BOUNDARIES AND BROKERAGE IN A RESEARCH/ PRACTICE

COLLABORATION: Exploring intermediary roles in context

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## Abstract

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COLLABORATION: Exploring intermediary roles in context.

Through an ethnographic study of intermediary roles-in-context, this thesis makes an original contribution to the understanding of these roles as translational interventions. In English health services research, the second 'gap' in translation references a disjuncture between new modes of practice in theory, and the enactment of these in practice. There are different understandings of the problem. 'One-way' understandings assume difficulties associated with transferring knowledge into practice. Relational understandings suggest the problem is complex, and that the usual processes by which research is produced are problematic. These posit that co-productive and collaborative forms of research production can assist translation. Either way, the intermediary role is thought to have value as a translational aid. Such roles are known to be context- dependent. Their 'successful' enactment is contingent upon understandings of the broader translational problem. The experience of enacting intermediary roles has been little documented and is under-theorised.

With recourse to Bourdieusian and other social theory, I found that pre-existing power relationships, modes of practice, perceptions of the translational problem, ontological positions, and 'fields' were reproduced and bolstered by macro-level socio-political constraints. These formed boundaries that inhibited the realisation of a new collaborative way of working and impacted on the roles. The actors had little capital that could be mobilised to enhance their roles' potential as translational interventions.

I emphasise the importance of understanding the social fields in which such roles might be deployed in order to endow them with appropriate and sufficient capital to be able to be effective in knowledge translation. I make a case for greater account to be taken of social theory in translational research. I question the degree to which the experimental research paradigm can add to KT understandings, arguing instead that this is a context in which the value of qualitative research should be more widely recognised.

## Acknowledgements

In memorium

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# Glossary: Key Terms and Acronyms

AHC   Academic health centres

BS      Boundary spanners

CDA   Critical discourse analysis

CLAHRC      Collaboration for Leadership in Applied Health Research and Care

CLRN Clinical research network

CMO   Chief medical officer

CMPS Centre for management and policy studies CoP  Community of practice

DA      Discourse analysis

EAR   External advisory review

EBM   Evidence based medicine

EBP   Evidence based practice

KB      Knowledge brokers

KT      Knowledge translation or knowledge transfer

NHS    National Health Service

NIHR National Institute for health research

NICE National institute for clinical evidence

NPM   New public management

PCT   Primary care trust

PI      Principle investigator

RCT   Randomised controlled trial

RDS   Research design service

UK     United Kingdom

## Published Articles

Chew, S., Armstrong, N. & Martin, G. (2013) Institutionalising knowledge brokering as a sustainable knowledge translation solution in healthcare: how can it work in practice? Evidence and Policy, vol.9, no.3, pp.335-351.

Martin, G. P., Mc Nicol, S. and Chew, S. (2013) Towards a new paradigm in applied health research and practice? Collaborations for Leadership in Applied Health Research and Care' Journal of Health Organization & Management, vol. 27, no.2, pp.193-208.

## List of Tables and Figures

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# INTRODUCTION

*Knowledge is a boat we perpetually rebuild as we sail in it. At each point in our journey there may be only a limited and constrained set of alterations we can make to the boat to keep it seaworthy. In the end, however, we may end up with not a single plank or rivet from the original structure, and the process may go on indefinitely. (Gopnik, 2003, p.242)*

It has been documented in many fields that persistent gaps exist between what research shows to be effective and what actually happens in policy and practice. In the United Kingdom (UK), the Cooksey (2006) report identified two gaps in the translation of research to healthcare: the first references the translation of basic and clinical research into ideas and products; the second gap relates to introducing those ideas and products into clinical practice. In healthcare, the take up of proven-to-be-effective innovations is less than 50% (Haynes & Haynes, 2009). This 'knowledge-translation deficit' results in wasted resources and avoidable health inequalities (Lyons, 2010, p.11). Thus the challenge of getting evidence into practice is a pressing political and social concern (Kerner, 2006; Estabrooks *et al.*, 2008). Clearly, addressing this situation means identifying impediments to knowledge translation and developing ways to overcome them. A growing body of research is concerned with addressing this problem and knowledge translation (KT) or 'implementation science' is emerging as a discrete discipline whose growth is illustrated by the introduction of a dedicated journal, Implementation Science. As this new discipline moves forward, it has been informed by knowledge from other fields. In the new KT field, novel and established concepts and constructs converge and their utility can be explored. Many explanatory theories and models of KT and implementation have been developed (for summaries of these see; Sudsawad, 2007; Oborn *et al.*, 2010). It is increasingly recognised that the process of translating research knowledge into practice is idiosyncratic and complex, and demands the engagement of multiple actors and changes in systems and practice (Fixsen *et al.*, 2005; Mitton *et al.*, 2007). Rationalist, linear conceptualisations of the translation process are being replaced by more nuanced understandings, for example, 'networked' and 'relational' models (Oborn

*et al.*2010; Phipps *et al.,* 2012). These acknowledge the social contexts in which translation takes place. Resonating with the linguistic turn in the social sciences, the metaphors used to describe the 'problem', e.g. 'gaps' and 'translation' and 'transfer', have been critiqued for their routine invocation of linearity and how this perpetuates a very particular view of the issues (Davies, *et al*., 2008; Greenhalgh & Wierenga, 2011). There are calls for these terms to be replaced by others which better invoke the messy engagement of multiple players with diverse sources of knowledge which make up the context in which knowledge is realised and used, e.g. 'knowledge interaction' and 'knowledge intermediation' (Davies *et al.,* 2008, p.188). These terms have yet to widely take hold so, in the interests of not creating more conceptual confusion, I will be using KT throughout the thesis.

Nevertheless, there has been something of a paradigm shift from positivistic to more critical and constructionist approaches to understanding translation, at least within social scientific understandings of translation and, to some extent, at the level of policy and practice. This shift, however, is by no means universal. Initiatives such as the National Institute for Health and Care Excellence (NICE) and the Cochrane Collaboration have at their core the idea of informing policy and practice with evidence sifted through systematic review (see Torgerson, 2003). Positivist approaches to knowledge and knowledge production as evidenced, for example, by the 'gold standard' of the randomised controlled trial (RCT) that has been a key tenet of 'Evidence Based Practice' (EBP), retain much currency in healthcare settings (Martin, *et al.,* 2011). Such positions are further bolstered in society by the 'era of evidence based everything' (Davies, *et al*., 2008, p.188; for a similar argument, see also Oakley 2002).

Clearly, this has the potential to create the conditions for, if not exactly paradigm wars (Oakley, 1999) then at least paradigm discordance. Potentially at stake in these disputes is the 'territory' of knowledge. By this I mean the power to define and construct what 'knowledge' is. If knowledge is power, as often claimed, then the antecedent to that power is the ability to define what knowledge is; and, concomitantly, what constitutes 'professionalism' and 'expertise'.

Thus there is a need to understand the social, institutional and political relationships of institutions and actors to the research context (cf. Haines *et al*., 2004; Oborn *et al.*, 2010). Understanding the underlying ontological and

epistemological positions of the actors and structures which mediate those relationships is key to obtaining a more nuanced understanding of the problem of translation (Greenhalgh, 2010; Oborn *et al.*, 2013; Ward *et al.,* 2012).

As noted above, there is some acknowledgement in recent government documents (e.g. Cooksey, 2006; Tooke, 2007) that it is no longer valid to assume a unidirectional model of knowledge transfer, in which research findings automatically lead to a change in policy and practice (Britten, 2010). As a result, there has been a shift among policy makers towards endorsing less linear translational models, in which the users of evidence are acknowledged as key actors in the process of its production (Oborn *et al.,* 2010). Such shifts have given rise to novel forms of interventions aimed at better enabling practice based research. One of these was the establishment of Collaborations for Leadership in Applied Health Research and Care (henceforward, CLAHRCs).

Nine CLAHRCs were established in October 2008 by the National Institute for Health Research (NIHR) each funded with up to £10m, for five years. Their aim was to strengthen collaborations between universities and local NHS organisations so that patient outcomes could be improved through the conduct of applied health research and the implementation of its findings. Their approaches to enacting their missions varied (Walshe & Davies, 2013). This research is situated in ShireCLAHRC, which, in common with other CLAHRCs, drew on relational translational models in order to achieve its brief. As noted above, these models recognise the importance of linkage and exchange between the various groups involved in the translational process, and advocate an approach to the production and translation of knowledge which aligns to the growing co-productive discourse that has resulted from changing conceptualisations of knowledge and its production at policy and institutional levels. Thus, several CLAHRCs instituted roles designed to enhance dialogue and foster understanding between their partners. The roles in ShireCLAHRC were full-time posts, the management of them was divided between the executive core of the CLAHRC based at a university, and the NHS trusts where the posts were hosted. There were seven posts.

Roles such as these have been described in various literatures as 'boundary spanners' (BS) and 'knowledge brokers' (KB). Their defining characteristic is their intermediary and liminal relationship with the groups they

work between and with. Although (as I contend in subsequent chapters) roles which encompass some aspect of mediation work within them are not as novel as they are sometimes held to be, few such dedicated formalised posts have been documented in healthcare institutions. There is a growing body of literature concerned with understanding intermediary work as an intervention in itself, and highlighting its potential for enhancing knowledge translation (for example, Lightowler and Knight, 2013; Long *et al.*, 2013; see also *Evidence and Policy* volume 9, issue 3).

However, less attention has been paid to understanding the intermediary worker and their experience of inhabiting a role not subsumed into a single institution. There is a call for the study of intermediary work to be grounded in the contexts in which it takes place (Caswill & Lyall, 2013; Murdock, *et al.*, 2013). The application of social theory in order to better understand the role of the intermediary and the contexts in which such work might represent a useful intervention has been patchy. Yet a rich tradition of sociological, philosophical and social psychological scholarship has been concerned with the relationship of the individual and group membership to social systems, and the ways in which knowledge is realised and held within communities. This suggests that the ambiguous position of the intermediary, the phenomenon of intermediary work and the context in which it is enacted should be viewed through a lens crafted from such scholarship, to offer more sophisticated insights in a field where, to date, explicitly theoretically informed analyses have been lacking.

This approach to scrutinising these roles and their context foreshadows certain questions. For example, how might such roles (and the actors in them) gain and maintain legitimacy with the groups that they sit between? This is especially salient to contexts where groups are thought to have markedly different organisational and cultural standpoints, values and reward systems, for example, healthcare research and practice. In addition, little is known of actors' experiences of enacting intermediary roles. How might this form of work differ from usual organisational roles and what impact might this on an individual's career pathway? Further, is it possible that there could be an intermediary career? ShireCLAHRC's cohort of intermediary roles represented an opportunity to study the establishment and enactment of full-time dedicated intermediary work in

context, and explore these questions.

The main contribution of this thesis is to document the experiences of actors in intermediary roles, with recourse to a range of theories from the social sciences. I make a case for the importance of developing a more nuanced theoretical understanding of intermediary work and how it relates to the contexts in which it takes place. I argue that the study of intermediary roles as a translational intervention in the context of English health services research illuminates a higher level institutional problem that pertains more generally to issues of power and methodological legitimacy, born of a taken-for-granted orientation to a positivist, quantitative logic. This study is not intended to provide a blueprint for the *'proper'* enactment of intermediary roles or to *evaluate* their effectiveness. My intention, rather, is to illuminate the everyday realities of such forms of work, and bring to the fore potential considerations that might aid in the development of appropriate management and support strategies for intermediary workers.

Next, I give an overview of the contents of the thesis and summarise the contents of the forthcoming chapters.

## An Overview of the Thesis

Chapter 1 introduces the differing ontological and epistemological viewpoints that shape contemporary society and health services research. Understanding how these sometimes difficult-to-reconcile assumptions have come about, provides a background and some explanation for the complexity of the setting in which intermediary work takes place. I outline and trace the development of positivist approaches to knowledge, arguing that these have achieved a near-hegemonic status in certain reaches of society. This suggests that enacting interventions based on ideas and concepts (e.g. new understandings of knowledge production as a situated social practice) that have originated from a different tradition, relativism, may be problematic. To elaborate this argument further, the chapter begins with developments in philosophy which have given rise to alternative understandings of the means by which knowledge is realised or created and what the nature of knowledge is. These highlight the potential conflicts and constraints that can arise from the enactment and articulation of these alternatives

in positivist settings. Another theme explored in this chapter is the notion that change in the traditional means by which knowledge is produced should occur. Although there is some support for change amongst policy makers, practitioners and the academy, the motives for driving change are less consistent. They include, variously, closing gaps, improving patient care, gaining economic savings, and a re-specification of the social contract between science and society. Thus, although the ideas of collaboration and co-production are seemingly endorsed, what they are meant to achieve, and, therefore, how they should be enacted in practice, is less certain and vulnerable to contestation. Uncertainties surrounding motivation, enactment, and outcome are likely to impact on the form and function of intermediary roles often posited as having potential for facilitating co-production and collaboration.

Having set the scene for the 'why' of intermediary roles and highlighted why there might be a disjuncture between the roles in theory and enacting the roles in practice, in Chapter 2, I focus in on the roles themselves and review the literature that pertains to them. I give an overview of the concepts and labels that appear in a range of literatures. I show that the concept of the intermediary is sometimes endorsed and applied with seemingly scant prior attention having been paid to the deeper implications of such work. Often, despite the uptake of relational models of translation, such work is framed as a 'tool' or a simple intervention, and analysed in a way which divorces it from the context in which it is enacted. Further, I show that the intermediary role is compatible with linear interventions and relational interventions, thus illustrating how the form and successful enactment of intermediary roles as an intervention is contingent on the *a priori* vision of what that intervention is intended to achieve, a vision that may derive from different knowledge paradigms.

By the end of the chapter, I show how the enthusiasm shown towards knowledge brokering as a solution to the translational problem belies a lack of evidence supporting its efficacy, at least from a *positivist* perspective. This foreshadows questions of how such interventions can gain legitimacy in a domain (that of health services research) oriented to the positivist principles outlined in Chapter 1. I argue that evidence from literatures beyond those usually cited in support of knowledge-brokering roles in healthcare suggests that institutionalising

and enacting such work in practice may not be straightforward, not least due to the unusual nature of such roles and their potential misalignment with traditional models of work in institutions. I conclude that, although the concept of intermediary work continues to gather interest, both as an intervention in translational contexts and an object of academic study, there are sometimes problematic omissions in the ways that both domains approach the topic. Further, I illustrate that, in the field of knowledge translation in health services, the application of social theory to better understand the nature of intermediary work is patchy. There is a scarcity of research that has sought to understand the relationship of the context in which such roles are enacted to their emergent forms and functions.

Taking these considerations forward, in Chapter 3 I draw on a range of social theory to build my argument for taking a holistic approach to the study of intermediary work in health service settings. This approach is intended to understand the context in which it takes place. My primary frame of reference for this chapter is Bourdieu's theory, but I also introduce other theorists whose work concerns interaction and language, and the nature of boundaries. Thus, I bring together the components for a theoretical lens that allows a sense to be gained of how levels of context (macro, meso and micro) interrelate and, therefore, of the potential complexity of the power relationships, and social and institutional structures that might bear upon such work in a given setting. This approach enables me to identify the veiled philosophical assumptions and the more subtle and sometimes 'taken-for-granted' pressures and influences that come to bear on such work. Finally, I draw together the material from the preceding chapters and articulate the research questions that guided my data collection and analysis.

Chapter 4 comprises an account of how I sought to answer those questions. I describe my empirical field and the actors therein. I state my epistemological standpoint and situate this research within the ongoing debate in health services about what constitutes 'evidence'. Next, I outline my methods. I explain how and why I used more unusual forms of data elicitation, e.g. diaries and pictures, and reflect on how these might add to the other, more conventional data collection techniques used. As I describe my analysis, I make a case for a 'discursive

reading' approach to better understand the action-orientation of text and identify how 'actions' might reflect, and be predicated on, the philosophical assumptions described in Chapter 1. Afterwards, I reflect on my time 'in the field' and my role as researcher.

In Chapter 5 I introduce the empirical section of my thesis. I emphasise the need to consider those chapters as interrelated parts of a contextual whole rather than as discrete representations of different 'levels' of the setting. I summarise the rationales behind the intermediary roles and, more broadly, the intended changes in research production that were touched on in the opening two chapters. Further, I give an overview of how I used the theoretical ideas discussed in Chapter 3 to understand the research setting and the data. The chapter ends with a 'vignette' drawn from my field notes about a healthcare trust's research conference. This illustrates some obvious tensions between principles and practice that were articulated by some of the actors in this study. This foreshadows the later data and analysis that explores how similar tensions arose in the wider research setting.

In Chapter 6, I illustrate how boundaries in the collaboration were created by pre-existing institutional and social relationships. I explore how the collaboration's routines and procedures contributed to the boundaries that became relevant to enacting collaboration, and how these may have impacted on the realisation of a new co-productive form of research practice. I also give an account of the settings in which the intermediary roles were enacted, setting them in context for Chapters 7 and 8. I show how the roles developed in response to the constraints and pressures of pre-existing and persistent assumptions concerning knowledge production, expertise and professional legitimacy.

Chapter 7 deals with the social groups involved in ShireCLAHRC. I link these to the concepts of field, capital and habitus described in Chapter 3. I show how the 'default' assumptions of groups and individuals provided the basis for their actions. I argue that these assumptions impacted on the realisation of co-produced research in practice. I illustrate how the boundaries instantiated by individuals' orientation to specific fields manifested at an interactional level, and came to be relevant to the daily practices of the actors.

In Chapter 8, the intermediaries' experience of their roles is central. Their experience is related to social psychological constructs, such as 'self-concept' and

'social identity'. These align to the Bourdieusian notion of disposition, as they are relational to habitus and fields. I reconstruct a collective narrative of a common experiential pathway that highlights some key issues associated with intermediary work. I link this to the existing literature and reflect on how my findings might inform future interventions.

Together, the empirical chapters illustrate how the roles developed, in response to the constraints and pressures of pre-existing and persistent assumptions concerning knowledge production, expertise and professional legitimacy. They illustrate some of the boundaries produced by individuals' orientation to specific fields which manifested at multiple levels.

In the discussion and conclusion, Chapter 9, I consider how my findings speak to broader theoretical and methodological debates within and beyond the context of intermediary roles and KT. Here, the substantive content of the thesis is framed as a contribution to the realisation of a more nuanced understanding of the intermediary role as a translational intervention in the context of contemporary healthcare services. In addition, it adds to broader epistemological and ontological debates within health service research by further articulating the need to critically examine the assumptions that are routinely embedded in research practice. Finally, in accordance with other authors (Davies *et al*., 2008; Greenhalgh 2010; Oborn *et al*., 2013). I emphasise the need for translational science to become a trans-disciplinary field which admits, and holds as legitimate, a plurality of knowledges and that recognises the 'wickedness'(Ferlie *et al*.,2011; Fitzgerald *et al*., 2013) of the KT problem.

My approach to this research aims to situate the ShireCLAHRC intermediary roles in the context in which they were enacted, and to take into account the macro, meso and micro levels of that when presenting and analysing my data. As noted above, I draw on a purposively broad range of literatures and concepts. I am aware that there is a tension to be negotiated between breadth and depth when presenting the findings from a large data set. I have elected to err on the side of breadth for the reasons stated above, and, because this is more consistent with the trans-disciplinary ethos that informs my work. Throughout the course of this project, I have become cognisant of the need to move beyond disciplinary boundaries if nuanced and holistic understandings of complex social phenomena,

such as the production and the translation of knowledge, are to be realised. I believe this approach represents the most fruitful way of shedding light onto the world of the intermediary.

# CHAPTER 1: THE PURSUIT OF KNOWLEDGE

In this chapter I explore some concepts that are salient to the broader context of the intermediary work which is my central concern, for example, ontology and epistemology. In brief, ontology is concerned with determining what knowledge is and epistemology is concerned with determining appropriate methods for realising knowledge. It is known that differing ontologies may be problematic components of the boundaries that demarcate groups in the context of knowledge translation and production; for example, those that define policy makers and researchers, researchers and practitioners, quantitative and qualitative researchers (see Greenhalgh *et al.*,2011; Martin *et al.*, 2011; Swan *et al.*, 2010). My aim is to describe the 'bigger picture' that forms the background of my empirical field and illustrate the landscape of research practice in society, the relationships of the groups within it, and how and where particular ontologies have arisen and hold sway. I argue that it is important to take into account the problems associated with contradictory ontologies, and I conceptualise these as pervasive features of the social world *in general* rather than considerations peculiar to the interfaces of specific groups. My aim is to show that the potential for the 'collision of logics' is a feature of *all* levels of the social contexts in which knowledge is used and produced (Swan *et al.,*2011,p.1311).

The logics or ontologies that I am concerned with here are positivism and relativism. I am mindful not to portray these as 'adversarial' positions. I recognise that these are the ends of a philosophical spectrum and represent extreme positions. Rather, my aim is to illustrate how these extremes colour the world of health services research practice. Thus, I outline the philosophical traditions that have given rise to the instantiation of modern-day translational initiatives. I describe how critical understandings of knowledge and its production have arisen from the social sciences and how, although these have contributed to the new initiatives, suggest that such understandings may not be widespread in the contexts in which the initiatives are actually enacted.

I am also concerned with certain ideas or discourses of improvement in contemporary policy, research and practice, specifically, 'collaboration', 'co-production' and EBP. I explore the ontological assumptions behind these that can be used to legitimise them as improvements to research and practice. Often, these ideas converge in the context of health services research and the intermediary role is seen to be a means by which these improvements can be realised.

As I move through the thesis, it will become evident that problems associated with these ideas bear directly on my research setting, in particular, the enactment of ShireCLAHRC, the dynamics of the collaborative process, and the situated practices and relationships of the actors concerned. Thus I scrutinise these ideas more closely and offer an overview of them which reveals some taken-for-granted assumptions embodied in them.

My purpose in taking a critical perspective towards knowledge production is not to make to make a case for the wholesale deconstruction of normative scientific practice, but rather to illustrate that there is a need for such assumptions to be routinely considered and problematised in the context of translational interventions. In this way, I align my research with a critical strand of work in healthcare centred KT, which challenges the idea of 'universality' that is held to be 'haunting the KT literature by unrealistically ignoring history cultures and institutional forces' (Oborn *et al.*, 2010, p.426; for a similar argument, see also Zhu, 2006).

I begin the chapter by discussing these ideas or discourses, and I show that collaboration and co-production can be considered to be vehicular concepts (McLennan, 2004). I link the notion of vehicularity to strategic vagueness (Wexler, 2009) and wicked problems (Rittel & Weber, 1973). I argue that the moral imperatives embedded within collaboration, co-production and EBP might facilitate consensus to be formed around them. Taking the idea of EBP forward, I next argue that the idea of EBP as a realisable 'absolute' is based on assumptions derived from a positivist worldview. I continue with a brief résumé of the historical development of research practice. I aim to illustrate how differing ontological approaches to the realisation of knowledge have emerged, and to give a sense of how these give rise to differing understandings of the translational 'problem'. These influence the context in which interventions are enacted, and therefore potentially bear on their

success or failure.

I show that, beyond the academy, the prevalence of positivism has achieved near hegemonic status. I argue this dominance is enabled by a 'value' inferred by tradition, mundane familiarity and seductive promises of certainty and predictability. This idea is consequential for this thesis since, as I will argue, this contributed to many of the problems that were encountered when ShireCLAHRC attempted to put into practice: co-production, collaboration and intermediary work.

