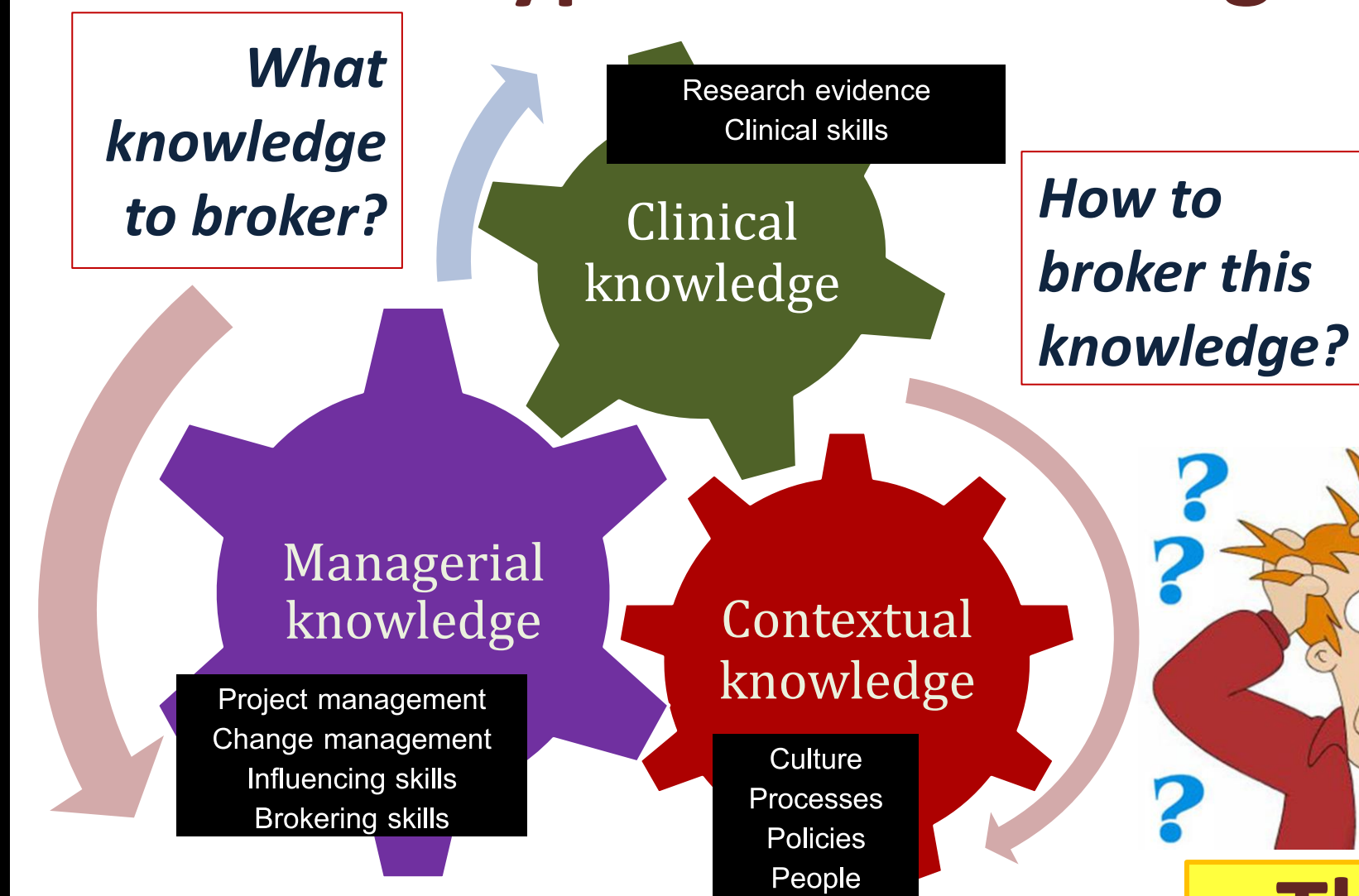


Facilitation often receives less attention than other dimensions, which threatens learning and sustainability

Sometimes knowledge brokers shift from *enabling others towards doing themselves*, with little brokering



2. Tensions between different types of knowledge



Who to deploy as a knowledge broker?..

...a clinician?	High clinical authority	Low managerial skills
❖ a doctor?	Significant influence	Lack of interest in brokering
❖ a nurse?	Limited influence	Clinical & contextual knowledge
...a manager?	Low clinical credibility	Managerial knowledge & skills

3. Tensions caused by 'in-betweenness'

- ❑ Lack of role clarity
- ✓ Ability to carve your own role
- ✓ Need to engage with multiple stakeholders
- ✓ Time is needed to embed knowledge in practice
- ✓ Peer support is helpful
- ✓ Need to maintain neutrality and equanimity
- ❑ Lack of guidance
- ❑ Feeling incompetent
- ❑ Unclear career path
- ❑ Feeling isolated
- ❑ Brokering not an organisational priority
- ❑ Most interventions are short-term
- ❑ Competition with other brokers for recognition and reward
- ❑ Too easy to be influenced by the more powerful party

The way forward

- ❖ **You can't do it on your own!**
 - Knowledge brokering is a **group process**
 - Multiple links** with healthcare practices at **different levels** are needed
 - Team members have **complementary skills**
- ❖ **Do not forget about the actual 'brokering'!**
 - Use policy-driven **targets and incentives** to advantage
 - But support the **facilitation of change** and brokering of **tacit knowledge**
 - Identify and engage with '**organic**' **knowledge brokers** who are already embedded in healthcare organisations
- ❖ **Support the brokers!**
 - Provide **learning, development and promotion** opportunities
 - Cultivate knowledge brokers' **communities of practice**
 - Acknowledge the importance of knowledge brokering** for organisational life