Next I question the degree to which there is a sufficiently strong impetus or consensus, within the context of English health services, to change the traditional means by which knowledge is produced to align more with the ideal form of co-production and trans-disciplinarity. Various motivations for change, ranging from the altruistic to the instrumental, are articulated; the form, purpose and the legitimacy of change is debated and contested by government, the public, researchers and practitioners. I give a brief account of some of the broader, macro-level policy influences that have contributed to the interest in co- productive KT initiatives, such as CLAHRCs. The prominence of the term 'collaboration' in CLAHRC implies that this is perceived to be a necessary condition for the realisation of a solution to the problems that they have been designed to address. But 'collaboration' belies the magnitude of the re-negotiation needed between the domains of research, policy and practice in order that a consensus be established about how it can be enacted in practice. It is known that successful collaborations between existing and different organisational domains, such as research and practice, are difficult to realise without considerable planning and negotiation (see for example, Leavy, 2012). Another idea which forms a central theme of the CLAHRCs is 'co-production':

> We think it has been a great strength of the CLAHRCs that they have developed and set their own research agendas, as part of the competitive bidding process, and through extensive interactions between researchers, clinicians and managers thereafter, although we suspect there has been a varying level of real discussion and engagement within each CLAHRC partnership.
> (Walshe & Davies, 2013, p.10)

As this quote suggests, there is some suggestion that not all the CLAHRCs engaged in the level of dialogue needed to realise co-production. It is known that a number of uncertainties need to be resolved if these ideas are to become normative tenets of research practice. Broadly speaking, these centre on two interrelated questions: what specific aspects of existing research practice should be changed; and who has the legitimacy and necessary expertise to decide? Arriving at any approximation of an answer to either question will likely involve engaging with complex social phenomena and embedded cultural understandings. For example, the following all have the potential to bear on the form of such answers: professional hierarchies, ontologies and epistemologies, political interests, ideas of 'expertise' and economics (Currie *et al*, 2011; Leavy, 2012; Oborn, *et al.,* 2010). Differing positions with respect to these constitute much of the 'material' of the boundaries that demarcate the groups who are to collaborate and co-produce.

In the course of giving a sense of the various areas of contestation and debates in the context of knowledge production, I outline the visionary concept of 'Mode Two' knowledge production (Gibbons *et al.*,1994). This claims to offer a socially inclusive and just form of science. I give a brief overview of the relationship of government and the academy, and give an account of how, in the modern era, this relationship has been made more complex and, to an extent, more conflicted by evolving notions of what knowledge is and its production as a good. Tolstoy refers to this dynamic as 'the knowledge-power feedback loop' (Tolstoy, 1990, p. ix);

> as science became more effective, so it became more
> desirable as a tool of economic prosperity, and this in turn has
> led to the expansion and interest in scientific development by
> governments (Tolstoy,1990,p ix).

I reflect that the commodification of knowledge and the emergence of knowledge as capital influences the pursuit of knowledge. It is widely acknowledged that the pursuit of knowledge is a social activity, but its trajectory and purpose is inextricably linked to the fact that it generally results in the capture of exchangeable commodities.

To summarise, there are alternative understandings of the processes by which knowledge is realised or created and what the nature of knowledge is. I

highlight the potential conflicts and constraints that may arise from the enactment and articulation of these alternatives in social systems. I offer an overview of some sometimes conflicting logics and rationales that have led to the establishment of collaborative and/or co-productive interventions and evidence based practice. I look beneath these compelling ideas, describe what lies there, and show the potential of that to impact on the enactment of both ShireCLAHRC and the intermediary roles.

## Vehicular Ideas and Wicked Problems

This section explores some of the potential difficulties associated with enacting these ideas in practice (collaboration, co-production and evidence based practice, above). Collaboration and co-production have certain features in common. Firstly, they are 'vehicular' in nature. McLennan (2004, p.485) uses vehicularity to describe ideas which are imbued with an inherent vagueness and mobility which allows them to move between domains. The ease with which such ideas move resides in their transmutability; that is to say, as they move across contexts they adapt and are adapted (Smith, 2013). This quality means that such ideas, on their own, are not necessarily harbingers of, or catalysts for, change.

Secondly, it is known that 'strategic vagueness' (Wexler, 2009) can stall attempts to put such ideas into practice because the challenges of gaining consensus for an actionable strategy in the face of multiple voices, interests and possibilities at the level of practice may be underestimated (Wexler, 2009.). But such ideas are espoused routinely in policy as viable solutions to society's many 'wicked problems' such as crime, poverty, and health inequalities (Rittel & Webber, 1973). I argue that the problem of KT in health services exhibits wickedness. Wicked problems have certain key characteristics. The solution to a wicked problem depends on how the problem is framed and vice-versa (i.e. the problem definition depends on the solution). In a 'wicked' context, stakeholders have radically different world views and different frames for understanding the problem. Further, wicked problems have no 'centrality': the cause of the problem is not discrete; rather cause is distributed across time and society. Collaborations, co-production and trans-disciplinarity are held to be the means by which such

problems might best be addressed. This is because the dispersed nature of the problems means that tackling them is beyond the scope of a single institution or discipline; solutions to wide-ranging problems demand the use of a wide range of knowledge (Rittel & Webber, 1973).

I contend that, to an extent, ideas such as collaborations, co-production and trans-disciplinarity persist as 'solutions' in spite of their attendant problems, because they share a moral component which makes them intuitively attractive, and difficult to contest. I should also point out that I do not disagree *in principle* with these ideals. Rather the aim of this thesis is to give some account of the scale of change necessary to actualise them, and the magnitude of the barriers that impede their realisation. Next, I turn to EBP and discuss some of underlying assumptions associated with this solution.

EBP, although less vague in terms of what it might look like in practice than collaboration and co-production, also embodies a moral component. For example, it is surely incontestably morally *'right'* that any practice should be informed by something more valid than self-interest or whimsy on the part of the practitioner, be they government or individual. But, as I will discuss later, delving beneath the surface reveals that the philosophical assumptions that EBP can privilege, might put artificial boundaries on what constitutes 'evidence'. Somewhat paradoxically, this both potentially constrains the scope of research and limits the range of knowledge that can inform the best evidence that EBP is intended to realise. Furthermore, EBP encourages a social order in which one's position is defined by one's relationship to the means of normative forms of knowledge production. The idea of knowledge production as taking place in a 'field', in the Bourdieusian sense, will be explored in Chapter 3. I suggest that there might be some tension between evidence based practice and the ideals of social equality embedded in collaboration and co-production. In later chapters, I will show that the field of my research was one in which these concepts did indeed converge. As such, it represented an opportunity to understand how they shaped the situated practices of the actors.

## Ontologies and Epistemologies: What Lies Beneath?

In this section, I look more closely at differing understandings of what

knowledge is, and how they are premised. The salience of this to the specific issues addressed in this thesis will become evident later, as such understandings were displayed and oriented to, by the actors in my research field. In the introduction, I described changes in the process of knowledge production. Now I give a brief overview of what is sometimes referred to as the 'standard view' of scientific knowledge, and the 'normal' processes by which it is held to be realised.

The Enlightenment saw a paradigm shift amongst scientists and philosophers. Truth was no longer universally held to reside in scripture and the realm of the sacred. Instead, with the application of systematic, deductive methods of investigation, human bias could be avoided (Shapiro, 2005) and absolute truths discovered. According to Enlightenment thinkers, ordinary reasoning is fraught with errors and biases, and the senses are unreliable. Only through refined reasoning, especially through the application of logic and mathematics, was it thought possible to gain *certain* knowledge (Polkinghorne, 1986). The Eighteenth century brought a revolution in measurement: precision. This was largely as a result of the technological development of instrumentation: for example, thermometers, clocks and barometers. These two developments (the rise of the scientific method and the development of technology for measurement) formed the basis of a new and powerful paradigm which held sway in the academy and society:

> This quantificational spirit was broader than specific technologies of measurement and calculation; it was as much to do with ideas of order and system as the normative foundation of technical practices (Heilbron, 1990, cited in Power, 2004, p.766).

In contemporary society, quantification retains its position as a strategic means by which uncertainty can be managed, and as a predicate on which judgements can be more easily made (cf. Potter *et al.,* 1991, Power 2004). Measures create and reproduce social boundaries, replacing ambiguity and variation with clear distinctions between categories of people and things (Desrosieres, 2001; Potter *et al.,* 1991). When such measurements enter the realm of the social, they are often held to be self-evidently valid (Desrosieres, 2001).

Since the 1980's quantification in policy and practice, especially in the public services has increased. It is argued that 'new public management' (NPM)

has resulted in an audit culture with an overemphasis on 'results' (Hughes, 1998; Strathern, 2000). This requires the measurement of performance against objectives, with defined responsibilities for achieving these objectives, and the use of data, especially cost and output information, to evaluate performance. In 2004, 10 top-level targets applying to the Department of Health in England were translated into some 300 subsidiary targets for the various public sector health-delivery organizations for which that department was responsible (Hood, 2006). Quantification can be seen to represent a *normative* aspect of public sector practice (Keasey, 2009). The move to quantify has attracted the attention of scholars, and the 'sociology of quantification' is an emergent field which seeks to explore the implications of quantification across diverse social fields:

> Our understanding of crime, health, public opinion, poverty and intelligence are just a few examples of how measures help transform individual experiences and events into general categories or characteristics. (Espland & Stevens, 2008, p.412)

The sociology of quantification recognises quantification as a social action that can have multiple purposes and meanings (Espland & Stevens, 2008). It is argued that by analysing situated instances of quantification, these purposes and meanings can be revealed (Espland & Stevens, 2008). The aim is to show:

> How 'quantitative authority' is accomplished and mobilized, how it gets built into institutions, circulates, and creates enduring structures that shape and constrain cognition and behaviour (Espland & Stevens, 2008, p. 419).

Accordingly, in Western society, it has been posited that there is a dominant positivist 'paradigm' (Espland & Stevens, 2008). Its praxis has its roots in physical science, and it can be understood to hold sway as a mundane, pervasive, 'lay ontology' bolstered by the traditions of the academy and the seductive 'certainty' that positivism promises. Positivism holds that the world is based on unchanging, universal laws, and at its extreme claims that everything that occurs around us can be explained by knowledge of these universal laws. From this perspective, it is assumed that certain objects and processes exist in the physical world, that certain events occur consistently, and that stable relationships persist. Such objects constitute facts which are, therefore, discoverable and verifiable through the application of

experimental scientific methods.

It is premised that these are neutral and that the results they produce may be described in a way which represents their observed reality. Epistemologically, the investigator and investigated are independent entities. Therefore, the investigator is capable of studying a phenomenon without influencing it or being influenced by it; 'inquiry takes place as through a one way mirror' (Guba & Lincoln, 1994, p.110). The goal is to measure and analyse causal relationships between variables within a value-free framework (Denzin & Lincoln, 1994). Techniques to ensure this include randomization, blinding, and large sample sizes. Statistical methods ensure that samples are 'representative' and can be used to further affirm the 'factual' status of the knowledge produced (Carey, 1993). 'Once established, facts remain unaffected by interpretative advances' (Mulkay, 1979, p.29). But it is argued that:

> Intellectual activity, including the meta-activity of reflection on the forms of knowledge, is, of course, shaped by different national traditions and anchored in a range of social practices (Snow, 1959 p.xi).

Understanding the paradigms and philosophical assumptions that underpin the social world and social behaviour is important. Different assumptions about the nature of the world and what 'reality' 'is' (ontology) allow different conceptualisations about what is 'knowable' (epistemology) and are constitutive, of 'evidence' about the world. These shape the practice of research and the policy derived from that research. Why this matters is summarised in the following quotation from Robert Merton, which situates such conceptualisations in society and makes explicit their link to social praxis:

> the perspectives [on knowledge] provided by the various sociologies of knowledge bear directly upon problems agitating the society. It is then that difference in the values, commitments and intellectual orientations of conflicting groups become deepened into basic cleavages, both social and cultural. As the society becomes polarised so do the contending claims to truths. At the extreme an active and reciprocal distrust between groups finds expression in intellectual perspectives that are no longer located within the same universe of discourse (Merton, 1972, p.9).

# The Development of New Methodological Approaches for Realising Knowledge

Moving beyond the Enlightenment, twentieth century thinkers began to take a more critical view of the production of scientific knowledge (cf. Mulkay 1979; for a more recent review see Fuller, 2000) and in particular, the ideal of objective scientific discovery. The origins of this new critical perspective can be largely traced to Kuhn, whose 'The Structure of Scientific Revolutions' (1962) served to aim a 'broadside' at the legitimacy of positioning positivist enquiry as neutral within the philosophical community, and to bring such issues to the fore within the scientific community.

Kuhn's central idea was that the development of science is driven by adherence to a 'paradigm' or orthodoxy. A paradigm can be thought of as a 'mental model' which serves to conceptualise phenomena and provide tools for enquiry. When a paradigm suffers explanatory 'failure' and 'anomalies' arise which it cannot explicate, a crisis arises (Kuhn, 1962). This precipitates a scientific 'revolution'. So, for example, in pre-Enlightenment times, Galen's paradigm understood human disease and human behaviour as a function of the balance of four humours. Clearly, this idea has been set aside and few would see modern medicine as having 'evolved' directly from this knowledge. This illustrates Kuhn's (1962) suggestion that science guided by one paradigm would be 'incommensurable' with science developed under a different paradigm. Contemporary doctors would have little in common with a humourist physician and would probably not consider them to have contributed to modern medicine. However, Kuhn's model has been criticised for its own linearity, and it is now accepted that paradigms can coexist: for example, competing interpretations of quantum phenomena yield rival paradigms of the subatomic world (Power, 2004).

When considering the social world, it is possible to use scientific methods to research the biology and physiology of individuals, but it is harder to see how these methods can be employed to investigate social practices, culture behaviour and interaction. In effect, it was realised that positivism was proving inadequate and that the prioritisation of, and adherence to, quantitative methods could constrain enquiry. But, such critical perspectives are not yet widespread in health services research and

their influence is limited. Post-Kuhn, in many of the social sciences, the neutrality that was assumed by the positivist perspective engendered criticism. The degree to which scientific enquiry is a process that transcends the conventions of the social contexts in which it is enacted attracted scrutiny, as did the legitimacy of universally extending experimental methods to the study of all aspects of the social world. This question of socially held ideas about methodological 'adequacy' and 'inadequacy', coupled with the normative status of quantification, forms one of the central themes of my thesis.

I contend that it is centrally relevant to the business of contemporary health services research. It is known that there is more guidance available for the assessment of the validity and reliability of quantitative research than there has been for qualitative research (Dixon-Woods *et al.,* 2001; Oakley 2002). Further, methods for summarising research evidence delineated by proponents of EBP, e.g. meta- analyses and systematic reviews, often exclude data which is not quantitative and/or experimental (see, Dixon-Woods *et al.,* 2006). It can thus be argued that often what comes to be framed as the best 'evidence' is the result of a selective and subjective process.

I should state that my objective in this research is not to decry the validity of experimentation /quantification; rather, I seek to add my voice to those who argue for a more widespread acknowledgement of its limitations and the wider acceptance of what alternative forms of enquiry have to offer. In the next section, I show how the uptake of Kuhn's ideas beyond the domain of philosophy provided the grounds for more nuanced approaches to the research of social life to be developed.

## The Social Sciences and Interpretive Forms of Enquiry

Since the 1970's, newer paradigms have inspired a search for alternative methods of enquiry (Lincoln & Guba, 1985). In the social sciences, particularly, this paved the way for more 'interpretative' forms of research. This answered the call for methods that could address complex social phenomena (for example, those pertaining to social meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of enacted phenomena) that could not reasonably be transformed into experimental variables. Further, the twentieth century saw the development of the sociology of knowledge. This strand of sociology is

concerned with the relationship of knowledge and culture and how the characteristics of systems of thought relate to social context. The new critical approaches recognised that even the most esoteric features of scientific and mathematical knowledge can be understood as social constructs:

> That scientific facts are not so much reflections of the world as persuasive texts accomplished within and shaped by a complex of contingencies and circumstances. This is a significant achievement because it shows that no kind of knowledge need be exempt from critical scrutiny: in particular scientific knowledge need not be seen as a special case (Woolgar in Ashmore, 1988, p. xvii)

These new critical and relativist approaches demanded novel forms of enquiry, for example, ethnography, grounded theory, phenomenology, case study research and other qualitative methods. Such methods are intended to be:

> An enquiry process of understanding social and human problems based on building a holistic picture (Creswell, 1994, p.1).

Underlying these methods is the epistemological assumption that 'reality' is socially constructed (Berger & Luckmann, 1966) and is not reducible to measurable variables. Thus, epistemologically, there is no access to reality independent of our minds and no external referent by which to compare claims of truth. The investigator and the object of study are interactively linked so that findings are mutually created within the context of inquiry (Denzin & Lincoln, 1994; Guba & Lincoln, 1994).

But the new critical perspectives and the qualitative research paradigm have not been universally taken up, resulting in what Oakley (1999) terms 'paradigm wars'. That is to say, a 'battle' exists between qualitative (usually relativist) and quantitative (usually positivist) epistemologies, the research practices they predicate, and the status/value of the knowledge they generate. The degree to which these 'wars' are fought depends to some extent on the discipline under consideration. For example, Biglan (1973) makes a distinction between hard and soft disciplines. Hard disciplines (e.g. chemistry) are those in which there is a high degree of paradigmatic consensus on the appropriate methods for

investigating phenomena of interest. Soft disciplines are those where there is little paradigm consensus (e.g. education). More recently, research examining prevalence rates across multiple disciplines using Biglan's classification scheme has shown that in lower-consensus disciplines such as sociology, education, and nursing, quantitative studies still account for the majority of published articles (Alise & Teddlie, 2010). Whilst it is not known with certainty what accounts for this imbalance, it *is* known that there is often a relationship between funders' ideas of what constitutes appropriate research and the resultant form of bids that researchers submit (Smith, 2013). As Pill (2004, p.193) comments:

> If reviewers and grant giving committees are adherents of positivist science they can be reluctant to fund proposals based on different epistemological assumptions and ontological assumptions.

The emergent field of knowledge translation represents only a partial exception to this rule. It incorporates ideas associated with the constructivist paradigm. However, the knowledge it is concerned with translating is often derived from a positivist paradigm and destined for use in a social context populated by diverse actors with accordingly diverse ontological and epistemological inclinations:

> reflexively constructed knowledge has been the function of the humanities but over the years, the supply side, departments of philosophy, anthropology history, of such reflexivity has been disconnected from the demand side. That is, from business people, engineers, doctors, regulatory agencies and the larger public who need practical or ethical guidance on a vast range of issues (Gibbons *et al.*, 1994, p. 8)

All individuals routinely use philosophical predicates in decision making: paradigm wars are not exclusive to the dark reaches of social science. The difference is that in daily life they largely pass unnoticed, embedded in routine argument.

To summarise thus far, I have given a summary of how alternative philosophical approaches to understanding knowledge have emerged in the twentieth century and shown how this has given rise to alternative research

paradigms. Consequently, the neutrality of the 'normal' research process and the positioning of modern science as a field which can be entrusted to self-governance without the need for state regulation or social interference has, and continues to be, questioned (cf. Fuller, 2000).

Thus, questions such as who has the legitimacy to decide what research should be pursued, who should pay for it, and how the process should be governed, have emerged. The sphere of enquiry has become a contested space, populated with new power relationships, particularly with respect to production and governance. It can be seen that addressing these questions, in practice, in the public sector, where accountability, political and economic pressures inevitably come to bear on them, is not easy. Conditions have emerged that legitimise a more sceptical stance to be taken to claims of the neutrality of science. Nevertheless, positivistic reasoning retains a dominant position in society.

Having discussed how differing paradigms make different positions with respect to knowledge, and knowledge production, available in society, I now turn to examine how these positions manifest amongst the significant actors in contemporary health services research and, therefore, influence local understandings of the 'ideas' or discourses I mentioned in the introduction to this chapter, such as collaboration, co-production, and evidence based practice. Firstly, I turn to academe.

### 'Mode 1 'and 'Mode 2'

In this section I give an account of how collaboration and co-production are understood to be the means by which a new, more democratic science might evolve:

> Under the prevailing contract between science and society, science has been expected to produce 'reliable' knowledge, provided merely that it communicates its discoveries to society. A new contract must now ensure that scientific knowledge is 'socially robust', and that its production is seen by society to be both transparent and participative (Gibbons *et al.*, 1994, p.1)

In recent years, the idea of 'Mode 1' and 'Mode 2' knowledge production have emerged. Often, these are held to be sequential stages in an evolution of knowledge production, with 'Mode 1' giving way to 'Mode 2' (Gibbons *et al.*,

1994). 'Mode 1' represents the 'normative' form of research production. Its practice is rooted in positivism and it is primarily used as a foil against which to describe 'Mode 2', which is a more 'heterogeneous' or 'socially-distributed' mode of production. 'Mode 2' knowledge production has five main characteristics (Gibbons *et al.*, 1994, p. 3-11):

    1.    Context of Application:

Knowledge is produced in response to a diverse set of social demands. Gibbons and his colleagues make a distinction between problem solving that is carried out 'following the codes of practice relevant to particular disciplines and problem solving which is organised around a particular application' (Gibbons *et al.*, 1994, p.3) In other words, the *needs* of the end users are paramount in instigating its generation. The authors comment that:

> such processes embody much more than commercial considerations, it might said that 'Mode two' science has gone beyond the market! (Gibbons *et al*., 1994, p.4*)*

That said, how the production of knowledge can be decoupled from economic considerations in any but a purely theoretical sense is unclear.

    2.    Trans-disciplinarity

> To qualify as a specific form of knowledge production it is essential that enquiry be guided by specifiable consensus (Gibbons *et al*., 1994, p. 4).

In essence, this means that the production of knowledge is distributed collectively throughout the 'community' and that a new community culture and language will emerge which transcends disciplinary boundaries:

> the shape of the final solution will normally be beyond that of any single contributing discipline (Gibbons *et al*., 1994, p. 5).

It is argued that, because of this distributed ownership and participation, the diffusion of the collectively realised knowledge will be accomplished *through* the process of its production. Secondary diffusion will take place when the collective disbands, and the members move to new problem contexts, rather than through the traditional channels of 'Mode 1' (for example, disciplinary journals, conferences and other forms of traditional academic discursive arenas).

3.      Heterogeneity and organisational diversity:

The third characteristic of 'Mode 2' is that it takes place in heterogeneous institutional settings, not just inside clearly defined bounded departments of universities and government agencies. Again, this means a distributed, networked production process, which takes place outside of and in more than one single institution.

4.      Social accountability and reflexivity:

The fourth characteristic of 'Mode 2' is that of increased reflexivity: 'operating in mode two makes all participants more reflexive' (Gibbons *et al*., 1994, p. 7). Individuals themselves within the knowledge collective cannot function effectively without reflecting- trying to operate from the standpoint of all the actors involved. Thus it is posited that individuals will 'change' as a result of participation in this process; greater social accountability will result from actors becoming normatively attuned to different perspectives and becoming able to internalise these into their own practice.

5.      Quality assessment:

The fifth characteristic of 'Mode 2' includes new modes of quality assessment. Instead of review by a small circle of peers, the quality of research or new knowledge is assessed by a broader and more heterogeneous set of actors, both from those close to the research process and those in wider society.

'Mode 2' frames 'co-production', 'collaboration', and other novel modes of knowledge production as a means by which a democratic and socially just form of knowledge production can emerge. From this perspective, the boundaries that exist between disciplines, government and the public around the production of knowledge would dissolve, and differing ideas about what legitimately constitutes knowledge would emerge. Economic considerations would not be paramount. In the next section, however, I examine some arguments put forward by government for the changes to be made to the research process—and note that in these, economic drivers are much more prominent. Yet there are also commonalities with 'Mode 2': the idea of problem-driven research is embraced, as is co-production. Thus there are similar *ideas* but differing *motivations*, suggesting such ideas are adaptive rather than constructive, and illustrating their 'vehicular' (McLennan, 2004, p.485)

qualities.

## Policy and the academy

The beginning of the twenty-first century brought concerns from industry that science in the UK was in a state of decline (Derbyshire, 2003). This trend had also been detected globally, as Sir Peter Williams, the former chief executive of Oxford instruments, illustrated at the British Association 'Festival of Science':

> In a recent visit to South Korea, their minister of science told a group of us over lunch that the proportion of high school graduates—the equivalent of the A-level cohort—focusing on science, engineering and maths had almost halved since 1996. Germany, Japan and the USA report similar concerns.' (Derbyshire, 2003)

It was not only the potential lack of future expertise that was cause for concern but as the next quote illustrates, the systematic and social processes by which research was being produced, and how these were inadequately linked to the technological concerns of industry. Sir Tom Mackillop (then Chairman of the British Pharma Group and Pro-Chancellor of the University of Leicester) stated in 2006:

> Innovation is the principal source of wealth creation and we need a good supply of well-trained scientists, passionate about research, if we are to compete successfully. It is this link between science, engineering and technology, R&D, and wealth creation, which is often a pre-requisite for success.

This decline was framed as potentially damaging to the future economic wealth and prosperity of the nation, and served to further legitimise governmental involvement in the academy by means of a discursive alignment with the notion of knowledge commodification. From this perspective, modern societies are characterized as knowledge societies, with knowledge and knowledge production forming new aspects of the primary and secondary sectors of the economy (Guile, 2010). The knowledge economy thesis claims that knowledge rather than land, labour and capital is now the most important factor of production (Guile, 2010). However, others have seen the commodification of knowledge as a threat to the traditional 'value-free' discourse of the pursuit of knowledge, typified by Sir Keith Thomas's (Thomas & Rees, 2012, p.1) comment in the Times that academics

should be allowed to pursue knowledge and understanding 'for their own sake, regardless of commercial value'.

Giving a full account of this debate is beyond the scope of this thesis, but touching on it serves to illustrate some of the potential fault lines caused by the adaptation of vehicular discourses by the academy and government. It also highlights the underlying economic imperatives that are perhaps made less explicit when, as will become relevant in later chapters, I consider government's motives to engender change in forms of knowledge production and usage in health services. It should also be noted that commodification means that academic knowledge producers are likely to have an increasing interest in the commercial viability of knowledge and in the development of strategies to exploit this form of capital: i.e. they are more likely to view knowledge as a commodity. Leaving aside the notion of knowledge as a commodity for the time being, I next consider another, no less powerful, justification for the involvement of government in the academy: the rise of 'evidence based practice'.

## Evidence Based Practice: Government and the Academy

In 1997 the UK government succinctly declared that 'what matters is what works', and evidence based policy became central to the policy agenda (Nutley *et al.*, 2007). The then Secretary of State for Education called for a revolution in the relationship between government and the social research community:

Social science research should be at the heart of policy-making. We need social scientists to help determine what works and why, and what type of policy initiatives are likely to be most effective' (Blunkett, 2002).

The Treasury established an evidence based policy fund to increase the understanding and sharing of effective interventions, and the Cabinet Office had set up the Centre for Management and Policy Studies to 'ensure that policy-makers across government have access to the best research, evidence and international experience' (CMPS, 2001,p.3).

The then government, led by Tony Blair, set out a 10-year Science and Innovation framework (2004- 2014), which included two key principles. The first was to increase public investment in science, and increase R&D investment as a proportion of national income from 1.9 percent to 2.5 percent by 2014. The

second was concerned with how to bring together academics and companies so that innovations could progress or 'translate' more easily from the laboratory to the market. Government policy emphasised the need for academics to engage with 'user communities'. There is, then, a notion at the level of government, that, firstly, evidence based practice offered potential to address certain economic and social concerns and secondly, co-production might be the means by which this could be achieved.

The NHS has represented significant on-going challenges to successive governments since its inception in July 1948. Funded entirely through taxation, the central principle was clear: the health service was to be available to all according to their clinical need and people would pay into it according to their means (for a review of the early NHS, see Klein, 1985). However, it has been plagued by ever-increasing costs as a result of, amongst others, advances in medical knowledge, medicines and technology, and demographic changes. Further, in 1988, a report from the House of Lords Science and Technology Select Committee raised concerns about a disjuncture between health research and health care delivery in the United Kingdom. It made two principal recommendations. First, that the NHS should be brought into the mainstream of medical research, and should articulate its research needs; should assist in meeting those needs; and should ensure that the fruits of research are systematically transferred into service. Second, it exhorted that a National Health Research Authority should be created to fund applied health research, aligned to the Medical Research Council which should continue to fund basic science research. In the 1990s, a new NHS research strategy, Research for health, was published. It argued that the NHS should spend about 1.5% of its annual budget on research on the effectiveness of health care interventions and services, making the case for a knowledge-based health service (Walshe & Davies, 2013). Furthermore, these calls for greater investment in the R&D capacity of the NHS formed part of a wider movement that had been developing since the 1970s; the evidence based medicine movement.

## The Ideology of Evidence Based Medicine (EBM)

The EBM movement was a response to variations in practice and a lack of utilisation of research evidence which were features of the healthcare landscape in

1970's Britain. Attention towards addressing these was crystallised by the publication in 1972 of *Effectiveness and Efficiency: random reflections on Health services* by Archibald Cochrane. Cochrane argued for the embedding of rigorous scientific research methods into healthcare research for two main reasons: firstly, outcomes for patients would be improved as care would be more effective, and secondly, patient care would become more efficient through an economy of scale. He outlined two main areas of change which, he claimed, if implemented, would achieve greater effectiveness and efficiency. The first centred on policy makers becoming involved in commissioning studies designed to determine the most effective treatments for medical conditions. The second was that personnel and resources should be targeted efficiently and uniformly on the basis of the evidence produced. Cochrane promoted the use of RCTs as the best means of demonstrating the efficacy of a therapy or an intervention. This predicated two major developments in EBM: firstly, the establishment of the Cochrane Collaboration as an international group to create and disseminate up-to-date reviews of RCTs of healthcare interventions to help health care professionals make informed decisions. Secondly, the idea that epidemiological principles should be used to incorporate the latest results of these reviews into the fundamentals of physician training and the practice of patient care: an idea which became known as evidence based medicine. The ethos of EBM is to firmly link practice to an evidence base and it is underpinned by a particular view of scientific knowledge and its rational and systematic application (Godfrey & Marks, 2002).

This particular view of knowledge embodies the positivist paradigm. The overarching aim of applying EBM within the NHS was to increase the scientific rigour of clinical research and to integrate that research into treatment design and delivery to improve those (Cochrane, 1972). EBM exhorts that clinicians routinely use research evidence to inform their clinical decision making. The introduction and implementation of NICE 'guidelines' is an example of EBM in practice. Guidelines can be defined as systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances (Field & Lohr, 1992). Guidelines are usually generated by an expert committee reviewing scientific literature for clinicians and producing recommendations based on the best available evidence. Guidelines can be applied

to any aspect of clinical care.

## EBM in Practice

At first sight, the idea of applying EBM within the NHS seemed to be a relatively straightforward undertaking, and clinicians' attitudes towards it have been found to be largely positive in principle (Ferlie *et al.*, 2005). This is perhaps unsurprising as most clinicians are trained in high-consensus disciplines where positivist ideas and approaches are normative. Yet, in practice, there have been problems. The Department of Health's *NHS Atlas of Variation in Healthcare* (2010) suggests success has been patchy. It exposes national inconsistencies across the NHS in variables such as quality of care, outcomes for patients, trust research activity, and value for money relative to expenditure. It was found that in areas, such as diabetes, stroke and cancer care, some NHS trusts are failing to deliver adequate standards of care. The report suggests that variations in care between trusts are not exceptional. Clearly, then, the standardised care promised by EBM has yet to take hold, suggesting that the means by which evidence 'translates' into practice is more complex than assumed by the Cochrane approach.

With respect to addressing variation, the authors of the *NHS Atlas* comment that education alone is insufficient to change clinical practice, and cite a need for strong clinical leadership. They also suggest that effective commissioning and good service management are necessary, but not sufficient. They argue that whole systems of care, built on networks will be needed to improve the situation (Department of Health, 2010).

This reflects the growing acknowledgement amongst policy makers and other stakeholders within the NHS that the implementation and translation of research evidence into practice requires a more complex conceptualisation of the healthcare landscape and how it impacts upon the uptake of applied health research. In common with, for example, Canada, there is now a move away from a singular focus on factors which affect health, disease and disability, so that research also interrogates the processes and contexts that shape the outcomes of policy and practice interventions (Hobin *et al.*, 2012). In effect, conceptualisations of the translational 'problem' are increasingly showing it to have characteristics of 'wickedness'.

In order to understand the problems germane to getting evidence into practice, a new academic field has developed. In the next section I give an overview of translational research and the current themes in the field. Given the proliferation of interest in this subject and therefore the increasing magnitude of articles in this area, my purpose is not to provide an all-inclusive review, but instead to provide a purposive overview which describes the key themes and debates that have arisen as the field has developed (a number of comprehensive reviews are available; see, for example: Dopson & Fitzgerald, 2006; Graham *et al.*, 2006; Kitson *et al.* 2008; Mitton *et al.*, 2007; Oborn *et al.,* 2010).

## Implementation and Knowledge Translation: Terms and Paradigms.

Knowledge translation and implementation science are relatively new terms that have rapidly gained prominence in many healthcare disciplines, including medicine, public health, and healthcare policy development and administration (Lang *et al.*, 2007; Oborn, *et al,* 2013). The growth of the field is evidenced by the existence of a dedicated journal *Implementation Science.* Summarising the field's scope of enquiry, the editors of that journal comment that:

> 'Biomedical research constantly produces new findings - but often these are not routinely translated into health care practice. Implementation [translational] research is the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice, and hence to improve the quality and effectiveness of health care. It includes the study of influences on the healthcare professional and organisational behaviour' (Eccles & Mittman, 2006, p.1).

Although conceptual clarity has yet to emerge in the KT field, there are shifts in the way that the translational problem is perceived. Positivist approaches are increasingly seen to have limited utility in this context (Greenhalgh *et al.*, 2010; Nutley *et al.*, 2007). In the next section, I show how this shift can be seen in the development of models of translation.

## Models of Translation

*The early model*

The early model of knowledge translation conceptualised the process of knowledge shaping practice as linear, 'one-way' traffic. The 'knowledge driven model', which originated within the natural sciences, became dominant in medicine and health services research. It was assumed that basic research would lead to applied research which would eventually change practice (Weiss, 1979). From this perspective, the problem was pushing knowledge *into* practice. Knowledge was viewed as an end-product with discrete, predictable and manageable stages between its production and utilisation.

In contrast, more recently, Reimer-Kirkham *et al.* (2009) discuss a cultural shift in KT literature, mirroring the wider shifts towards constructivist understandings discussed above. This shift recognizes that knowledge is a process of inquiry and not just a *product*. It is known that there are diverse ways of generating knowledge and that knowledge exists in different forms. Further, it is understood that knowledge translation is complex and does not happen through a linear, rational process (Reimer-Kirkham *et al.*, 2009). Knowledge translation involves interactions between policy makers and decision makers and takes place within a complex social system; this fact must be taken into account (Baumbusch *et al.*, 2008). Successful translation is a function of the relationship between the evidence, the social context, and the changes that are to be made (Davies, 2003).

*Contemporary Knowledge Translation Models*

Many models can be used to understand the contextual factors that influence knowledge translation, but because of the quantity and diversity of these, it can be difficult to choose which model to use (Ward, *et al.,* 2012). Wehrens (2013) makes a useful distinction between two broad categories of model: 'relationship' models and 'systems and network' models. Rather than itemise the range of theories available, I briefly outline this distinction.

***Relationship models***: central to these is the interactive character of the relationship between user and producer. Such models promote dialogue through 'linkage and exchange' (Lomas, 2007). The main issue from this perspective is the identification of effective ways of 'doing' exchange. Interaction or relationship

models therefore primarily focus on the perceived gaps between the worlds of research and policy and the need for sustainable interactional practices to increase research utilization. Solutions are sometimes framed in terms of 'building bridges' (cf. Nutley *et al.,* 2007) or knowledge brokering (Lomas, 2007).

*Systems and network models*: more nuanced than relationship models, these try to incorporate the 'mediating structures' in which science-to-policy-and-practice interactions are embedded, shaped, and organised (Best & Holmes, 2010). The analytical focus goes beyond interactions and takes into account the context in which these interactions take place and its influence on them. The models incorporate the social and organisational structures, networks and cultures in which relationships develop. This approach is perhaps best typified by Graham's (2013) 'Integrated Knowledge Translation Research' which prioritises conducting research to make the results applicable to the population under study. The model focuses on engagement with the field and knowledge users. Examples of knowledge users can be: policy and decision-makers, the public, industry, clinicians, health system managers, and whole communities. It exhorts that research practice should be collaborative, participatory, and community based.

This model endorses the adoption and application of 'Mode 2' ideas of production within the health services context. Further, an underlying rationale of widening participation in research is that it enables other forms of socially held knowledge to be tapped and, significantly, admits that there are other different, no-less valid forms of knowledge beyond that which is explicit and codifiable. This notion of 'tacit' knowledge' is generally attributed to Polanyi (1966, p.4), who stated '*we can know more than we can tell'* [italics in original].

Tacit knowledge is difficult to communicate and acquired through practice and experience, rather than through language. According to Polanyi's concept, tacit knowledge is related to individual skills while embedded in context. Further, tacit knowledge is considered inseparable from explicit knowledge. Terms like skills, intuition, know-how, procedural knowledge, implicit knowledge, unarticulated knowledge, and practical or experiential knowledge have been used to describe tacit knowledge (Ambrosini & Bowman, 2001; Kothari *et al.,* 2012). Today, there is a growing awareness amongst researchers in healthcare contexts of the importance of various types of knowledge in particular contexts. For example, Estabrooks *et*

*al.* (2005) found that nurses relied on social interactions, experience, documents, and *a priori* knowledge, preferring experiential and interactive knowledge over more traditional formal sources (e.g. books, journals). Rycroft-Malone *et al.* (2004) developed a general taxonomy of knowledge sources including research, professional knowledge/clinical practice, local information, and patient experiences/preferences; these authors challenge researchers to address the full range of knowledge sources that are used in clinical decision-making (see also, Gabbay, 2004; Harvey, 2013).

In addition to the expansion of definitions of what constitutes legitimate knowledge, the relational aspects of the social contexts in which these knowledges are embedded are also being more closely considered. In terms of conceptualising the relational component of theories of translation, the 'two communities theory' (Snow, 1959) model is often seen as a precursor (Lockock & Boaz, 2004; Wehrens, 2013). In the next section I argue that this theory may not lack utility, as sometimes claimed, and reflect that it might still offer the basis for a better understanding of all levels of the context that bear upon health services research. This is because it helpfully prioritises the understanding of the problem of *ontological difference*.

### Two Communities

The essence of the 'two communities' theory is that the intellectual world is divided into two communities, the sciences and the humanities. These communities represent different epistemological domains and 'Neither culture knows the virtues of the other; often it seems they deliberately do not want to know' (Snow, 1956, p.413)[1.]

This, therefore, impedes the realisation of a unified intellectual culture. The theory has been taken up and extended in various forms since it was first

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[1] 1 At the time of writing 'The Two Cultures (1956), Snow used the theory to explain why, in his view, science was being stifled by the dominance of an aesthetic culture in government. Clearly, in this thesis I argue the opposite, inasmuch as I am concerned with the dominance of positivism, especially in the EPB movement which is a contemporary policy driver. These differing positions are perhaps reflective of societal changes in the intervening years since the theory was first articulated.

articulated and it has been used to explain the disconnection between research and research utilisation. It has, however, been criticised. For example, commenting in the context of research and policy, Wingens (1990) states:

> The cultural conception of the two-communities metaphor is simply wrong as an empirical statement: many policy makers have usually received at least some scientific education, hold university degrees, and have the assessment of research projects as part of their daily routines, whereas similarly researchers know the world of power and compromise as well as policymakers do (1990, p.34).

For Wingens (1990) the theory is inadequate because it does not take into account that policy makers and researchers are likely to share scientific understandings. For Locock & Boaz (2004), the theory overstates community 'loyalty' as a determinant of behaviour. In the theory's original form, Snow was referring to boundary defined by an orientation to a particular ontology. Such boundaries demarcate the particular range of terms and symbols that enable groups to communicate, act and make sense of the world. Both the critiques, above, assume these boundaries to be properties of the individual, for example Wingen's (1990) uses the example of the existence of hybrid professionals to critique Snow's theory. But such critiques do not take into account that ontological differences are supported within social and institutional structures. In other words, such criticisms prioritise agency over structure.

And, as will be evident, this resonates with the material I have presented so far, which has touched on the potential problems associated with incompatible ontologies and epistemologies and importantly, suggests that the 'collaboration' and 'co-production' endorsed by the contemporary holistic translational models may be problematic to achieve if they are to be realised in contexts that are not ontologically receptive to them.

Thus far I have shown how collaboration and co-production have been taken up in the context of research practice. I have argued that collaboration and co-production are vehicular ideas that readily transcend differing ontological domains. I have also argued that positivism is the dominant ontology in many parts of this landscape, as evidenced by the dominance of NPM and EBP. This

serves to set the scene for the problems that might arise when ideas motivated and shaped in one ontological domain are enacted in another domain. In the next section I describe the origins of the CLAHRCs and suggest the ideas of collaboration and co-production embedded in them might, perhaps, have arisen from disparate ontological inspirations that were blended into a single call for action. For example, as I will discuss below, the instantiation of the new collaboratives would draw upon theories form the social sciences based on relational understandings of KT. In these, the systematic notion of a gap that could be filled leading to measurable improvements was no longer seen to be an adequate understanding of the KT problem. However both these viewpoints could be accommodated within the broader drive to improve health services.

## The Creation of CLAHRCs

The creation of the CLAHRCs was a response to a number of United Kingdom health policy directives. A key document was the Cooksey review of health research, commissioned by the Treasury and published in 2006.This report was prompted by governmental concerns that the drug industry might reduce its investment in research in the United Kingdom, undermining the government's ten year science and innovation mission. The report modelled a pathway from basic and clinical research to healthcare delivery. As above, this report identified 'gaps' in translation. A key feature of this report is that it acknowledged the complexity of the social context in which knowledge was produced and used.

In 2008, the Department of Health report *High quality care for all: NHS next stage review final report* highlighted the slow and uneven pace of innovation in the NHS, and made many recommendations for change. Importantly, it offered an idea of innovation which was not solely research driven (Walshe & Davies, 2013). The (2008, p.55) report states that:

> our researchers have made a great contribution and will continue to do so. However, too often innovation has been defined narrowly, focusing solely on research, when in fact innovation is a broader concept, encompassing clinical practice and service design. Service innovation means people at the frontline finding better ways of caring for patients – improving outcomes, experiences and safety. In this country, we have a proud record of invention,

but we lag behind in systematic uptake even of our own inventions.

This excerpt reflects the new translational models in that research or innovation is conceived of as a social process that demands a consideration of the context in which it takes place and the involvement of actors beyond the lab or academy.

The report made a number of recommendations, one of which was that the Department of Health should establish a number of collaborations of universities and large, research-active NHS health care organisations with an integrated mission of research, education and service delivery. The NIHR announced it would fund nine CLAHRCs. These were also to be collaborations of NHS organisations and universities. There were four main objectives set out in the original call for proposals for the CLAHRCs: to improve patient outcomes across the local area; to conduct high quality applied health research; to implement findings from medical research into clinical practice; and, to increase the capacity of the NHS to engage with and apply research.

Together, these initiatives suggest that, within some health services research policy, collaboration has become a key component of realising the changes needed to remedy the gaps. There is also some indication that enacting collaboration could mean including co-production as part of a strategy for change (Walshe & Davies, 2013). In trying to realise their mission to improve KT and health outcomes in their local areas, the nine CLAHRCs pursued varied strategies. A number of them put co-production on the agenda including ShireCLAHRC, whose approach to closing the second gap explicitly included co-production:

> Projects are based on a co-production approach, involving the Aftshire staff, NHS staff and members of Public and Patient Involvement groups at all stages of the research process. (ShireCLAHRC policy document)

As I discuss in the next chapter, the institution of the CLAHRCs coincided with new understandings of knowledge which recognised the complex social processes by which it is produced and used. Consideration of the relational dimension of knowledge was considered essential if the CLAHRCs were to achieve the changes sought. Thus dedicated roles premised on ideas of knowledge brokerage and boundary spanning were seen by many, including those leading

ShireCLAHRC, to represent a means by which co-production could be encouraged and supported. In the next chapter I focus in on the literature that engages with this type of role.

## Summary

Davies *et al*. (2008, p.189) comment that 'Knowledge use is an elaborate and dynamic process involving complex social processing and unpredictable integration with pre-existing knowledge or expertise. Such integration may require significant unlearning as part of the re-ordering of knowing'. In order to outline why knowledge production may be contested, I have focused on the broad social and historical contexts that have contributed to this. I have argued that ontological differences in sectors of society, beyond those to be found at the practice sites of collaborations such as CLAHRCs, are likely to be consequential and bear upon their enactment. There may be differing expectations of, and motivations for, change amongst partners in a research/practice collaboration, some of which may be compatible with one another, and others less so. As above, the motivations for change in the way in which research is prioritised, carried out and disseminated are diverse, and include saving money, getting research into practice more quickly, realising a more democratic form of research. I suggest that different groups will ascribe different levels of priority to these motivations, and some of these objectives are more amenable to being quantified than others. Thus, the prioritisation of these might also be subject to the pressures arising from the need to conform to broader societal demands for 'positivist' style truths. In the next chapter I discuss the role of the intermediary actor and how it is thought that they might facilitate academic/practice collaboration.

# CHAPTER 2: INTERMEDIARY ROLES

In the last chapter, I showed how the idea of the intermediary role has come to be seen as having the potential to be used in interventions designed to change how health services research is produced and used in practice. New relational understandings of knowledge have attracted interest in policy and translational research and practice; these have informed new interventions.

Here, I focus on the 'intermediary-role-as-intervention' and the 'enacted intermediary-role-in-context', and review the relevant literature. I begin with an overview of the mechanisms that underpin such work (modalities) and the translational outcomes (functions) that such an intervention has the potential to improve. I also bring together synonymous concepts that appear in a range of literatures. I make a case for taking a 'family resemblance' approach to the concept of the intermediary, to better draw together the insights that arise from this diffuse body of knowledge.

In the course of this overview, I contend that the concept is often applied with scant attention paid to the deeper implications of, and consequences associated with, such work. Knowledge of the *role-as-intervention* may be outpacing knowledge of the practicalities of the *role-in-context*. A common feature of much literature, from which understandings of the role-as-intervention are derived, is that it is based on observations of naturally occurring working behaviours which have been characterised, post hoc, as 'intermediary work'. Often this work is identified as an adjunct to an existing organisational role. What this literature does not reveal is how (or indeed whether) this category of work can be purposively manufactured into an effective, discrete, autonomous organisational role. Such an endeavour is, I argue, especially challenging in the context of healthcare, which is known to be a profoundly complex social field.

Evidence from literatures beyond those usually cited in support of intermediary roles in healthcare suggests that institutionalising and enacting such

work in practice may not be straightforward, not least due to the unusual nature of such roles and their *potential* misalignment with normative modes of work. Further, I suggest, with recourse to psychological and anthropological literatures, that there can be negative consequences associated with enacting such roles.

## Defining Terms: Spanners and Brokers

Boundary spanning and knowledge brokerage work are not recent innovations. Millar (2007) characterises the activities of the Jesuits in eighteenth century China as congruent with contemporary conceptualisations of such work. More recently, the activities of open source software development teams (Colazo, 2010), US mobile phone firms (Padula, 2008), children (Marsh, 2012), and soil scientists (Bouma & McBratney, 2013) have been similarly described by researchers. I argue that what *is* novel is the formalised acknowledgement and delineation of the knowledge broker/brokering concept within academia and the rise of the concept as an object of commercial and private sector interest as an *intentional* 'intervention'.

Early in the field, I encountered individuals characterised as knowledge brokers and boundary spanners and, having seen these terms in my early readings of the literature, I became interested in them. When I began to search the literature using these terms, it was evident that they appeared in a range of disciplines. I became concerned with whether, and to what degree, there was any consistency of their definition and application in contemporary research. In other words, should *I* be making a distinction between the two concepts?

I found that even before the current interest in health service knowledge translation, the work undertaken to help goods, information or knowledge flow across gaps between social groups had attracted interest in diverse research domains (for a review, see Stovel & Shaw, 2012). A plethora of, often florid metaphors have been used to describe such work. For example, Ziam *et al.* (2009) identify the following terms from a range of literatures: link or connection officers (Jones, 2006); agents of change (Jones, 2006; Pratim, 2007); third persons (CHSRF, 2004); intermediary informers (Cillo, 2005); knowledge brokers

(Hargadon & Sutton 1997); boundary-spanners (Pawlowski & Robey, 2004); and gatekeepers (Cohen & Levinthal, 1990). Other terms include 'boundroids and collabronauts' (Williams, 2002, p.108) and peripheral specialists (Cross & Pusak, 2002). Sometimes, the terms are apparently used interchangeably, with 'boundary spanning' and 'knowledge brokering' the most common (Long, et al., 2013; Williams, 2002; Zaim *et al.*, 2009).

Metaphors can be problematic in that they do not merely describe similarities; they create them. When metaphors enter our conceptual system, they alter that system and therefore shape knowledge, attitudes, and behaviours; therefore the adoption of a metaphor predicates the adoption of a particular perspective, such that certain aspects of a phenomenon may be highlighted whilst others are obscured (Lakoff & Johnson, 1980; Mabeck & Olsen, 1997).

Figures 1 'Citations for the term 'Boundary Spanner' in the Scopus database 2003-2013', and 2 'Citations for the term 'Knowledge Broker' in the Scopus database 2003-2013', display the distribution of citations associated with BS and KB across disciplines over a ten year period. There are peaks and troughs for terms, e.g. computer science and engineering. When considering these terms in social science and medicine there is an upward trend for KB (figure 2) and less evidence of one for BS (figure 1). Searching for both phrases within a twenty year period generated a similar number of results for both (180 and 184, respectively). As I read the papers, I came to the opinion that the usage of different terms seemed to reflect local disciplinary taste rather than the existence of distinctive constructs. This provided an additional rationale for taking a broad approach to searching the literature. In the next section, I describe some widely cited definitions and typologies of the functions and modalities of such work, and explore the similarities between them.

Figure 1 'Citations for the term 'Boundary Spanner' in the 'Scopus' database 2003-2013'
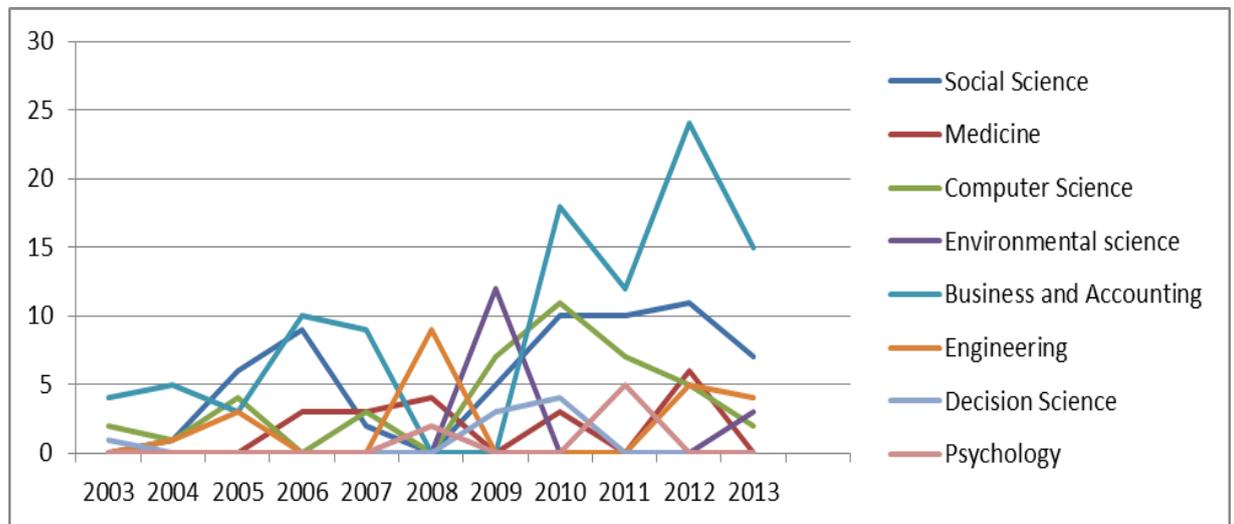
Figure 2 'Citations for the term 'Knowledge Broker' in the 'Scopus' database 2003-2013'
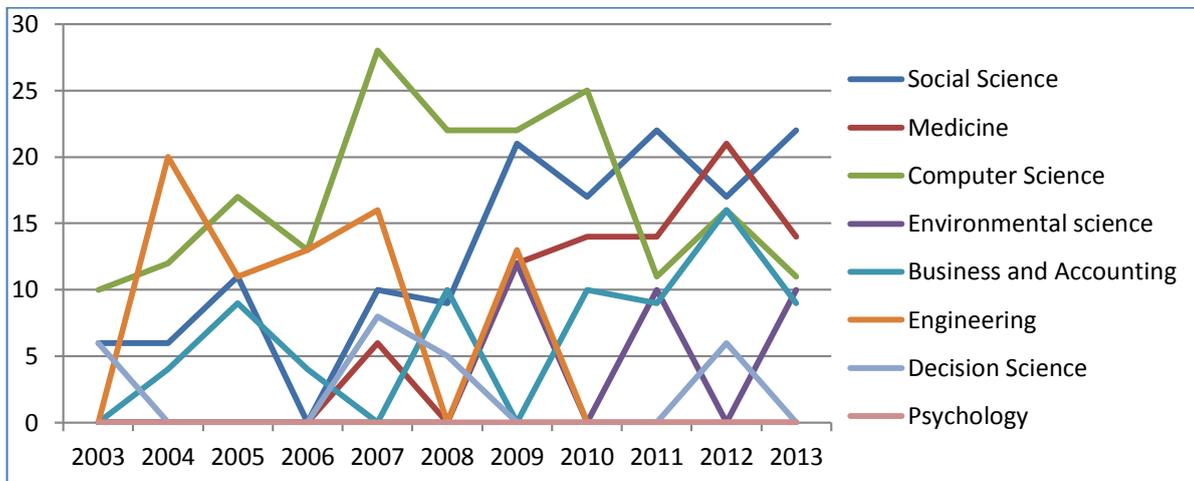
## Conceptual Definitions: Functions and Modalities

Clearly both KB and BS have widespread usage, but do they represent different concepts? To address this question, I reviewed abstracts and obtained full text for articles which described knowledge brokers and boundary spanners. This process did not equate to a 'systematic review'. My searching began in 2010 and continued to the end of the project. Initially, I searched a number of databases and, after having concluded the 'boundary spanner' and 'knowledge broker' where the most popular synonyms I set up a series of 'search alerts' using these terms. Many hundreds of references were retrieved and, as I became more familiar with the literature I developed some exclusion criteria. For example, I realised that the terms BS and KB could refer to mathematical operations/computer programme in some domains. Further, as I became interested in the enactment of such roles in KT contexts, I found that, as Tetroe *et al.* (2008, p.127) have commented 'There is little empirical research on the actual or potential knowledge translation responsibilities of the different actors'. As my focus only extended to the intermediary actor, I began to exclude material which concerned intermediary agencies. As my reading progressed, I identified recurrent themes that concerned the function, situation and enactment of roles in the literature. These are summarised below.

### *Knowledge brokers*

In healthcare research, the following definition, derived from the Canadian Health Services Research Foundation (CHSRF)[2] is widely cited:

> Knowledge brokering is one of the human forces behind knowledge transfer. It's a dynamic activity that goes well beyond the standard notion of transfer as a collection of activities that helps move information from a source to a recipient. Brokering focuses on identifying and bringing together people interested in an issue, people who can help each other develop evidence-based solutions. It

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[2]The CHSRF has, itself, adopted a role as an institutional- level knowledge broker.

helps build relationships and networks for sharing existing research and ideas and stimulating new work (CHSRF, 2003).

This definition and description of function situates the brokerage role in the context of knowledge transfer and, in common with much contemporary work on knowledge translation in healthcare, aligns to networked and relational conceptualisations of knowledge transfer (above). It is concerned with managing and intervening in social relationships to facilitate the dissemination of existing research and to build the collaborative or trans-disciplinary communities that can address problem based research. Within health services research more generally, three broad functions of knowledge brokerage roles, and their attendant activities, have been described (Oldham, 1997; Ward *et al.*, 2009). These are:

*Knowledge management*: this is defined as making existing evidence more accessible, for example, by reproducing it in summary form, or in language appropriate to users. It can also encompass consultation with users in order to commission research that aligns with their needs. The principle behind this approach is relevance: if evidence is commissioned, tailored or produced in a form relevant to users, it is more likely to be taken up (Ward *et al.*, 2009).

*Linkage and exchange*: this refers to facilitating collaborative problem-solving (CHSRF, 2003). Bringing about interaction between stakeholders results in 'mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making' (CHSRF, 2003).

*Capacity building*: this involves enhancing the skills of those involved in the research process, for example, communication, analytical and evaluative skills (Newlands, 1981). The intention is that participants become self-reliant, so that local sustainable capacity to use or generate research evidence is created.

It is acknowledged by many that KB work is context dependent, and tends to involve a strategic blend of these three functions, tailored to specific contexts (Jackson Bowers *et al*., 2006; Meyer, 2010, Ward *et al*., 2009).

*Boundary spanners*

As seen in figure 1, the concept of BS has less currency in social science

research and medicine. Several studies in the organizational literature have identified and categorized the roles of boundary spanners within organizations (cf. Aldrich & Herker, 1977; Ancona & Caldwell, 1992; Cross & Parker, 2004).The following definition is from the *Journal of Management*:

> Boundary spanning efforts bridge otherwise diverse and disconnected parties and act as critical conduits for information transfer, knowledge creation, and innovation (Marrone, 2010, p.913).

Again, the function of BS is, like KB, concerned with managing social interaction and relationships in order that information/knowledge can b**e** better disseminated or produced. In terms of the practices of BS's, three categories of boundary spanning activities have been identified (Ernst & Chrobot-Mason, 2011). In this case the 'boundaries' referred to are those that serve to demarcate group differences; thus, whether physical or demographic, the overarching effect of BS's is held to be similar.

*Buffering /Reflecting*: these practices are concerned with managing boundaries and ensuring the flow of communication, enabling the recognition of different perspectives that may inhibit knowledge exchange across groups (Ernst & Chrobot-Mason, 2011.*).*

*Connecting/mobilizing*: this is intended to forge common ground and to link people and bridge divided groups to suspend boundaries and build intergroup trust. They serve to realise common purpose and shared identity so exiting boundaries can be transformed (Ernst & Chrobot-Mason, 2011).

*Weaving and transforming*: weaving means drawing out and integrating group differences within a larger whole. Transforming encompasses bring multiple groups together to crosscut boundaries and enable the reinvention of a new groups with new collective goals and establish new direction (Ernst & Chrobot-Mason, 2011).

There are similarities between the definitions and processes associated with both terms in different domains. Finally, the next definition of BS is derived from the domain of policy studies. In a review in this context, Williams (2002)

identifies the following categories of boundary spanners and their roles.

*Reticulists*: are individuals who are especially sensitive to and skilled in bridging interests, professions and organisations. They work to negotiate new ways of working, and help facilitate communication across teams and help coordinate different groups (Williams, 2002).

*Interpreters/communicators:* help individuals to understand other's perspectives, and are good at influencing others while also being open to being influenced by them (Williams, 2002).

*Coordinators:* play an important role in managing the process of collaborating and disseminating information to participating partners, holding onto contacts' information, and working in other ways that make the collaboration effective on an operational level (Williams, 2002.).

*Entrepreneurs*: describes the entrepreneurial ways that boundary spanners work. How they explore new ways of working and developing creative approaches. They also act as 'policy entrepreneurs' and are catalysts for systemic change (Williams, 2002).

It can be seen that the above definitions of the function of BS and KB have much in common: both are held to be a means by which disparate groups are brought together in order to accomplish a goal which, it is thought, cannot best be achieved by an existing group without recourse to the knowledge or expertise of significant others.

A general theme in the literature is that achieving this goal necessitates the management of boundaries and the exchange of various forms of knowledge. Such practices are considered to help build relationships and networks for sharing and discussing knowledge, and stimulating innovation. This work is undertaken to achieve the alignment and integration necessary for the dissolution/contraction of boundaries. Thus, it is intended to enable new collaborative endeavours to be brought into being by the transformation and/or transgression of pre-existing boundaries through knowledge work.

Given this similarity, henceforward I use the term 'intermediary', as this is the

common theme in numerous terms. In this way, I seek to avoid privileging the phrasing used in one field over another, foregrounding instead the crucial commonality between these bodies of literature: *that boundaries must necessarily be spanned in order to broker knowledge*. The terminological inconsistency that permeates this topic is not easily resolved and, perhaps, there is more sense in agreeing to differ rather than wasting time and resources in seeking to arrive at a definitive descriptor. Indeed, to endorse seeking such a term on the premise that one, adequate and sufficient term, could exist would reflect a tacit endorsement of a positivist approach to the field which would sit at odds with the largely qualitative work that is currently being undertaken by many with an interest in intermediary work in the context of translation.

My sense is that there may be more utility in thinking of intermediary work in terms of Wittgenstein's notion of 'family resemblances', which argues that things which may be thought to be connected by one essential common feature or which are subsumed within a category: for example 'intermediation' may be connected by a series of overlapping similarities. Wittgenstein (1957, p.66) used the example of 'games':

> Look and see whether there is anything common to all.
> And we can go through the many, many other groups of games in
> the same way; we can see how similarities crop up and disappear.
> And the result of this examination is: we see a complicated
> network of similarities, overlapping and criss-crossing: sometimes
> overall similarities.

This enables a more nuanced approach to the concept to be taken, which centres on shared features rather than one based upon imperfect metaphorical descriptors that can distract from commonalities.

Understanding the concept in this way allows the context-dependent nature of enacted intermediary work to be accepted. Consequently it enables the abstract and theoretical issues associated with such work to be more readily considered; for example, understanding the implications of working in an ambiguous and uncertain 'space'. Further, it allows consideration of how roles grounded in this

intermediate and indeterminate space can gain and maintain the legitimacy needed to function alongside roles and actors already embedded in the partner organisations, to effect change. By drawing on wider social theories, for example from psychology, sociology and anthropology, and applying a lens fashioned with an eye towards concepts of space, liminality, fields and capital, and, role ambiguity and conflict, these considerations are foreshadowed. The theories I draw upon in order to give analytical purchase on my data will be explored in Chapter 3, where I also provide my rationale for their use.

In addition, a more theoretically informed approach enables evidence from varied fields to be understood as relevant: in effect, then, it provides a conceptual footing for a trans-disciplinary approach to the concept to evolve. This is important because in the context of translational health research initiatives, where the concept of KB is often considered novel or discrete, there is a potential problem. Issues which might be anticipated from recourse to literatures that are underutilised in this context may be overlooked. For example, evidence and theory from literatures beyond those usually cited in support of knowledge- brokering roles in healthcare suggests that institutionalising and enacting such work in practice may not be straightforward, not least due to the unusual nature of such roles and their potential misalignment with normative modes of work in institutions.

To summarise thus far, the terms used to describe the functions and modalities of intermediary work are many; synonymous concepts appear in a range of disciplines. This reflects, perhaps, traditional discipline-based modes of producing academic knowledge, rather than substantive conceptual differences. Consequently, understandings of the concept may not develop in a unified manner. Knowledge of the concept may be lost in a metaphorical quagmire leading to a 'reinvention of the wheel'; this may explain the distribution of the terms in the literatures. I have argued that the concept can best be described as an overarching category or family of 'intermediation'. Therefore, much of the variability in the descriptions of this concept that appears in the literature, can be accounted for without recourse to treating metaphors as discrete constructs. Instead, a focus on similarity in intention and enactment can offer a potentially more useful

understanding of the concept. Given the varied application of the concept, there is a sense in which the intermediary concept can be construed as truly trans-disciplinary. With this in mind, in the next section, I offer both a narrative review of the broader intermediary literature and that which is specific to KT in health services.

## Intermediary Roles in the Literature: Healthcare and Beyond

As my research is concerned with *individual level*, *formalised* intermediary roles in *modern healthcare settings*, this review centres on studies of individual intermediary actors. So, as above, studies of institutions-as- intermediaries, for example, Van Kammen's (2006) study of Zon Mw, and the Regional East African Community Health policy initiative have been excluded.

In the context of health services, given the drive towards new forms of research production in health services research that were discussed in the last chapter (trans- disciplinary research, 'Mode 2' science, and co-production), there has been an increase in interest in interventions that can facilitate linkage and exchange within and between the disparate and distributed groups that must engage in order that improvement can be realised:

> Knowledge brokering is not a universal panacea. However, the interpersonal linkages it creates are certainly very promising as one of the "in-between" missing pieces that can bridge the know-do gap for health services. (Lomas, 2007, p.132)

In figure 1, above, I showed how the concept of brokerage has been increasingly taken up in medical and social science research. Thus intermediary work has become a prominent strategy for supporting learning, innovation and improvement within healthcare services (CHSRF, 2003; Lomas, 2007; Nutley & Davies, 2001; Oborn *et al*., 2010; Ward *et al.,* 2009). In addition, the roles that ShireCLAHRC instituted, which form the focus of this study, also serve as an example of how the concept has moved into practice. In healthcare contexts much consideration has yet to be given to the impact on individuals working in

dedicated intermediary roles. Further on, I will consider how evidence from beyond the healthcare-specific literature suggests that problems associated with intermediary work exist, and could be made more acute in the context of the full-time posts of the kind that are increasingly posited as a solution to the knowledge-translation problem. These may have implications for the potential utility and sustainability of the roles themselves. As above, the functional purpose of such roles, and the means by which they might, in theory, engender change, are well documented. But there is less certainty about their effectiveness in practice and, as will be seen below, determining an answer to this question is problematic.

## The Question of Effectiveness, in Principle

As above, identifying what works is a pressing concern in the context of evidence based practice in healthcare and attempts have been made to ascertain the effectiveness of intermediary roles. Recent quantitative research in healthcare has shown mixed results for short-term, knowledge-management based intermediary interventions (for example, Dobbins *et al.*, 2009; Russell, 2010). It seems unlikely that a consistent evidence base that demonstrates the effectiveness of intermediary interventions will emerge, given the breadth of the concept, its context-dependent and contingent nature, and the complexity of the social processes involved. Together, these are likely to confound experimental research approaches.

Problems with evaluating the effectiveness of such interventions point towards an underlying problem in practice, e.g. that many of the effects of intermediary roles are difficult to delimit and attribute as the direct outcomes of intermediary work, due to its typically temporally distributed and unpredictable nature. The existence of work that attempts to quantify such a phenomenon suggests that intermediary work is perhaps a site of paradigmatic tension in healthcare settings, linked to ontological inconsistencies in the field. It may, therefore, be vulnerable to fallout from 'colliding logics' (Swan, 2010, *et al.*).

This, suggests a paradox, if the effects of intermediary work cannot be demonstrated in terms congruent with EBM and EBP, then how can such work be

assimilated into a healthcare system where it is exhorted that:

> The evidence-based practice movement employs a scientific discourse derived from the epistemologies of positivism and realism. Evidence from randomised controlled trials is highly privileged in a so-called 'evidence hierarchy', as illustrated by the evidence that is considered acceptable by agencies such as NICE (Marks, 2002).

Yet, this form of work *has* been taken up in health services contexts. I suggest that the existence of this paradox can be explained when considered in the context of the parallel paradigms discussed in the last chapter, i.e. the more nuanced views of knowledge and knowledge production that have been identified at the policy level which have served to legitimise such interventions, and the notion that practice is informed, to an extent, by experiential know-how, which is situated within the routines of practice communities. But, unlike explicit codified knowledge, this more tacit form of knowledge is often difficult to articulate and share with others outside of a social exchange context (see, for example, Endres *et al.*, 2007; Polanyi, 1966;)

In addition, it has been widely articulated (cf. the two communities model, see Chapter 1) that the boundaries that exist within healthcare contexts make it difficult to share knowledge across occupational boundaries, especially where professional interests and remits are contingent on the acquisition and control of knowledge (Abbott, 1988;Waring & Currie, 2009). Building on this, recent research suggests that attempts to extend management access to clinical knowledge are often impeded by such professional boundaries (Currie *et al.*, 2008; Ferlie *et al*., 2005; Fitzgerald *et al.,* 2005). Thus, little is known of how, or if, the legitimacy afforded to this form of work in the political and theoretical spheres might translate to that work in practice settings. With respect to this, there has been a body of work that identifies intermediary work as something many actors do alongside their formal organisational roles and which serves to enable the sharing of knowledge across organisational boundaries (Lightowler & Knight, 2010; Lomas, 2007; Waring &Currie, 2009; Whitchurch, 2008). Identifying this form of work as

an organically occurring adaptation in diverse settings underpins a credible argument in favour of intermediary work having utility (for example, Lightowler & Knight, 2010; Waring & Currie, 2009). However, I suggest that it is questionable whether such roles can necessarily be artificially created in other settings. There have been few studies concerned with the instantiation of a dedicated intermediary role in healthcare (see Dobbins, 2009; Ward *et al.,* 2009) but these were concerned with the translation of a specific knowledge. In one case a broker was used who had high-level academic status. The other used brokers who were health professionals; they differed from the type of generalist, stand-alone roles envisaged by ShireCLAHRC.

## Communities of Practice: Engineering the Organic

Whilst intermediary and brokerage work can be seen to be a useful adjunct to existing roles to enable knowledge sharing, this does not necessarily mean that a role solely devoted to intermediary work can be artificially developed. A similar quandary has also plagued another widely cited translational intervention, the 'community of practice' (CoP). CoPs are another trans-disciplinary concept that has been the subject of much empirical research. I suggest that intermediary roles share some important similarities with CoPs. In many ways, the intermediary phenomenon can be seen to mirror 'communities of practice'. Both ideas are seen as relevant to knowledge transfer, and have attracted a good deal of interest as a potential intervention. Further, each describes a set of existing behaviours which have been widely observed to positively affect knowledge sharing. Moreover, both phenomena were originally observed to occur naturally and were not formalised or premeditated in their emergent form, but evolved within the conditions of, and in response to their immediate contexts (Lave &Wenger, 1991).

The concept of the CoP has attracted considerable interest; organisations have attempted to create CoPs as part of their organisation's knowledge management and transfer practice (see Hara, 2009). However, there is debate about whether a CoP can be *manufactured.* Originally, Lave & Wenger (1991) argued that they emerged organically and could not be manufactured. In 'Cultivating Communities of Practice', Wenger *et al.* (2002) took a revised view and

posited that the community *itself* could not be engineered but the conditions required for one to grow could be improved. The key point that CoPs naturally occur and are, therefore, not imposable on existing systems, was retained. A number of empirical studies have supported this view and indicate that artificially created communities tend to be unsustainable (Wenger, 2002.). Knowledge about the artificial creation of formalised intermediary roles is as yet limited, but the CoP literature suggests that a greater focus of attention on the environmental conditions that such roles are to be enacted in might be as important as developing understandings of what they might achieve and what mechanisms they might use to do so. To labour the gardening analogy a little more, one may well know that trees offer the potential for obtaining a useful material for building bridges, but there is little point planting them in the Arctic (see also Kislov *et al.,* 2012).

The single-handed, formalised intermediary role does differ from the CoP in one key respect, it is done by a single actor, and intermediation is their *entire* remit. Thus a question arises about the extent to which intermediary work is facilitated by being done by an actor embedded in, and in conjunction with, an existing organisational role/identity. Is the intermediary work something which is developed over time and made possible by the transference or leverage of endowments associated with the other role? If so, what are the important conditions? The literature that looks at the attributes of intermediaries describes a number of candidate personal conditions: for example, approachability, trustworthiness, and communication skills (Gerrish *et al.,* 2011; Urqhart *et al.*, 2011; Ward *et al..* 2012). Further, according to some authors, 'establishing credibility (is) an essential quality in a broker' (Traynor *et al.*, 2014 p.8; a similar point is made in Van Kammen, *et al.*, 2006). I have reservations about whether these conditions should be conceptualised as attributes of the individual. More often they are qualities which are ascribed to individuals by others. Similarly, 'establishing credibility' is better construed as a workplace achievement that results from other actors' assessments of the individual than something innate to the actor. The point I am making is that these skills and attributes are *relational* constructs and are complex products of the interaction of the individual with others in a social

context. Clearly, to be ascribed these qualities is an advantage, but understanding how these attributes are achieved demands deeper scrutiny. I suggest that these attributes can be understood as forms of symbolic capital. Capital in the Bourdieusian sense is not innate but is acquired and accredited by and to the individual in social systems or fields. Some forms of capital will be valid in more than one field. So, the individual who has built up social and symbolic capital in one role may find that this capital will retain its currency when they are acting as an intermediary. If such roles are to be manufactured as translational interventions, it seems important to understand the fields that they will be operating in, so that they can be invested with appropriate forms of capital to enhance the likelihood of their success. In the next chapter I explore Bourdieu's theories and the concepts of capital in greater depth. My aim is to show how they can contribute to a more nuanced understanding of the social context and environment of intermediary work.

To summarise, I have argued that the phenomenon of intermediary work, although relatively new in healthcare, has been explored in various forms across a range of literatures. I have shown how certain literature from contemporary healthcare settings frames the concepts in a positivistic fashion and suggested that this reflects the imperatives of EBP; this means that the concept may be vulnerable to the possibility of colliding logics in health research settings. Much literature has focussed on the enacted modalities and functions of intermediary work, for example, the typologies described above, and it is arguable that these are well understood and congruent with the relational models of KT described in Chapter 1. However, what is known about intermediary work is often derived from examples of naturally occurring intermediary work. It is uncertain how a naturally occurring phenomenon, found in the form of an adaptation to existing practice, can be artificially created. I will be exploring this question, later, in the empirical chapters.

For now, I remain with the literature and reflect on another less explored aspect of intermediary work: the role from the actors' perspective. I discuss what the implications might be for those who inhabit 'manufactured' roles with recourse to

the intermediary and other literature. Next, I focus on the individual actor and how she or he might experience being in a novel, dedicated intermediary position, in an organisational context.

## Problems with Demonstrating Effectiveness, and Accreditation

I argued above that being unable to demonstrate the impact of intermediary work might be problematic in terms of gaining legitimacy for the formalised dedicated intermediary roles that ShireCLAHRC instituted in healthcare organisations; concomitantly, this problem has implications for the intermediary worker. Some research from beyond healthcare has centred on the experience of intermediary actors. For example, Lightowler & Knight's (2010) work on intermediary roles in universities highlights recruitment, management and accountability, recognition and integration, professional support, and development, reward, promotion and career pathways as problematic areas. This suggests that intermediary work does not easily align with usual organisational systems and managerial practices. These systems do not have the means to recognise and legitimise this kind of work in its current form:

> The title of knowledge broker is not regulated, and there is no knowledge broker certificate or academic program to prepare knowledge brokers for the challenges they face (Robeson *et al.*, 2008 p.81).

This has the potential to impact on the individual, both in terms of their current working practice and their future career trajectory. For example, if one's work is mainly concerned with linkage and exchange or capacity-building activities, how can success adequately be captured and demonstrated in a way that speaks to all significant parties? How might recognition be gained for one's work, given that it may be temporally and spatially distributed? Furthermore, the uncertainty of effectiveness means the intermediary often cannot know which of the activities they undertake will be successful, nor can they attribute causation retrospectively. Therefore they cannot be sure where to direct their effort or whether their effort will be worthwhile (Needleman & Needleman, 1974). The repercussions of this are likely to be particularly significant for full-time

intermediaries, whose roles may be largely dedicated to activities whose effectiveness is unascertainable. In short, the potential exists for intermediary work to be undetectable and un-evaluable according to the criteria of organisational evaluation mechanisms; the intermediary and their work may be invisible. Given this, it can be seen that to undertake such work could represent a significant career risk that may discourage many from pursuing this form of work.

This foreshadows concerns about how, at the practice level, such roles and the performances of those in them can be managed and appraised, and what this might mean for those involved. A formal accreditation system that could serve to bring intermediary work into the professional fold might ameliorate some of these problems, but designing this would not be straightforward. To do so may be counterproductive in terms of constraining the flexibility and context- dependency that are held to differentiate intermediary work from normative forms of formalised roles in organisations (Whitchurch, 2008; Williams, 2002). In addition, accreditation necessarily demands the measurement of something against a standard, so that it can be seen to be congruent with that standard by a third party; accreditation is principally a quantitative process. To accredit intermediary work would mean constructing 'a knowledge' of intermediary work to form a standard, explicit, cross contextual and accessible resource. Thus it can be seen that, in this respect, the issues associated with intermediary work that serve to constrain its viability as an independent variable in positivist experimental settings, also cast doubt upon the viability of developing universal accreditation tools.

## Relationships, Inequalities and Dynamism: Theorising the Intermediary Workspace

One of the widely cited characteristics of intermediary roles, and a key way in which they are posited to differ from usual organisational roles, is their position relative to the groups they work with and between. Gould & Fernandez (1989) offer a typology of intermediary roles: 'coordinators' who broker between two or more actors from their own community; 'itinerant brokers' who mediate contact between actors within a community that they, themselves, do not belong

to; 'gatekeepers' who broker incoming exchanges from out-groups; 'representatives' who broker out-going exchanges from their community; and 'liaisons' who broker exchanges between two or more communities to which they do not belong. The relational position of the actor to other groups influences the relationships they have with other groups. For example, Stovel & Shaw (2012), introduce 'bias' as a key dimension along which relationships with groups may vary according to the actor's relative position. Bias refers to the extent to which the broker is relationally, socially, or cognitively closer to one party than the other (Stovel & Shaw, 2012).The extent to which the intermediary has more ties to one set of actors than to another can have a significant bearing on the enactment of the intervention and the intermediary. For example, if the intermediary is more aligned with one party they may not be able to be neutral (Stovel & Shaw, 2012).The perception of bias by others is also salient; if one or both parties believe that the broker is closer to one side than the other, they may act as if it were in fact the case and trust might be compromised, making the intermediary intervention more problematic (Friedman & Podolny, 1992).

The building and maintaining of trust has been held to be key to supporting collaborative endeavours (Leavy, 2012; Williams, 2002). Trust is a highly complex construct and has been the subject of much theorising which is beyond the scope of this review (for a summary of conceptualisations of trust see Connell, 2006) I conceptualise trust, in the context of intermediary work/collaboration, as the assumption that others are seeking to work impartially towards a mutually shared external goal, rather than acting to further their own self-interest. In short, trust is a key component of intermediary work and is affected detrimentally by actual and perceived bias.

The level of cohesion within the groups the intermediary is working between can vary from high to low and can differ between groups. Highly cohesive groups may develop a belief that the broker is not 'one of us', which could engender scepticism of the broker's motives and, arguably, their legitimacy to act (Stovel & Shaw, 2012).

In addition to cohesion and bias, social psychological research on the

contact hypothesis[3] shows that, without certain facilitative conditions, for example, equal status, common goals, and the support of authorities, law or customs contact across group boundaries often results in problems and conflict (Gaertner *et al.*, 1999; Hewstone & Brown, 1986; Pettigrew & Tropp, 2006). For instance, in multi-organisational settings, power and resources are often differently defined and unequally distributed. The limits of these definitions, and the systems by which the distribution of these occurs, may well constitute difficult to span boundaries bolstered by organisational structures. Callister & Wall (2001) suggest that individuals interacting across organizational boundaries often differ in status. This has clear implications for the intermediary operating in collaborative settings (e.g ShireCLAHRC), inasmuch as they must find a way to negotiate such disparities in order to facilitate progress towards the intervention's goal.

Further, evidence suggests that intermediary activities have been found to be strongly associated with two forms of employee stress: role conflict and role ambiguity (Stamper & Johlke, 2003). The first of these occurs when third parties' expectations of a role *conflict* and the individual must manage competing demands. Intermediary work involves social interaction with diverse audiences, requiring the management of variable and often complex requirements (Stamper& Johlke, 2003).

Role ambiguity develops when norms for a specific position are vague, unclear and ill-defined, as might be expected in intermediary undertakings which, as above, involve a recurrent process of evaluation and tailoring. The consequences of such stress are unclear. On one hand, it is documented that stress generally interferes with novel or creative responses, inhibits motivation, and negatively affects both performance and self-esteem (Farr & Ford, 1990). That said, others assert that role stress can prove positive, in that exposing individuals to different perspectives may make them more flexible, creative and open to new information (Tang & Chang, 2010). Social support, whether from the

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[3] The original premise of the contact hypothesis (Allport, 1954) was that more social contact between groups leads to greater integration and mutual acceptance.

organisation or co-workers, has been suggested to account for the difference, by moderating the effects of stress (Stamper & Johlke, 2003).

*The workspace*

In more contemporary work linked to translation, intermediaries have been theorised as enacting their roles in a unique space, engaged with and equidistant from the parties with whom they work (Lomas, 2007). The site of this work has been conceptualised as taking place in a peripheral, interstitial or third space (Meyer, 2010; Whitchurch, 2008).

As above, it is important to consider social position/relationships in respect to intermediary work. I believe that the intermediary space and the intermediary identity are not static, but are more usefully thought of as enacted in a series of varied and changing localities that shift in accordance within their social contexts. When seen in this way, the intermediary role becomes a relational phenomenon. Next, I draw on some work from a sociological perspective, which offers insight into the dynamics of the relationships in the intermediary 'space', I then discuss to what extent this space should be conceptualised as metamorphic and how this can add to understandings of intermediary roles.

It is tempting to view such spaces as relatively stable, I suggest that the 'boundary spanning' and 'knowledge broker' metaphors imply stability. The former implies a stable conduit across a singular boundary and the latter, an actor in a stable, equidistant, position. But, given that such spaces are made up of social relationships and that a large component of intermediary work in context is often concerned with effecting changes in these relationships, the dynamic and metamorphic aspects of these spaces should not be underestimated. This view is supported by empirical evidence which has shown that the intermediary position is often unstable. For example, Lightowler & Knight (2010) reflect on how the intermediaries in their research felt drawn back towards academia; similarly, Needleman and Needleman (1974) describe a process of going native in which the intermediaries eventually aligned themselves with the interests of a particular group. In many respects, the intermediary state is one which can be considered to be liminal.

*Liminality: Re-theorising the intermediary workspace*

> Liminal individuals have nothing: no status, insignia, secular clothing, rank, kinship position, nothing to demarcate them structurally from their fellows (Turner, 1967, p.98).

The liminal state is characterised by ambiguity, openness, and indeterminacy. The concept of liminality provides a lens through which to examine people in situations where their statuses are not clear or change frequently. As Turner (1967) describes, those in liminal states are both betwixt and between. The concept of liminality is often used to refer to a transitional state. Liminal positions are characterised by powerlessness, since identity and roles are not clearly defined and have yet to stabilise (Turner, 1967).

The concept of liminality has been applied to temporary employees, whose position in organisations is often ambiguous within the limits of existing organisational structures (Garsten, 1999). Garsten (1999) argues that, through the lens of liminality, the temporal and contractual flexibility of such work can be seen to challenge the old boundaries of industrial society. She argues that this form of work provides an instance whereby future changes in the way we view work can be observed. This echoes some of the implications of 'Mode 2' knowledge production, inasmuch as novel forms of knowledge work might take place in spaces that are defined by individual knowledge workers rather than by bureaucratic structures. She further suggests that these new forms can be positive inasmuch as, although innovation may take place in established social structures, it is at the interfaces and limens that change most frequently occurs. In this respect, then, a theoretical case is made for liminal working, but the degree to which this can be said to be likely to generate or reflect change in normative working practices is unclear, given the inherent powerlessness of those in liminal roles. Rather, a more prescient question is how the liminal worker can obtain the power needed to engender change in practice and how having a liminal identity relates to this.

*The liminal professional and permanent liminality: necessary but contradictory terms?*

Although the concept of liminality is useful for understanding temporary

working practices, it should be considered that 'liminality' in the traditional sense refers to a state or stage which is temporary within a process of progression. But a discrete formalised liminal intermediary role, characterised by liminality, thought to be useful precisely because of this characteristic, cannot be considered to be a 'stage' in a developmental process. This form of role, then, is permanently liminal. The idea of permanent liminality is, on the face of it, contradictory, but as Szakolczai (2000, p.220) comments:

> Liminality becomes a permanent condition when any of the phases in this sequence − be it separation, liminal phase proper, or re-aggregation − becomes frozen, as if a film stopped at a particular frame.

In the case of the roles, it is arguable that one of the ways in which they are manufactured, as an intervention, is by being artificially 'frozen'. This contrasts with naturally occurring instances of intermediary work where the actor can both leverage, their established organisational identity and move back and forth into that. But, a further component of intermediary work is being able to participate in dialogue with the groups intermediaries work between. Barnett (2003, p. xviii), writing with reference to brokerage in higher education, describes the work of the knowledge broker as being similar to that of a:

> multi skilled anthropologist', the KB has to get inside to comprehend not just the needs and desires but the language politics and positioning and outlook of the different parties.

Moreover,

> different department members often have specialized languages derived from their unique education and career experiences that must be overcome for team members to interact effectively and to learn from one another (Brockman *et al.*, 2010, p. 207).

So, there is a potential tension between permanent liminality and being sufficiently conversant, through exposure and socialisation, with the respective cultures of the groups to be able to mediate between them. In effect, what is demanded is the curtailing of the socialisation process by which, it is thought,

individuals develop and internalise a normative working 'professional' identity in organisational contexts.

For example, it is generally held that developing a professional identity is a relational learning process in which the individual, more knowledgeable others, and the context they inhabit, interact .Learning often occurs opportunistically and contingently. The role of the more knowledgeable other is to mediate experiences as well as to transmit knowledge. Learning is therefore emergent and collaborative, not didactic (Dornan *et al.,* 2005; Swanwick, 2005):

> The role of masters is to accept learners into their community of practice and help them construct a professional identity through social interaction with practitioners, peers and patients (Dornan *et al.,* 2005, p.170).

Role-playing, modelling and the opportunity to learn from experiences of working in the professional field are an essential part of the socialisation process (Bucher & Stelling, 1977; Gregg & Magilvy, 2001). In order to internalise the professional role, trainees seek confirmation from others of their claims to be a professional (Olesen & Whittaker, 1968). Feedback from others can build confidence by fostering higher self-esteem and drawing attention to aspects for improvement, both of which are important to developing mastery of a professional role (Eraut, 2000; Swanwick, 2005). But identity in the organisation is not tethered to or solely constituted in proximity to the individual and their immediate context. Individual working identities are created as people talk about an individual, thus constituting their reputation in relation to others' organisational identities (Isbell, 2012). Further, one acquires a group identity through inclusion:

> by being "on" the collaboration team; for being "a member" of the management committee; for being "important," (Hardy *et al.*, 1998, p. 7).

To curtail such a process suggests that the professional identity might remain unformed. Why, then is this important? Baunsgaard & Clegg, (2012, *b*) assert professional identity grounds power relations. Power relations are defined by capital, the command of which enables one to exercise and resist domination in

social relations, or putting it another way, to maintain a position in the status hierarchy of a society or professional organisation and capitalise on the power that status endows:

> Communities of a particular professional identity are accordingly predisposed to share evaluation criteria that differ from other enclaves of professional identity. …. organization elites are established in positions that allow them to shape conceptions of reality according to their professional identity. (Baunsgaard & Clegg, 2012, *b*, p. 6)

In effect, then, the liminal role (as a partially formed professional identity) is potentially one which lacks the capital resources and status to engender change through authority or through capital deployment. Thus from the actor's perspective, there is a contradiction: one may align oneself with an overarching goal that demands the mediation of disparate groups, but in order to achieve this mediation, one must have sufficient legitimacy and/or capital. Legitimacy and capital are acquired through socialisation into professional identities, but cannot be wholly acquired and exploited if the individual is to remain liminal. The implication of this is that the intermediary must invest a good deal of time and effort in order to become familiar with the professional cultures of the groups they work between. This is to a) resist going native, b) understand what forms of capital can be translated across contexts, and c) acquire sufficient capital and legitimacy to effectively carry out their remit to engender change. Clearly, this presents particular problems for intermediaries where:

> in the context of CLAHRCs, the following institutionalized boundaries are particularly pertinent: clinical and social science academic-clinical and management practice; clinical science academic-social science academic; healthcare professional and academic-service user; healthcare provider-healthcare commissioner. The agency of CLAHRCs and staff within them is expected to enhance knowledge exchange across these institutionalized boundaries and so accelerate the translation of evidence-based innovation into healthcare practice (Currie *et al.*,

2010, p.4).

Thus, by drawing on anthropologists Wilk & Cliggett's (2007) definition of economies as relationships between human beings and their world of objects and ideas, the healthcare context of the ShireCLAHRC roles can be construed as a complex interrelationship of economic systems . This macro context incorporates many social fields. For theorists like Bourdieu (1992), a field may be a material, social or symbolic institution (e.g., Law, Academia, the Church, sub-cultures etc.) within which social activity takes place. Social action is both informed and constrained by the field (Bourdieu& Wacquant, 1992). Each field has its own values and norms of behaviour which bear upon those who wish to participate/act in it. Each field has its own history, habitus, hierarchy, logic and boundaries. Thus a 'field' is a social domain in which individuals must acquire and compete for resources, goods or values i.e. the 'capital' needed to succeed in it (Bourdieu & Wacquant, 1992.).

## Summary

In summary, in the preceding sections, I have set aside the function and modalities of intermediary work and looked more closely at what wider literatures, well outside those usually drawn on in studies of KB's, BS's and other intermediary roles, suggest might be potential problems posed by formalising and undertaking this form of work in complex organisational contexts e.g. healthcare. I have argued that metaphorical conceptualisations of the intermediary space do not accurately reflect the metamorphic qualities of intermediary work. In drawing on the concept of liminality, I have shown that usual socialisation processes, whereby actors come to inhabit organizational roles, are constrained or may be absent altogether. This suggests that standalone intermediaries potentially face the problem of acquiring the capital needed to engender change. They have no recourse to capital resources attached to an existing organisational role. This suggests that a good deal of an intermediary worker's time is likely to be spent understanding the social and capital relations of the groups that bear upon the context of their work in order to find a way of improvising and working around these lacunae. This may be particularly pertinent

to the context of healthcare, which is populated with many different professional groups defined by orientation to differing capital systems.

Further, I have also reflected on the problems posed by the fact that many understandings of the role-as-intervention originate from observations of naturally occurring working behaviours which have been characterised, post hoc, as 'intermediary work'. Little is known of how this category of work can be manufactured into an effective, discrete, autonomous organisational role. Aligning the concept of intermediary work to that of 'communities of practice' suggests that understanding the context in which the intermediary intervention is to be enacted should also be a profound consideration for those that seek to use intermediation as an intervention. This could avoid or at least ameliorate the potentially negative consequences to enacting such roles and, importantly, help to maximise the potential utility of such interventions.

In the next chapter, I explore how to theorise intermediary work in a way that grounds it in its social context. This will contribute to a greater understanding of how context constructs and constrains its enactment. My primary frame of reference will be the work of Pierre Bourdieu but, as the chapter unfolds, I will be drawing on other theorists, including Sacks, whose work centres on interaction and language, and literature concerned with the nature of boundaries. I, therefore, assemble a lens which facilitates a holistic analysis of the macro, meso and micro levels of the context of intermediary work.

# CHAPTER 3: THEORETICAL APPROACHES TO THE RESEARCH

In the previous chapter, I reviewed the intermediary literature and concluded that, although the concept of intermediary work continues to gather interest both as an intervention in translational contexts and an object of academic study. The application of social theory to understand the nature of such work, and the boundaries that determine approaches to its enactment, is patchy. With this in mind, I will be grounding the ShireCLAHRC intermediary work in its social context. In order to do this, I draw on sociological and social psychological theory. My reason for this choice is to realise a theoretical lens that offers explanatory purchase on, and insight into, the inter-relationships between the macro, meso and micro levels of context in my field of research.

My primary frame of reference is the work of Pierre Bourdieu. I argue that this offers a useful way of understanding the dynamics of the field of intermediary work and how the organisational and institutional relationships therein are ordered. Later, in order to explore more fully the local social, situated practices of the actors in the study, I will be bringing in the work of other theorists. Further, given that much of my data is text, both spoken and written, I draw on discourse analysis (DA) in order that, by delving beneath the surface of such texts, I can reveal an understanding of whose[4] interests are being served within them. DA serves to move one from seeing language as abstract to recognition that words have meaning derived from particular historical and social conditions. Further, it exhorts that language is a means by which actions are accomplished. Our words are never neutral (see for example, Fairclough, 1989; Wetherell *et al.*, 2003).I argue that drawing on these theories and analytical perspectives can facilitate an integrated analysis of the levels of the context of intermediary work. This allows a sense to be

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[4] 4 By 'Whose' I mean individuals, groups and/or institutions.

gained of how levels of context interrelate and, therefore, of the potential complexity of the power relationships, and social and institutional structures that bear upon such work. In addition, this will enable me to foreground and consider the veiled philosophical assumptions and the subtle and sometimes taken-for-granted pressures and influences that may affect the enactment of the roles in practice. Here, I set the scene for later analytical work in which I apply these theories. I begin by discussing how the work of Bourdieu can add to my analysis.

## Why Bourdieu?

Bourdieu provides a relational approach to the study of fields of domination and struggle, a new way of thinking about how power operates within social life. Bourdieu's work is drawn on in many disciplines; it is often used in research which takes a 'critical' perspective.

For example, Bourdieu's theories have been applied to lay persons and service users as 'experts' and their relationship to formal experts in health research settings (Cowan, *et al.*,2011; Fenge, *et al.,*2012; Folaki,2010). It has proved valuable in teasing out the dynamics of the relationships between such groups and bringing issues of relative power, to the fore. This can enable these issues to be better understood, and accounted for, when such encounters take place. This can allow these to be better managed, as might be the case when enacting collaborative initiatives.

Having read some of this work, and given that a key component of my research was concerned with collaboration, I felt that Bourdieu's theory offered analytical potential. Further, it was likely that my research would take place in a novel collaborative space emerging from existing social fields:

> Transcending the well-established and familiar boundaries of disciplinary silos poses challenges for even the most competent scientists (Gray, 2008, p.1)

The existing fields (broadly, research and practice) were populated with a number of interested groups and institutions who would all play some, as yet indistinct, role in the CLAHRC intervention. Potentially, there would be a myriad of

relationships between, for example, researchers and practitioners, universities, hospitals, and funding bodies, all of which could potentially be subject to re-negotiation as the form of the collaboration emerged. Further, this was also likely to be a relational process in which the form the collaboration would take would be influenced by the new, or otherwise, relationships that emerged.

Thus, I chose to draw on Bourdieu, as a major theme of his approach is 'relationality': the idea that cultural production and its products are situated and constituted in terms of a number of processes and social realities. A further theme posits that social action resides in, and is predicated by, an interwoven web of structure and agency. Drawing on this theory offered an opportunity to better understand the complexity potential of any change, however small, to the existing research process.

Bourdieu argues that we cannot understand the social act in relation to itself; it is necessary to situate it in relation to other points of reference in meaning and practice. So, for example, he argues that it is necessary to situate Descartes and his philosophy within his specific intellectual and practical context (Bourdieu, 1977). Thus the activities of the intermediaries, whose work was envisaged as oriented to supporting change in the research process, should similarly be considered and grounded in relation to the contexts in which it was being enacted.

In the next section, I give a more detailed account of Bourdieu's theory and explain some of his main concepts; I then address some of the criticisms that have been made in relation to these. It is beyond the scope of this thesis to go into the depth that this work deserves. My intention is to utilise the theory to serve the aims of the project rather than using this project to re-specify theory.

## Key concepts: Field, Capital and Habitus

In Distinction (1984), Bourdieu gives an account of how his fundamental concepts of social 'field', 'capital', and 'habitus' interrelate to construct social action. All three concepts are relational and co-constitutive (Bourdieu, 1977, Bourdieu, 1990, Bourdieu & Wacquant, 1992). Bourdieu posits that social

practices result from complex interrelationships between the habitus, capital, and field and illustrates that with the following formula:

[(Habitus) (Capital)] + Field = Practice (Bourdieu, 1984, p. 101)

To illustrate the implications of this formula, I next describe the components within it.

*Fields*

For Bourdieu, society is composed of a range of semi-autonomous 'fields', differentiated by differing capital value systems (economies). A field can be considered as a network of social positions anchored by certain forms of power (or capital) (Bourdieu, 1977; Bourdieu, 1990; Bourdieu & Wacquant, 1992)

> A field is a structured social space. It contains people who dominate and people who are dominated. Constant, permanent relationships of inequality operate inside this space, which at the same time becomes a space in which the various actors struggle for the transformation or preservation of the field (Bourdieu, 1998, p. 40).

The field is where action takes place, and where groups compete for control over resources (Bourdieu & Wacquant, 1992). Individuals, institutions and groups exist and interact within fields. Each relationship and interaction is defined by some form of power derived from a blend of capital resources and the relationship of those resources to the field (Bourdieu & Wacquant, 1992.).A point which I think it is worth making now is that Bourdieu often uses the word 'struggle' (see quote, above) and it will be noticed that I have not used this term. The notion of 'struggle' concerns me. In English, 'struggle', is often used to refer to an activity undertaken against some form of constraint. In this sense, then, the use of the word 'struggle' prioritises structure, the hypothetical constraint, over agency, thus chiming somewhat discordantly with Bourdieu's notion of 'relationality'. 'Struggle', in English, can also be used synonymously with 'compete' and this, I think, better encapsulates the point of Bourdieu's theory and thus his use of sports metaphors make more sense. The notion of 'competition' better describes the actions of individuals as they negotiate the power relationships and mores of the

fields in which they participate. My own sense is that the notion of 'struggle' has been instrumental in laying the foundations for critiques of Bourdieu's theory which argue that it privileges structure over agency. It is possible that the use of 'struggle' is an artefact of Marxist discourse and, as such, represents an example of 'intertextuality' serving to illustrate that language can be inferential in problematic ways. Setting this aside, I continue with my overview of the theory.

Fields may be material, social or symbolic institutions (for example, the law, academia, religions, and sub-cultures), within which social activity takes place. Importantly for my thesis, Bourdieu takes as his analytical focus not just material or empirical entities, but what he calls constructed or epistemic objects. In other words, it is not just the fabric of the institution that determines a field; rather the notion of a field extends to include the system of thought that underlies the field (Bourdieu & Wacquant, 1992).

Social action is both informed and constrained by the field. Each field has its own values and norms of behaviour which bear upon those who wish to participate in it. Each has its own history, habitus, hierarchy, logic and boundaries. Thus a 'field' is a social domain in which individuals compete for the resources, goods or values; e.g. the 'capital' needed to be effective in it (Bourdieu & Wacquant, 1992).

Individuals can engage in the competition defining the field by mobilising capital. The position they hold in the field in relation to others in a field is determined by their access to capital. Fields are dynamic and changeable and their boundaries can change, as can the qualities of the capital which are valued in them. They may also disintegrate or merge and new fields can come into being. Change may result from various intrinsic and extrinsic factors. The interrelationship of these can change the ontologies of the participants in the field, the practices and regulative principles they orient to, and engender relational changes to and between the fields themselves.

*Field spotting: A field is in the eye of the beholder*

Clearly the fields relevant to this study are healthcare, academia, and

government. However, each field has internal subfields and all have relationships with other fields. For example, in healthcare there is the field of medicine which also intersects with academia. As I described in Chapter 1, the orthodoxy of EPB represents a system of thought which is common, but, not universally so, to both. However, different reward systems operate, and actors may be engaged in different forms of competition in relation to the capital of the fields in which they engage. Fields are not, therefore, separate entities that actors access and abandon in their daily lives. Rather, fields can be conceived of as both external and internal, in terms of their relationship to the individual. This can help to explain how individuals with appropriate forms of capital can act successfully in apparently irreconcilable fields.

At the interactional or micro level it is only those fields that are made relevant to, or by, the individual, that are consequential. Fields, therefore, have subjective and contextual properties. Thus, it is not always obvious how one identifies the activity which indicates the existence of a field (Warde, 2004). Warde (2004) suggests that some sort of Wittgenstienien notion of family resemblance would probably get closest to Bourdieu's understanding. As suggested, above, in the context of intermediary roles a closer examination of the concept of 'family resemblances' can answer the problem of identifying 'key players' or perhaps, more relevantly, the 'key features' of the intermediary workspace.

It is identifying and exploring these 'similarities' that gives a sense of what is considered 'essential' or 'non-essential' in the social production of a concept within a discursive arena. A further consideration is that the existence of a game or field may be recognised by the existence of social action orientated to a goal. Therefore, if the goal is known it can be deduced that a game or field is 'live' and relevant to the behaviour of the actors. It is also worth considering that, if the existence and effects of fields are fluid and sometimes difficult to identify when one is *looking* for them, as might be the case in research, how much more of a challenge do they represent to actors in the world? It can be construed that identifying and behaving according to the mores of fields demands significant effort; further it is also likely that often actors orient to fields in a taken-for-

granted way. This, then, forms the basis of my argument for augmenting the analysis of actors' texts, whether spoken or written, with Bourdieu's ideas. Social behaviour is embedded in language and talk is action. Therefore if fields and their influence are to be identified, discourse represents a logical place to look.

With this in mind, in this research setting, an example of a goal would be the form of change to research practice that the academic/practice collaboration was to realise. As I will show later, analysis of the texts from the (research) field, illustrates that different 'goals' were being oriented to and the influences of other fields were in evidence. Later, I suggest that the underestimation of the relative influence of these and the boundaries that they imposed, was perhaps one of the key reasons for the challenges that were met when collaboration and co-production in principle were put into practice.

*Capital*

Bourdieu conceptualizes the resources, goods and values available to individuals in all fields as forms of capital. Capital can be considered as the social and economic resources that endow actors of groups with the ability to compete within the field. The concepts of field and capital are intrinsically interlinked; 'capital does not exist and function except in relation to a field (Bourdieu & Wacquant 1992, p.101).Further, the distribution of capital (or capitals); 'constitutes the very structure of the field (Bourdieu & Wacquant 1992, p.101*).*

Thus, capital functions as the actor's incentive for participating in the field. It provides both the means and the end in the competition to thrive within fields. There are four fundamental forms of capital: economic, social, cultural and symbolic. All of these can be sources of social advantage and differentiation.

> Immanent structures are the set of constraints, inscribed in the very reality of that world, which governs its functioning in a durable way, determining the chances of success for practices (Bourdieu 1986, p. 242).

In other words, the system of capital in any field also determines legitimate actions in relation to the relevant systems of exchange within the field. Bourdieu (1986) distinguishes the following types of capital:

1:Economic capital: money and property

2:Three main forms of cultural capital:

-Embodied; for example, class, personal character, a way of thinking

-Institutionalised; for example, qualifications and credentials

-Objectified; for example possessing technology, artwork or the 'right' label

3:Social Capital: for example group and or network membership

4:Symbolic capital: for example, honour, reputation and prestige

The field is determined by economic, cultural or social capital. In the field, its possession and distribution, is socially recognised and perceived as legitimate (Bourdieu, 1977; Bourdieu, 1986; Bourdieu, 1990; Bourdieu &Wacquant, 1992). The ability of actors to act in a field rests on their being able to mobilise the appropriate 'differing proportions of the various kinds of capital' (Reay, 1998, p.26) that they possess. In any field, the value of capital is relative, and the status and power that accrues to it is hierarchically determined. Power, and therefore the ability to act, is a function of capital possession and accrual. So, for example, in the field of academia, publications and funding can be understood as cultural and symbolic capitals. Central to Bourdieu's thinking about capitals is the idea that we live simultaneously in multiple and relational fields. Thus, capital forms interact to diversely affect social positions. We have collections of capitals rather than having one or other type. It is impossible, therefore, to single out one form of capital, in isolation, from other capital forms. There are, however, differences in workings or 'exchange systems' of different capitals in different fields.

## Bourdieu and Stability, Inequality and Change

Bourdieu uses the concept of habitus to explain the way in which objective social structures become embedded in the subjective perceptual and interpretative experience of individuals, thus influencing usual practice. As Chambers (2005) illustrates in the context of feminism, the habitus is produced in response to objective conditions of existence within a particular society or field. Individuals acquire a habitus that shapes primary social experiences and influences future behaviours (Bourdieu, 1977; Bourdieu, 1990; Bourdieu & Wacquant, 1992). A way of thinking

about habitus is as the way that individuals gain a sense of what socially appropriate and desirable practice or behaviour is in the world relative to the field in which they inhabit. My own sense is that the habitus can be thought of as being like an operating system in a P.C. Most systems become modified over time, new settings and programmes are added, and redundant ones are unused or removed according to the needs of the user. Bourdieu's aim was to uncover the complexity of social reality and stress the centrality of the relationship between social fields and habitus in social practices. It is habitus that links practices and social structures. Habitus interacts with capital as individuals compete for capital but are predisposed by their habitus. However, habitus and capital are intertwined with a specific field. In other words, habitus is the acquired or 'working' knowledge that enables the individual to participate in the game of capital acquisition.

Habitus, then, is an embodied 'reality' that is developed by imitation and socialisation as individuals absorb behaviours into their habitus, emulating other individuals within the field (Rhynas, 2005). Habitus can be seen as the accrual of knowledge about how to act in a way that aligns to the auspices of a field. It should not be considered deterministic; it is a guide not a guarantee. After all, individuals can and do reject conforming to behavioural norms within a given field, as the existence of subcultures and social movements demonstrates. Using football as a metaphor Bourdieu (1992) suggests enacted habitus can be considered as a 'feel for the game', an unconscious or ingrained, ability to 'play'. Individuals choose the most appropriate course of action to achieve a goal, but not one necessarily based on reflexive thought (Bourdieu, 1977; Bourdieu, 1990; Bourdieu and Wacquant, 1992).

> The player caught in the heat of the action', instantaneously intuits the moves of his opponents and teammates, acts and reacts in an "inspired" manner without the benefit of hindsight and calculative reason (Bourdieu & Wacquant, 1992, p. 20).

Thus, it is likely that taking these ideas and applying them to the context of the ShireCLAHRC can give a greater understanding of how the more

nuanced aspects of enacting collaboration and co-production might play out. For example, the central idea was to achieve collaboration between stakeholders in research in order to realise a more co-produced, responsive form of health research. In Chapter One, I argued that there was some likelihood that the big ideas of collaboration, co-production and evidence based practice would be interpreted differently in different domains. Applying the concepts of Bourdieu may enable greater insight into how these putative differences might reflect different capital relationships. Further, it may give insight into how existing systems can be transformed as collaborative processes unfold. Understanding the existing capital systems and fields may help to identify where boundaries, potentially challenging to collaboration, lie. Further, collaboration does not happen in a vacuum: unless specific attention is paid to managing the expectations of the particular players, problems can ensue (Leavy, 2012).The concept of habitus suggests that actors' ensuing practices are likely to be similar to those that have before; thus replication, rather than change, is likely. This highlights the complexity and problematic nature of change and innovation. I am not suggesting that change is impossible, but rather significant change cannot be assumed to happen organically, because fields are often constitutive of their own reproduction.

## Applying Bourdieu

For Bourdieu, theoretical concepts are

> polymorphic, supple and adaptive, rather than defined, calibrated and used rigidly (Bourdieu & Wacquant 1992, p. 23).

Bourdieu remained unaffiliated with any single field of study so that his concepts could be widely used across diverse disciplines (Bourdieu &Wacquant, 1992).The openness of Bourdieu's theories have meant that its adequacy and the potential of it for methodologically rigorous usage has been criticised (for example, Jenkins 1992). As Bourdieu's ideas can be considered open and adaptable, interpretative work is needed to apply them.

A further critique is that his theory fails to adequately explain social change (e.g. Lau, 2004; Mesny, 2002). It is argued that because social action is construed as an outcome of habitus, and that agency is limited. However, this critique rests on an interpretation of the concepts of habitus and fields as reified structures. The reification of abstractions invests them with the symbolism of objects, immune to change. This interpretative standpoint, then, draws attention away from the individual, and their participation in and relationality to field and habitus.

When 'relationality' is considered central, the theory allows for agency and, therefore, social action. It should also be considered that, although an individual's dispositions are relatively stable, they are also transposable, because individuals act in a wide variety of social fields (Bourdieu, 1993). Given the complexity of social interactions and relationships, there is uncertainty in all social situations. As the habitus is a *guide* not an *imperative*, the concept acknowledges actors' improvisations and the creative, reflective and self-conscious capacities of human beings (Bourdieu, 1977; Bourdieu, 1990; Fuchs, 2003). While an individual may be predisposed to act in certain ways (as per their 'default' mode) a misalignment between their habitus and the field within which they act can provide the impetus to modify their dispositions and practices. Habitus, then, is more properly conceptualised as:

> an open system of dispositions that is constantly subjected to experiences, and therefore constantly affected by them in a way that either reinforces or modifies its structures (Bourdieu & Wacquant, 1992, p. 133).

I contend that these ideas were not intended to be used with the aim of revealing a universal truth about society but, rather, to enable a more nuanced understanding of how the levels of society interrelate. Indeed, the concepts serve to provide the means by which assumptions of the existence of discrete levels of society can, and should be, challenged. Further, Bourdieu's theories serve as tools to challenge the 'stand-alone' adequacy of positivist modes of thought and enquiry.

## Summary

I have shown that Bourdieu's ideas stress the socially and historically constructed nature of practice and how social action should be assumed to be neither always mindless nor always mindful. The individual's personal interests, goals and experience of social reality all bear upon any action taken. A distinctive feature of Bourdieu's theory is the way in which it offers insight into the complexity of issues of change and stability by highlighting the relationality of capital, field, habitus and social action. This perspective privileges the interplay between individuals and the social structures in which they evolve, and it gives primacy to relations rather than to individuals or structures. The practices of individuals and of social groups are the outcomes of complex relationships between field, capital and habitus (Bourdieu, 1977). Drawing on Bourdieu's work, then, provides a starting point for gaining an understanding of my research field and the context of the intermediary work that is central to this study.

Having highlighted some aspects of Bourdieu's work, the key ideas I wish to take forward are:

1) Fields are often inconsistent and not always obvious: their recognition is not a given.

2) Fields are often 'invoked' in interaction; that is to say, they may be perceived within discursive practice.

3) Making a field relevant to an interaction can be a means by which individuals assert power and this can be done through the deployment of categories and repertoires.

Consequently, unpacking the assumptions which surround categories, repertoires and other discursive devices can give a sense of the strictures of the field, i.e. the rights, obligations and capital forms relevant in that field. As emphasized by Bourdieu:

> In short, what individuals and groups invest in the particular meaning they give to common classificatory systems by the use they make of them is infinitely more than their 'interest' in the usual sense of the term; it is their whole social being,

everything which defines their own idea of themselves, the primordial, tacit contract whereby they define 'us' as opposed to 'them', 'other people', and which is the basis of the exclusions ('not for the likes of us') and inclusions they perform among the characteristics produced by the common classificatory system. (1979, p. 478)

With these points in mind, then, I felt I needed to draw on discursive theories 'sensitive' to micro level interaction. In the next section, I give an overview of discursive analytic ideas and approaches, in particular Membership Categorisation Analysis (MCA), and make a case for how this work can align with Bourdieusian ideas.

## Discourse: Categories and Repertoires

*Discourse Analysis*

Discourse analysis (DA) is increasingly being used in the context of organisational research (see for example, Chouliaraki & Fairclough, 2010; Philips *et al.*, 2004). This is because it is becoming more widely recognised that what organisations *'are'*, and the processes within them *'mean'*, is constructed in the discourse of actors (see also, Hardy *et al.,* 2000; Heracleous & Marshak, 2004; Whittle *et al.,* 2010).DA is a broad church, and space does not permit an in-depth account of its many facets. What follows is a brief summary of some key ideas. This is intended to flesh out how DA can align with Bourdieusian concepts, and contribute to the analytical lens I will use to make sense of my research field.

A common feature of most forms of DA is that the analyst's first focus must be on language, and what it *does* in the world (Fairclough, 1989; Wetherell *et al.*, 2003). Further, DA also holds that the analysis must 'go beyond' the data itself and be situated within a theoretical context. The approach I am taking here draws upon the discursive action model (Edwards & Potter 1992; Potter & Wetherell 1987) This is a linguistic approach to talk and text that tries to see how speakers' or authors' choices of words "construct" a social object or reality. Stacey (2010, p. xi) suggests that

> the power relations of local interaction are reflections of ideologies and these ideologies are the basis, largely unconscious, of our choices, only a small fraction of which are made in the technically rational ways suggested in the dominant discourse.

Informed by critical approaches to discourse analysis (Fairclough, 1989; Wodak, 2002), I will be looking for the workings of ideology and power within the texts. Two key DA principles guide my approach:

1: *Text is action.* One of language's functions is to do things at the macro level. It is 'constitutive'; many things are constructed out of language. An example is 'The Law'; the law in our society is made of texts. These words on paper are 'real'; they allow the exercise of power. They legitimise someone's (or some group's) interests (Fairclough, 1989; Wodak, 2002*.).

2: *Discursive practices constitute social phenomena*. This is done routinely through the deployment of particular words, phrases, terms of reference, metaphors, rhetorical styles, systematisations of knowledge and so on which, together, construct that phenomenon as a certain kind of social object. The social object is being constructed by the choice of description, and the associations it implicitly makes. For DA the choice of one description over another, and the association of one description with another, is significant. The categories of the world are not ready-made. No use of them can be neutral. Categorisation is a particularly powerful discursive device; categories are for talking (Edwards, 1991). Furthermore, talk is often produced and made sensible by the use of 'repertoires'; repertoires embody taken-for-granted common cultural understandings and are invoked as shorthand predicates for the legitimacy of a text (Potter & Wetherell, 1987). In the next two sections I explain 'categorisation' and 'repertoires' in the context of DA.

### Categorisation

The work of Sacks (1972) on Membership Categorisation Analysis (MCA) served to explicate more fully how understanding the processes behind the apparently simple and mundane acts of categorisation that permeate daily life

can give analytical purchase on the social knowledge that is being invoked within it.

In common with other forms of DA, this theoretical and analytic approach to text is a means of explicating the practically oriented, cultural reasoning of people as they go about their social lives. In particular, it focuses on how members of society categorise themselves and each other as certain 'sorts' of people and how categorisation works as a resource in interaction. For Sacks, analysis means bringing to light members' own analyses of their world as it is played out in the categories they use. Sacks understands categories as speakers' resources for conducting social interaction, they should not be taken as predictable, neutral or 'factual'.

In the workplace, Baunsgaard & Clegg, (2012,*a.*) suggest that categorisation devices 'steer' organisations to determine which groups members, strategies, decisions and values are to be granted status, resources and legitimacy. Thus, categorisations embody or are capital, and habitus. I will be focussing on what MCA has to say about inferences and judgements as these are enabled by and indicative of fields.

In interaction, categories can embody implications of the normative activities of their incumbents. Such activities are category-bound (Sacks, 1972). Of interest to Sacks, was the following question: given that a person can be categorised in a plurality of ways (for example, I could reasonably be described as a PhD student, a wife, a mother, female, mixed race and more), what are the principles of a 'proper' description? One such principle by which a description becomes proper is through it being heard as contextually relevant. The classic example from Sacks is a child's story, *'The baby cried, the mommy picked it up.'*

When he changed the sentence to read 'the 'x' cried the 'y' picked it up', he found that an overwhelming majority of readers would infer 'baby' for 'x' and 'mommy' for 'y' (Sacks, 1972).

A good explanation for the consistency of this inference is that picking up babies is a category-bound activity of mommies; something mommies are expected to do. Thus issues of normality and morality can be seen to come into play in that there are 'proper' modes of behaviour associated with categories and therefore, as

we recall how fluid categories can be, categorising somebody can serve to predicate a judgment of them. Another useful strand of MCA is the extension of the notion of category-bound activities to a more general notion of category-bound predicates. Thus not only activities, or actions, may be bound to categories but also a wide range of characteristics, essentially whatever can be 'properly' predicated of an incumbent of the category. Jayusi (1984) describes how categories embody and reflect the moral order amongst members (see also Stokoe, 2003). Thus, the selection of a category is related to the functional context of its invocation. It is an occasioned and indexical phenomenon which is consequential for the maintenance or contestation of power relationships.

*Interpretative repertoires*

A 'repertoire' is a more or less coherent way of describing something. It can be a set of words and expressions; it is a familiar way of talking about something, often 'taken-for-granted'. However, its familiarity does not mean it is neutral. So a useful analytical approach, used in DA, is to look for variability in expression and take notice of how people's descriptions vary.

Early observations about variability in repertoires were made by two sociologists, Nigel Gilbert and Michael Mulkay. In *Opening Pandora's Box* (1984), they identified different repertoires in the way scientists talked about work. In public texts the vocabulary would paint a picture of an empirically knowable real world populated by secure facts. Gilbert & Mulkay (1984) called this the empiricist repertoire. In private settings, the scientists' words would change to a contingent repertoire which described a shifting world where things could have been otherwise and where facts were humanly constructed. Gilbert and Mulkay (1984) found that the contingent repertoire was used especially when things went wrong. If another team of scientists failed to confirm their findings, it was because of 'contingencies' like the other laboratory's poor procedure, or carelessness, or even malpractice. That was not proper science, only if things went 'right' would the scientists talk about 'facts' and a predictable universe.

The effect of this variability, Gilbert and Mulkay (1984) argued, was to maintain the idea of 'Science', and defend the principle that there is a knowable

objective world. 'Error' is accounted for by human or other failings; 'fact' is arrived at by correct methods. The scientists' discourses of 'contingency' and 'empiricism' defended the legitimacy of scientific practice.

Paying attention towards the contingent and local use of categories and repertoires will enable me to look more closely at the ways in which culture and context is embodied in the actors' discourse. For example, when specific categories are deployed it will be possible to unpack, in a more detailed way what function acts of categorisation serve in the local context and what taken-for granted ideas are embedded in repertoires.

Further, I hope to gain insight into the patterns of power relationships in the fields of my research setting. But, what of the limits or boundaries of these fields and what 'form' might these boundaries take? In the next section, I discuss boundaries and their 'forms'. I make a case for how analytical approaches informed by DA and Bourdieu can add to an understanding of these.

## Boundaries

As Hall comments, 'One could spend a lifetime on nothing but boundaries. This would be worthwhile work' (1996, p. vii). In Bourdieu's work the 'substance' of the boundaries between fields is not drawn into sharp focus, as might be expected from a theorist who decried positivist forms of definition, relational and socially constructed propositions take precedence over demarcation. Nevertheless, the importance of boundaries is noted and he suggests that a major point of contention in the literary or artistic field is the definition of the limits of the field (Bourdieu & Wacqant, 1992).Therefore, the importance of the boundary lies in its *function*, the way it serves to frame both the site and the object of competition. The fundamental reason for the emergence of boundaries is the existence and entrenchment of different practices (Bourdieu & Wacqant, 1992.). Whilst mindful that attempting to pin down the specific nature of a boundary is perhaps contradictory in this context and invites the pitfall of reification, it is possible to determine some of the likely fabric of boundaries and recognise these. This enables a sense to be gained of how they might manifest, and perspective to be

gained on how they might demarcate fields:

> Boundaries establish demarcation lines for the domains of tasks and people which an organization stakes out for itself. Boundaries also serve as mechanisms to secure a certain amount of organisational independence from the environment. It is important to note that organizations differ in the permeability of their boundaries. Permeability, in this regard, is defined as 'the extent to which marginal outsiders participate in or influence organizational activities (Corwin & Wagenaar, 1976, p. 472).

Identifying and describing boundaries has been key for sociologists in order to 'locate spatially the social order that is significant for how people and groups relate to one another (Hernes & Paulsen, 2003, p 6).

Boundaries may be material, regulatory, and mental or social. For example, a material boundary might be the office walls that restrict and contain the communication of the occupants. Regulatory boundaries act on the forms of exchanges that may take place between workers. These divide actors into specialisations and allow the organisation to differentiate between them.

Within organisations and groups, other social boundaries exist to determine 'otherness' and 'sameness'. 'Identity' is a key component of these boundaries. Identities are determined by formalised roles in the organisation. Like the British monarchy, a role identity is superordinate to the actor that inhabits it. That is to say, the role identity and the actor are distinct from one another. Further, the often stable existence of the formal work role means that there are equally stable understandings of what is expected of the incumbent in that role in the workplace, regardless of whom, specifically, that actor is. As discussed in Chapter 2 (p.80, onwards), actors newly inhabiting such roles will go through a process of socialisation in which they learn to accommodate and orient to external expectations. In addition, the actor's expectations and own ideas will contribute to the enactment of the role. In this process, both external and internal expectations may be revised. The scope of this revision will be determined by the status of that role within the organisation and the status of the actor. So, for example, actors

in low-status roles with few capital resources attached to them are less able to act in ways which significantly affect the form or boundaries imposed by the role, whereas those with access to greater capital resources are potentially more able to change it.

In organisations, it is important to consider that boundaries also exist in different forms and go beyond those which are formalised and regulated by organisational structures. Just as with any society, the formal boundaries of the organisation exist alongside other informal and less obvious boundaries which relate to the subgroups or subcultures that exist within any large social system. So for example, in British society the demarcation of worker and non-worker is regulated and symbolised from the state's perspective by the pension. For many individuals, this boundary may have little salience to their daily lives. It is of no relevance if they want to buy a sandwich, but may be relevant if they want a free bus pass. Individuals exist within, and are excluded by, many boundaries at any given time.

Another form of boundary demarcates discourse communities. These are formed of shared repertoires of terms and symbols that groups use to communicate, act and maintain understanding. In certain cases these boundaries may be guarded by stakeholders in order to maintain a basis for power. This may be through the control of the definition of reality that exists to support their continued actions (see, for example, Gee, 2001). It is only those boundaries that are made relevant to or by the individual that are consequential. Many boundaries therefore are brought into being contextually. In addition, they can both enable and constrain action (Hernes & Paulsen, 2003). In the case of the individual buying the bus pass, the boundary that *enabled* one actor to get one serves to exclude others.

## Summary

Informed by the literature presented in Chapter 2, I have, with recourse to social theorists, used this chapter to construct a lens through which to view my data. My aim is to situate the intermediary roles in the broadest possible context and

take into account how influences from all levels of the social context they occupy come to bear on their enactment. In this way, I aim to link the relationships between the different interpretations of the macro level ideas from Chapter 1 with the meso-level world of the collaboration and local-level or 'micro' interactions therein.

I have drawn upon Bourdieu's ideas of field, habitus and capital in order to delineate the fields that intersect and influence the behaviours of the stakeholders in the collaboration. Given that the 'boundary' is a key social phenomenon, often considered highly relevant to KT, collaboration, co- production and evidence based practice, I have drawn on some work that has outlined some of 'its' different forms. Further, given that fields, capital, boundaries, and habitus are often incorporeal. I have also made a case for using theoretical approaches from discourse analysis. This is because these recognise that text, whether written or spoken, should be conceived of as an action. Therefore, the presence/ effects of incorporeal phenomena are most likely to be 'seen' in the discursive practices of the actors in the field. In the next section I present my research questions.

A visual summary, 'Figure 3 Theoretical framework: main and subsidiary approaches' is an overview of how I have used the theoretical material, described in this chapter. This is presented on the next page.

Figure 3 'Theoretical framework: main and subsidiary approaches'

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My analysis of the macro level was informed by Critical Discourse Analysis (Fairclough, 1989) and I also used Snow's (1959 'Two Cultures' hypothesis.

My analysis of the micro level of context was informed by Discourse Analysis (Edwards & Potter, 1992; Potter and Wetherall, 1987). I used the concepts of categorisation (Jayusi, 1984; Sacks, 1972, Stokoe, 2003). I also used the concept of repertoires (Gilbert and Mulkay, 1984)

Macro Context
Policy and Society

StudyContext
Key Ideas:
Bourdieu
Discourse Analysis

Micro Context
Interactional

Meso Context
Organisational

This diagram illustrates how I used a range of theoretical work to frame my study. The main concepts I used were Bourdieu's ideas of field, habitus and capital. I also used ideas from discourse analysis, principally the notion that talk and text is always action-orientated. I applied these ideas to all levels of my analysis .In addition; I used other literature to gain analytical purchase on specific phenomena, for example knowledge (e.g. Gibbons *et al*, 1994), evidence(e.g.Barbour,2001),and the boundary (e.g.Hernes,2003).

My analysis of the meso level of context was informed by the concepts of liminality(Turner 1967;Szakolczai,2000),communities of practice (Wenger,1999) and role conflict and role ambiguity( Farr & Ford,1990;Stamper & Johlke,2003).

## Research questions

In this section, I briefly summarise the preceding three chapters prior to articulating the research questions that I will be exploring in the empirical chapters.

Chapters 1 and 2 were both concerned with delineating and drawing out the macro, meso and micro-contextual concerns relevant to the institution and enactment of intermediary roles as translational interventions in in healthcare. A further theme discussed was the notion, in policy and the academy that change in the traditional means by which knowledge is produced should occur. I gave an account of the circumstances that have contributed to interest in co-productive research and the establishment of new translational initiatives such as CLAHRCs.

Underpinning these notions of change, were alternative understandings of the nature of knowledge, and consequently, the processes by which knowledge is realised or created (see Chapter One, above). Such alternatives offer the potential for conflicts and constraints to arise from the enactment and articulation of these in social systems (e.g. the research/practice collaboration) if change is to occur.

I then focussed in on the notion of intermediary roles as a KT intervention, and situated these in the context of discordant ontological paradigms. I reflected on how these were manifest in research situated in the context of evidence based practice. Through further exploration of the intermediary literature, I argued that metaphorical conceptualisations of the intermediary space may not accurately reflect the metamorphic qualities of intermediary work. By drawing on the concept of liminality, I argued that the normative socialisation processes, whereby actors come to inhabit organisational roles, are curtailed in order to enact the intermediary work form. Consequentially, intermediaries have the problem of acquiring the capital(s) needed to engender change without recourse to the power that comes with established organisational roles. This suggests that a good deal of an intermediary worker's time is likely to be spent understanding the social and capital relationships of the groups that bear on that work context. This may be particularly true in the context of healthcare, which is populated with many different professionals groups. Further, I reflected on how little is known of how this category

of work can be manufactured into an effective, discrete, autonomous organisational role. Aligning the concept of intermediary work to that of 'communities of practice' suggests that understanding the context of intermediary interventions should be an important consideration for those who seek to use them and realise their potential.

A major theme which links both chapters is the necessity of understanding intermediary work in relation to the environment in which it takes place, i.e. the micro, macro, and meso level of context, and grounding it in this. In order to better understand these levels of context and explore their interrelationship, I argued that drawing on the work of Pierre Bourdieu can offer explanatory purchase and utility, given that a distinctive feature of Bourdieu's theory is the way in which it offers insight into the complexity of issues of change and stability. This perspective privileges the relationship between individuals and the social structures in which they act, thus giving primacy to relations rather than to individual psychological traits or overarching social structures. The practices of individuals and of social groups are the outcomes of complex dialogical relationships between the concepts of field, capital and habitus (Bourdieu, 1977). To further this understanding, I brought in the work of other theorists, whose work centres on interaction and language, and the social nature of boundaries. I argued that this will serve to facilitate a holistic analysis of the macro, meso, and micro levels of the context of intermediary work through an empirical investigation of the field as it is manifest in, and by, language, so that a sense can be gained of how these levels interrelate, and, therefore, of the potential complexity of the power relationships, social and institutional structures that bear upon such work. The material contained in these chapters has suggested a number of research questions which centre on interrelated themes of context, enactment and experience. The first two questions relate to the context in which the roles are enacted (the chapters where the questions are addressed specifically are indicated in brackets after each question):

1. What was the relationship of the intermediary role to the field in which it was enacted? (Chapter 6)

2. What were the relative capital values of the new collaborative field i.e. the

resources by which organisational identities were defined? (Chapter 6)

The next questions concern the 'enactment and experience' of the roles in practice:

3. How might such new roles be able to gain and maintain legitimacy amongst the groups with which they must work, to become an effective means by which change can be achieved? (Chapter 7)

4. How do other significant actors understand the purpose of the roles and respond to them in terms of their own practice? How might differing ontologies in the field bear upon the enactment of the roles? (Chapter 7)

5. How do the actors manage to develop a credible working identity that helps to achieve the effects that the roles are intended to facilitate? (Chapter 8)

6. How might the experience of this form of work differ from traditional organisational roles, and what impact might this have on the actor undertaking such work? (Chapter 8)

7. How do individual actors experience their roles? Are there psychological and emotional demands that are specific to, or exacerbated by, this new form of work? (Chapter 8)

8. What does the intermediary 'space' look like in 'practice'; can it be considered stable? (Chapter 8)

The final two questions are broader in scope and concern generic aspects of intermediary roles:

9. Can roles which are characterised by liminality be formalised into existing organisational structures and hierarchies or is this representative of an irresolvable paradox? (Chapter 9)

10. Can new forms of evaluation be realised that accommodate, and make visible, the sphere of intermediary work? (Chapter 9)

My work in the field was intended to address these questions, and these have guided the analysis presented in the empirical chapters. The questions are restated and addressed specifically in the concluding sections of the relevant

chapters. Further, more abstract theoretical reflection on the implications of the answers to these questions is offered in Chapter 9, as is explicit consideration of the latter two questions.

# CHAPTER 4: METHODS

> It is because doctors, teachers, social workers and others are so prone to launch interventions without knowing their effects that social science is obliged to use the best tools at its disposal to scrutinize such activities. Method here is properly harnessed to the service of the social problem itself, rather than the other way around (Oakley 1999, p.253).

In this chapter I describe my empirical research (which took place from mid-2010 to the end of 2013), and give an account of the project and my time in the field. It will be apparent from the material contained in the preceding chapters that I have used a qualitative method: ethnography with a case study design. I considered this, in light of my preceding arguments, to be the most appropriate approach for answering my research questions and gaining in-depth, detailed insight into these roles and the social (micro), organisational (meso) and political (macro) contexts within which they were enacted.

It is, perhaps, in methods chapters of theses that the differences between positivist and constructivist approaches become most salient and problematic, for both author and audience, alike. The 'methods' chapter is traditionally the place where the detail of the research is documented, thereby offering the possibility of replication and generalisation. Therefore, it is the place where claims for veracity are built. Descriptions of sampling techniques, triangulation, coding consistency appear as claims and warrants for the status of 'researcher neutrality' to be ascribed to the author by the reader. In Chapter 1, I spoke of some 'problems' relating to the means by which qualitative research in health sciences is judged; some authors put forward a case for checklists, others decry this as contradictory to the context-dependent and constructed nature of the qualitative process itself (see, for example, Barbour, 2001; Dixon-Woods *et al.*, 2007; Rolfe, 2006). Further, I highlighted (Chapter 1) how qualitative research does not assume that 'truth' is a function of methodical adherence; rather, the researcher, the researched, and their social contexts are dialogically engaged throughout the research process and, therefore, co-constitutive of the research product.

My own sense is that a claim for 'truth' in terms of the status of this research product as a simulacrum of the field cannot reasonably be made. Rather, I argue that the standard by which value judgments about the worth of the research product might be more appropriately made is that of 'integrity'. By this I mean 'integrity' as a guiding principle of research practice, rather than integrity as an objective, realisable property of the research product. I understand 'integrity' to be a concept which embodies consistency of actions, values, methods, principles, expectations, and outcomes. With this in mind, it is up to me to give sufficient detail of this research and reflect on my 'I-as-researcher' role, in order to give an account that displays that 'integrity' was an integral principle of the practice of my research. I begin by stating my own research standpoint.

## Research Standpoint

I acknowledge the 'linguistic turn'. This is reflected in Habermas's (2003, p.ix) comment that 'we are denied direct linguistically unmediated access to 'naked' reality.' I take a relativist ontological position, in that I assume there to be a 'reality' but consider that representations of this reality are mediated by, and constructed through, human perception, which in turn is expressed and shaped by culturally produced repertoires of linguistic terms available to individuals. My 'working' reality is therefore intersubjective and socially constructed (Berger & Luckmann, 1966). I align with Fairclough's (2003) position that the organisation is more than the locally produced discursive accomplishment of its members and that the organisation's structures shape individuals' discursive activities. Therefore, I take into account the organisational context and its structures by exploring the relationship of those to the behaviour of the actors I am observing. But, rather than reifying the organisations, I consider them, and similarly government and the academy, to be relevant actors within the research context. I hold the conviction that accounts of social life must embrace and elucidate the actors' frames of reference. According to Weber (1978, p.18), writing with reference to the study of social systems:

> we are in a position to achieve something that must lie
> forever beyond the reach of all forms of 'natural science' what we

can do is to 'understand' the behaviour of the individuals involved

With this in mind, my aim is to further the understanding of the behaviour of actors by delineating these, and the naturalistic settings in which they take place, in a way which gives rise to a text which mediates emic and etic[5] and, therefore, aims to resonate with both. I hope to give an 'access to the conceptual world in which our subjects live so that we can, in some extended sense of the term, converse with them' (Geertz, 1973, p. 24).

In the next section I offer some autobiographical detail. I include this not as an example of my 'bias'; rather, it serves to illustrate the co-constructive relationship between my 'social' self and researcher 'self'.

## Background

In the preceding chapters, as is customary when producing a thesis, I have engaged with the literature and provided a rationale for this study. As yet, though, there has been little explicitly said of 'me' and my relationship with the field and perhaps, most importantly, this representation and interpretation of it.

Given that this is a qualitative piece of research, and given the notion of 'integrity' I have articulated above, it is appropriate to give a reflexive account of how I came to be involved in this research and what sustained my interest in it.

Having obtained an MRes I decided that I wanted to pursue a career in research. My first degree was in social psychology, and I developed an interest in the sociology of medicine. It was fortuitous that an opportunity arose to undertake a funded, qualitative PhD in a health sciences department. I began the PhD project in July 2010; the working brief was to investigate how research evidence was

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[5] 'Emic constructs are accounts, descriptions, and analyses expressed in terms of the conceptual schemes and categories regarded as meaningful and appropriate by the native members of the culture whose beliefs and behaviours are being studied' (Lett 1990, p. 130); 'Etic constructs are accounts, descriptions, and analyses expressed in terms of the conceptual schemes and categories regarded as meaningful and appropriate by the community of scientific observers' (Lett 1990, p. 130).

being put into practice in a number of case studies of implementation envisaged by ShireCLAHRC. To this end, ShireCLAHRC was intending to establish 'translation teams'; a 'translation team' was to have been a dedicated team drawn from CLAHRC staff which would facilitate the translation of research findings from a specific CLAHRC project into practice.

In the first few months of my involvement it became apparent that there was some question as to when, or indeed if, the 'translation teams' would happen. Clearly, this presented a problem if my project was to be completed in the three years I was funded for. After discussion with my supervisors, I decided to shift the focus of my project towards the intermediary roles. This shift seemed to be problematic inasmuch it involved a degree of 'back to square one' and a sense of having wasted valuable time, but in the event, it proved to be opportune. In focusing in on the intermediary roles, I realised that this represented a chance to shape the research in a manner which aligned with some personal interests of mine, namely ambiguity and identity.

My interest in these was inspired by my background. I am, as it is currently fashionable to call it, of 'mixed heritage': my father was a fourth generation Chinese Malaysian and my mother is white British. My father's family were upper class, my mother's were rural working class; thus class as well as racial ambiguity has shaped my worldview. I am phenotypically 'European' and, having lived and been largely educated in Britain, manifest little observable to others to suggest that I am anything other than an average white middle-class, middle-aged woman. This social 'identity' is assumed by most people I encounter, and renegotiating it requires effort. To wit, I have lost count of the number of times in Malaysia that I have been asked if I can use chopsticks or am able to cope with spicy food, and when in Britain, hearing the phrase 'but you don't look Chinese'. Clearly, I am fortunate that I can largely choose whether to make the effort. In this way, therefore, I had an *a priori* understanding of the potential problems that accompany managing an ambiguous identity and *the work* needed to negotiate and legitimise a social identity that is at odds with the obvious symbols of such an identity. So, the opportunity to study a different form of role identity and ambiguity

in the context of the workplace was welcome. Thus my interest in the field was foreshadowed by my own experience. Next, I return to my research field and describe the setting and participants.

## Setting

I discussed the broader social and political context of the research in Chapter 1. Further description continues throughout the later empirical chapters. Therefore, it remains only to offer some additional detail of the programme, the timescales and the organisations involved in the collaboration. Figure 4, 'Intermediaries and partner organisations', shows the partner organisations and the intermediaries that were based in them at the beginning of the collaboration. In the course of the five years there were changes in the structure of the NHS most notably the dissolution of the PCTs and the institution of the CCGs. The impact of these changes on the collaborative field and how they affected the intermediaries is discussed in the empirical chapters. ShireCLAHRC was made up of a higher education institution, Aftshire University, and eight NHS trusts. The table shows the NHS trust type but the names have been anonymised. There was no intermediary post at University of Aftshire NHS trust as this institution was already linked to Aftshire University. There were 31 participants in the evaluation project. Detail of the participants and their (psuedonymised) roles is included in Figure 7 'Participants and Data Collection'.

Figure 4'Intermediaries and partner organisations'

| Higher Education Institutions | Aftshire University | | |
|---|---|---|---|
| Acute Trusts | University of Aftshire NHS Trust(no intermediary role) | Hamshire General Hospital NHS trust: Joss | Hamtown General Hospital NHS Trust: Frankie |
| Mental Health Trusts | Aftshire Partnership Trust:                Chris | Hamshire Health Foundation Trust: George | |
| Primary Care trusts | NHS Aftshire: Fran | NHS Aftshire County                Jan and Jerry | NHS Hamshire: Ali |

*ShireCLAHRC*

For ease of reference, before discussing ShireCLAHRC, I will briefly summarise the history and rationale for CLAHRCS. I then give a short overview of research funding to illustrate how the funding available through CLAHRCs offered the opportunity for widening participation in research.

**Background to the CLAHRCS**

As stated in Chapter 1 the setting up of CLAHRCs was a response to Best Research for Best Health (DoH, 2005) and the High Level Group on Clinical Effectiveness established by the Chief Medical Officer (More detail of the ways in which the actors came together to bid for the CLAHRC can be found in Chapter 6.).Following these policy drivers, efforts to translate research into practice moved up the UK health research agenda and NIHR CLAHRCS were established. The CLAHRCs, were intended to

> forge a mutually beneficial, forward-looking partnership between a University and the surrounding NHS organisations, focused on improving patient outcomes through the conduct and application of applied health research (NIHR/SDO 2010).

The timescale for the first CLAHRCS was as follows:

•23 October 2007 - published call for proposals.

• 31 January 2008 - deadline for receipt of applications.

• February 2008 - applications short-listed by Selection Panel.

• April 2008 - short-listed applicants interviewed by Selection Panel.

• May 2008 - successful applicants announced.

The NIHR CLAHRCs were chosen through open competition, by an independent panel. Particular value was placed on research targeted at chronic disease and public health interventions and partnership working between universities and NHS trusts. Key features of the CLAHRCS were that there should be an equal partnership between the NHS trusts and the universities further, the research

produced by the partnerships should be responsive to the needs of the partner trusts. In 2008 the NIHR funded nine CLAHRCs with an overall budget of £88million over five years, matched by funding from local partners.

In the CLAHRC context, matched funding was defined by the NIHR as: funding secured from sources other than the NIHR, dedicated to supporting the agreed work programme of the CLAHRC. Matched funding might be money, but could be the cost of equipment, people or services used for the management, hosting and/or delivery of CLAHRC and its various activities. Examples might include, the time of people attending CLAHRC meetings, travel costs and expenses, and costs incurred by trust's central services The NIHR funding was to be used for research, research translation, and for activities to encourage research use in NHS working practices.

CLAHRCS were initially funded for five years. On the 9th of January 2013, the Department of Health announced a new, single-stage competition to designate and fund up to twelve NIHR CLAHRCS for a further five years. The amounts of the awards would be similar but the areas covered by the new CLAHRCs would have to align with the recently instituted, Academic Health Science Networks. For some of the existing CLAHRCS this was unproblematic, for others like ShireCLAHRC this would mean merging with another CLAHRC.

### Research Funding

There are a number of bodies that fund research in the UK including the NIHR. The NIHR funds a range of programmes that address a broad range of health priorities. Funding is based on the quality and relevance of the research to personal social services, public health and the NHS. The NIHR funds three main types of research: commissioned research to address specific topic areas, responsive research to meet specific health challenges or government priorities and researcher-led research to fund questions proposed directly by researchers.

The funding made available in the CLAHRCS could be allocated at the discretion of the CLAHRCS as along as it fulfilled the NIHR's criteria for its use (see preceding section, Background to CLAHRCS). No standard process was put in place

to determine how the CLAHRCs should allocate their funding or for how projects should be instigated. This then potentially left the door open for funding to support projects that did not necessarily meet the usual NIHR funding criteria. For example, the CLAHRCs had the freedom to support small-scale local projects and less experienced researchers. Projects could potentially be instigated by health service personnel or patients.

### The Structure of ShireCLAHRC

In 2008 ShireCLAHRC's bid was successful, and the collaboration became operational in 2009. Its structure was as follows. There was a board which was made up of representatives from the partner organisations. There were five project groups, each with a lead, a deputy and a manager. Four of these projects were concerned with applied health research into specific chronic conditions; the fifth project group's concern was KT. Each grouping comprised a number of projects. There was also a general overarching administrative and strategic group. In this, there was a director, a deputy director and a manager as well as administrative staff. This was based at Aftshire University (This group would often be referred to by participants as the 'core'). Figure 5 'ShireCLAHRC Organisational Chart , is a representation of the basic structure of the collaboration. This figure illustrates the 'levels of the CLAHRC and shows the position of what participants referred to as the 'core'.

Figure 5 'ShireCLAHRC Organisational Chart'
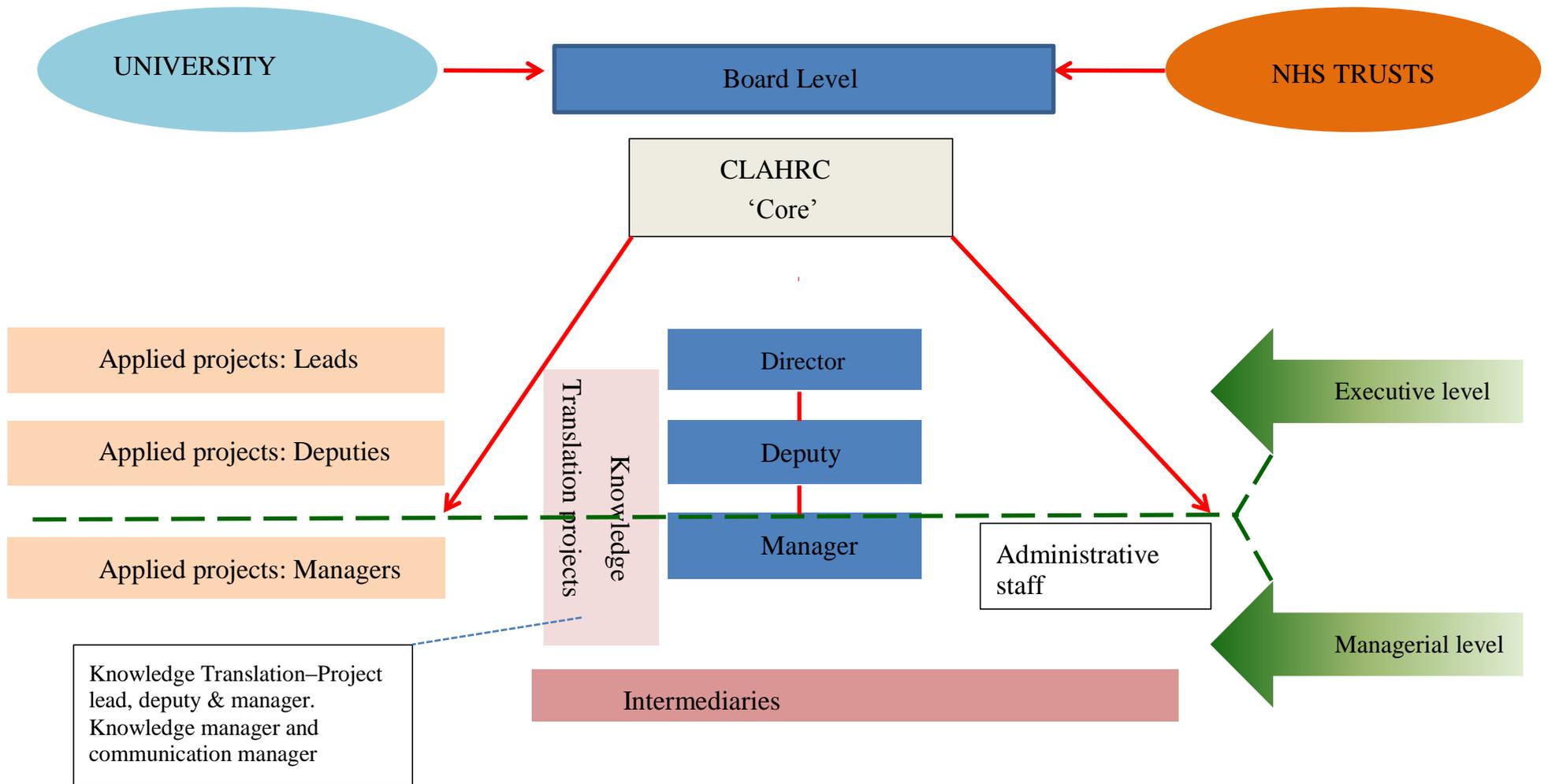
When ShireCLAHRC was formed it was decided that a mid-term, externally led, review should occur in order that progress could be assessed and changes made if necessary. ShireCLAHRC had an external advisory review (EAR) which began at the end of 2010. This panel comprised individuals who had acknowledged expertise in KT; it included John Ovretveit (Karolinska Institute, Stockholm), Huw Davies and Alison Powell (St Andrews University) and Jonathan Lomas (formerly of the Canadian Health Services Research Foundation).

In alignment with the criteria of the call, its model for the translation of innovation was framed as a step process. This was described as beginning with the identification of a patient group and their need, moving to mediating the barriers to change, and a continual monitoring/evaluation of change implementation (Baker *et al.*, 2009). The knowledge brokering component of the intervention was linked to the ShireCLAHRC intermediaries who were to be located in all but one NHS partner organisations. The seven roles were introduced to address various barriers between the NHS organisations and the university, by:

> (a)facilitating the research and implementation work of the CLAHRC in [each] Trust, (b) leading activities in the Trust to bring researchers and practitioners together to translate evidence into practice, (c) co-ordinating training in applied research and translation, and (d) identifying and co- ordinating the development of new applied researchers" (original ShireCLAHRC application).

A crucial role for the intermediaries was documented in the early material produced by the CLAHRC which described how it would satisfy its remit as a research translation intervention. The intermediaries were based in the partner trusts, and actors in the collaboration met regularly in Aftshire University.

## Access and Ethics in Principle

My PhD formed a component of a wider evaluation of ShireCLAHRC led by one of my supervisors. This meant that I had a relatively easy passage through the morass of ethical applications, inasmuch as my part of the project was a relatively small component of a bigger picture. Satisfying the partner trusts' local governance requirements proved more challenging. The application included a

large component of work-place shadowing; it was estimated that this would comprise a block of a week or so of full day observations. It was clear that this was not always considered desirable by some NHS managers. Reasons for this were difficult to ascertain with any certainty but I later inferred that there seemed to be some concern that my presence, especially in open plan working offices, might extend to a *sub rosa* evaluation of other staff and their working practices. Further, it emerged through discussions with the intermediaries, that their work took place in varied settings and was idiosyncratic in terms of what they did, and where, in any given week. Often, time spent at their desks was taken up with mundane administrative tasks and working on a PC. Clearly, access to any material such as e-mails, which might have been of interest, would for reasons of confidentiality, have to be mediated by the participants. Because of this, I decided to take more of a lead from the intermediaries as to where, and when, observations could be most usefully made. Being able to take this approach was enabled by my having developed a collaborative relationship with the participants towards the research (I will be reflecting more on this later and discussing how the trajectory of this relationship was affected by capital). Nevertheless, I still needed to be present in the trusts and I had to comply with their respective research governance requirements. These varied considerably: in some trusts it was sufficient, having been granted ethical approval, to contact the local collaborator and collect a badge. In another I had to go before a local committee of some eight people.

One aspect of process that I feel is worth commenting on, given my overarching concerns with the taken-for-granted ontological basis of certain practices, is the 'good clinical practice' training I was required to undertake.

> Good clinical practice is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects. (EU, 2001)

Despite the fact that my study was qualitative, did not involve the administration of any drugs (unless buying a participant a latte counts) and did not involve any direct contact with patients (other than by chance in public areas of

hospitals), I had to fund and participate in a course designed to teach the pitfalls of conducting a clinical trial. The majority of the training was irrelevant to the type of research I was doing. My compulsory participation in this gave me cause for concern for a number of reasons. Firstly, the size of the market place for such training indicates that offering it is a profitable activity, and public money is being potentially wasted by this indiscriminate requirement. Secondly, it demonstrates the ubiquity of the positivist paradigm in health services research (cf. Shaw *et al.*, 2009). Thirdly, and perhaps most importantly, it fails as a safeguard for either the researched or the researcher in qualitative research projects (e.g. ethnographies). Good practice in clinical research training neither equips the qualitative researcher for enacting their role nor addresses types of potential harm that might be peculiar to qualitative research practice (see for example, Dingwall, 2006). This raises the question of who is accountable should something go wrong. If one is conducting a clinical trial then the training can be seen to be representative of collaboration between the researcher and the NHS to ensure good practice, implicit of a shared responsibility and accountability. Arguably, under the current system, the qualitative researcher does not enjoy this collaborative relationship, responsibility for the 'proper' enactment of their research rests solely with them.

## Method

In terms of how best to study the intermediaries' world, my commitment to understanding the natives' own understandings (Geertz, 1973) required a qualitative methodology. I felt that this would facilitate the exploration and study of an enacted and distributed phenomenon like the intermediary work, and further, enable me to be able to situate it in the wider context in which it was taking place. Thus I drew on ethnographic methods and used the strategy of a longitudinal case study design (Eisenhardt, 1989). In the next section, I give a brief account of my understanding of 'ethnography', which serves to underscore my rationale for using it.

*Ethnography*

As a result of a field trip forcibly extended by the outbreak of World War Malinowski, an anthropologist, realised how becoming immersed in a culture could give rise to a more nuanced understanding of a given society or sub group thereof (Van Maanen,1988). The new 'ethnographic' method was defined thus:

> the fieldworker must spend at least a year in the field, use
> the local vernacular, live apart from his own kind, and above all,
> make the psychological transference whereby 'they' becomes 'we'
> (Van Maanen, 1988, p.36).

Ethnography has developed over the intervening years. Contemporary ethnographic research encompasses a range of practical methods and theoretical approaches (Fetterman, 2010; Hamersley & Atkinson, 2007).It has been used across a range of social science disciplines to investigate social processes, social groups and subcultures, and specific settings or contexts such as workplaces and schools. Ethnography begins with loose research questions which are then refined over time using inductive, interactive and recursive data collection and analytic strategies (Fetterman, 2010; Hammersley &Atkinson, 2007). The aim is that, through participation in actors' cultural lives, one can learn how it feels to walk a mile in another's shoes and develop an understanding of local cultural/symbolic meanings and rules (Hochschild, 1979).

Bazanger & Dodier (2004, p.13) speak of ethnographers relating sequences of observations to a 'cultural whole'. Using an ethnographic approach seemed ideal if I was to realise my aim of documenting and understanding intermediary work in context. Further, it offered the flexibility I realised I would need to make sense of a distributed field.

I have already discussed how my interest in the intermediary role resonated with my own experience of inhabiting an ambiguous identity. The 'problem' of *a priori* understandings has been the subject of some controversy in the field of qualitative research. For example, Grounded Theory is an approach for developing theory that is grounded in data systematically gathered and analysed (Strauss & Corbin, 1994). In this, the researcher approaches a research question with no *a*

*priori* research framework or theoretical context. The research product is grounded in the context and researcher 'bias' is moderated. My own sense is that this is naïve and embodies positivist assumptions. *A priori* theoretical knowledge is the basis by which sophisticated understandings of a context can be realised and the means by which the 'interesting' can be identified, as such, and pursued. I concur with Watson's (2012, p.19) idea of the ethnographer as a 'theorist in the field' and see the practice of research and the resultant product, as having arisen from the interplay between the theoretical resources of the researcher embedded in the field, and the field itself.

## Design: The Case Study

Having extensively written on the uses of case studies for many years, Yin (2009, p. 19), emphasises that they are useful for explaining and illustrating specific constructs. Theoretical ideas are important in case study design and are usually developed prior to data collection, since they guide the type of data collected. Case studies are "eminently justifiable" in several circumstances, including critical theory testing, unique situations, and typical cases that are especially revealing or require observation and data collection over time (Yin, 2009, p. 52). The status of the knowledge that case study research can generate has been contested, and these debates encompass the ontological issues that are the concern of much of this thesis. Flyvbjerg (2006, p.26) offers an review of these which situates these in the context of power relationships; he comments:

> The distinction between qualitative and quantitative methods is a spurious one. The separation is an unfortunate artefact of power relations and time constraints. In my interpretation, good social science is opposed to an either/or and stands for a both/and on the question of qualitative versus quantitative methods. Good social science is problem-driven and not methodology-driven.

I therefore chose a case study design not because of an allegiance to a particular approach, but because this was the best way of gaining insight into the context of intermediary work. Necessarily, to deliberately immerse oneself in

another's social world for the purpose of research is not always easy or, indeed, uncontroversial. The dark side of ethnography is reflected in Hammersley's (2006, p.11) comment that:

The essence of ethnography is the tension between trying to understand people's perspectives from the inside while also viewing them and their behaviour more distantly, in ways that may be alien (and perhaps even objectionable) to them.

I began the project naively assuming that this dark side was only applicable to 'controversial' settings. It would become clear as the project progressed that it was relevant to me. Later, I discuss the tensions that I felt as I tried to negotiate and maintain social relationships in the field. Further, as a researcher funded by the CLAHRC, I felt uncomfortable with the prospect of being too critical. Both these issues can be seen to have arisen from my choice of method: i.e. from the proximity and immersion in the field that ethnography demands. I am not able to offer a solution to these problems but have come to realise that they 'come with the territory'. The best one can hope for is to manage them in a way that does the least harm whilst maintaining one's integrity as a researcher. In the next section I discuss the ethics of ethnography in more detail, in the context of my project.

## Ethics: 'Getting in, Getting on, and Getting out'

It is known that ethnographic studies face particular ethical issues at all stages of the research process, e.g. 'getting in', 'getting on' and 'getting out' (Buchanan, *et al.*, 1988 p.53). Next I discuss some ethical issues that I encountered in the field.

### *'Getting in'*

On certain levels, this was unproblematic. I was supervised by a participant in ShireCLAHRC, and my research project was nested in an evaluation of the wider intervention; therefore, gaining access to the *formal* world of and the administrative core of the CLAHRC was uncomplicated. I began by attending meetings and was able to mask my ignorance of 'what was going on' by taking copious notes. I had no previous experience of working in a 'corporate' environment and this, combined with the complexity of the NHS, the attendant

vernacular of acronyms and the uncertainty surrounding the form that the KT intervention was taking, made for something of a baptism of fire. My field diary at this stage contains less reflexive 'reflection' and more panic-stricken concern about ever getting a sense of what was going on beneath surface of this alien world. I was realising the compelling need to rapidly acquire a new language. In this sense, I did feel some alignment with early ethnographers as they sought immersion in distant cultures. At this stage, only observation of the formal organisation in action was viable; understanding and participating at the level of the 'business' of the CLAHRC was out of the question. Nevertheless, peripheral participation in the 'social world' of the CLAHRC became possible, and over a period of some weeks I became more immersed in, and began to seek to understand, the informal face of ShireCLAHRC. Observations took place at a variety of locations. The distributed nature of the collaboration meant that I had to take a flexible approach to organising these and, as I discuss (below), doing this effectively meant developing relationships with the actors in the field in order to find out what was happening, and where.

*'Getting on'*

As I spent time in the field, social relationships became important to moving the research forward. There have long been concerns that the researcher-participant relationship is characterised by power inequalities that favour the researcher (Hammersley 1995, Oakley, 1981). But Scheurich (1997) argues that participants are not always powerless, passive subjects, and nor are researchers inevitably dominant. This assumes a stable view of the research relationship. In the context of long-term projects such as ethnography, it is more likely that relationships are as dynamic and fluid as they would be in the 'real' world (Ritchie and Rigano, 2001). I found this to be the case in my project. In time, I had begun to chat to some of the intermediaries in breaks in the meetings. On reflection, I think that this interaction was encouraged by the fact we were all relatively new to the collaboration, and had in common a lack of status and therefore similar concerns about our legitimacy in respect of actively participating in the collaboration. In addition, we shared a sense of uncertainty with respect to

what was expected of us. There was a sense that we were 'all in the same boat'. As time passed, they became more involved in my project, and I became more involved in their working lives.

*'Getting out'*

The time at which I left the field was largely determined by the collaboration coming to an end. Although this did not happen formally until early 2014, from the summer of 2013 there was a sense amongst many actors that the collaboration was in its final phase, and many were seeking new jobs. Only two of the intermediaries, Fran and Joss, were still in post in the New Year. Given that I was based in the same building as the core of ShireCLAHRC, I continued to attend formal meetings; but when the agendas were increasingly concerned with the business of competing for the new round of CLAHRC funding, I decided to withdraw. I remain in contact with a number of the participants.

## Anonymisation and Pseudonymisation

The anonymisation of the data presented in this study followed ESRC guidelines (Clark, 2006). Anonymisation aims to 'protect' or hide the identity of research participants (Clark 2006). It should be extended to names, age, gender, ethnicity, and location and any other category descriptor which might identify the participant. This is especially salient when sensitive, illegal, or confidential information may have been disclosed during the research process, or when information is disclosed which may cause the participant distress should other parties access it. In the case of the latter scenario, the researcher cannot anticipate what information might be sensitive, and therefore anonymisation is a normal feature of all research practice. Anonymisation can be seen as an ethical issue which must be considered throughout the research process (Clark, 2006). However, Singleton and Strait (1999) argue that complete anonymity in most social research is impossible to achieve. It therefore falls to the researcher to get as close to this ideal as possible. With this in mind, I have used pseudonyms throughout this thesis and, where appropriate, obfuscated other categories, e.g.

gender. For obvious reasons, I have prioritised the anonymisation of individuals above that of the organisations.

I accept that the small number of CLAHRCs, the distinctive features of their organisational structures, and the small number of intermediaries have made the anonymisation process challenging. There has been a continuous tension in this project between reporting significant aspects of the organisation's structures and the potential of those to be used as identifiers. Further, the problem of appropriately citing ShireCLAHRC publications in accordance with academic practice has also posed a problem. I therefore had to balance anonymisation with the integrity of the research project, in effect, attempting to satisfy two contradictory ethical imperatives. Compromises have been made in respect of both.

## Data Collection and Fieldwork

I used a number of data collection techniques (below): in-depth interviewing, participant and non-participant observation, focus group sessions, researcher-solicited diaries, and the collection of documents and artefacts. This wide-ranging approach is not intended to lay the grounds for a claim for 'triangulation' or 'saturation' by collecting a large volume of data. Rather, my rationale was driven by my having placed my participants' experience of their new roles as my central focus, thus it was important to gather *any* data that was relevant to that, in order to understand their work-in-context.

Formal observations in the field took place over the entire study period. The total time spent conducting observations was approximately 250 hours. Regular observations were made of the collaboration's monthly core operational group meetings. Other events and shadowing opportunities were taken as and when they could be arranged. For example, Figure 6 'Sample of fieldwork' (below) shows events attended in February 2012:

Figure 6 'Sample of fieldwork'

6.2.12 Shadowing Ali, at a 'handover' morning meeting at Hamshire PCT. Frankie and Max also present. Followed by informal lunch with Ali.Field notes [6 hours].

8.2.12 Shadowing Ali and follow up interview. Field notes [6 hours]

9.2.12 Fran's managerial meeting with Lindsay Aftshire PCT –field notes [1hour]

13.2.12 Operational meeting .Minutes/agendas and field notes [3hrs ]

Present: Ash, Alex, Jan, Frankie, Ali, Fran, George, Chris, Joss, Jerry, Jan , Jess, Dee

14.2.12 Staff development working group Chris, Alex, Frankie and Jan: agenda /minutes /field notes [2hours]

14.2.12 GP fellows' induction event: agenda/ field notes/informal discussions [4 hours]

In addition to the formal, scheduled events, described above, as I became more assimilated into the group of intermediaries and my opportunities to spend time with them in the field increased. I became included in informal events such as lunches, coffees and shared travel. Often, these were a good source of soliciting concepts. They also provided an opportunity to test my conceptual understandings of the data with the participants, through discussion. Figure 7 'Participants and Data Collection' (p.117) itemises the more usual forms of data that I used in this project. Documents, pictures and other material have not been included.

Figure 7 'Participants and Data Collection'

| Pseudo-nyms | Pseudonymised Job Titles | Interviews | | | Diaries | Focus groups 1and2 |
|---|---|---|---|---|---|---|
| | | Autumn 2010 | Summer 2012 | Extra interviews. 2012-2013 | | |
| Viv | Lead applied research group / deputy director strategic core group | | | | | |
| Cam | Manager, applied research group | ✓ | ✓ | | | |
| Brett | Lead, applied research group | ✓ | ✓ | | | |
| Bo | Manager, applied research group | ✓ | ✓ | | | |
| Cal | Manager, applied research group | ✓ | ✓ | | | |
| Dale | Lead, applied research group | ✓ | ✓ | | | |
| Dill | Manager, applied research group | ✓ | | | | |
| Dee | Manager ,applied research group | ✓ | ✓ | ✓ | | |
| Aubrey | Lead, applied research group | ✓ | ✓ | | | |
| Bertie | Manager, applied research group | ✓ | | | | |
| Drew | Director, public health, Aftshire PCT | ✓ | ✓ | | | |
| Alex | Director, strategic core group director/lead implementation group | ✓ | ✓ | | | |
| Max | Deputy lead, implementation group | ✓ | ✓ | | | |
| Jan | Manager, implementation group | ✓ | ✓ | ✓ | | |
| Dara | Manager, affiliated research network | ✓ | ✓ | | | |
| Ash | Manager, strategic core group | ✓ | ✓ | ✓ | | |
| Ali | Intermediary :PCT, Hamshire | ✓ | | ✓ | ✓ | ✓ |
| Frankie | Intermediary, acute trust, Hamshire | ✓ | ✓ | ✓ | ✓ | ✓ |
| George | Intermediary, mental health trust, Hamshire | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chris | Intermediary: PCT Aftshire | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fran | Intermediary: PCT, Aftshire | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jerry | Intermediary: PCT, Aftshire County | | ✓ | ✓ | ✓ | ✓ |
| Mo | Intermediary: PCT, Aftshire County | ✓ | ✓ | ✓ | ✓ | |
| Joss | Intermediary: acute trust,Hamshire | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lindsay | R & D manager: Aftshire County | ✓ | ✓ | ✓ | | |
| Sam | R & D director, mental health trust, Aftshire | ✓ | ✓ | ✓ | | |
| Danny | Director of research, acute trust, Hamshire | ✓ | ✓ | | | |
| Win | R & D director, acute trust ,Aftshire | ✓ | ✓ | | | |
| Eddy | R & D manager, mental health trust, Hamshire | ✓ | ✓ | ✓ | | |
| Dara | Manager, clinical research network, affiliated to ShireClahrc | ✓ | ✓ | | | |
| Nick | Consultant, patient and public involvement | ✓ | ✓ | | | |
| Total 31 | | 29 | 27 | 14 | 8 | *n/a* |

As above, I used conventional qualitative data collection techniques, including interviews and focus groups. The interviews and focus groups were transcribed verbatim, and potential identifiers were removed or replaced with pseudonyms. The length of the interviews varied between 25 and 60 minutes. The evaluation interviews used a semi-structured schedule. When interviewing the intermediaries, additional questions derived from the diaries were included. I conducted other 'opportunistic', follow-up interviews which were often informal and conversational[6]. I also moderated two focus groups with the intermediaries. The focus groups used a general topic guide which had been developed in collaboration them. Each session lasted for around two hours and was audio-recorded and transcribed. These groups were intended by the intermediaries to jointly explore and make sense of their experiences in the roles. They were intending to use the material from these to write an auto-ethnographic article for publication. We agreed collectively that my involvement in the article would be to offer methodological and writing support. Further, I was to organise and run the sessions. We agreed that we would all (who participated in them) have access to the data elicited.

An ongoing debate questions the legitimacy of these techniques (interviews and focus groups) and the status of the knowledge that is produced by them. This centres on the 'artificiality' of these events, claiming that the material generated through them is produced to orient specifically to the research occasion. (For an overview of these debates see Speer, 2002). My own sense is that the ideal of restricting analysis to 'naturally occurring' data is deeply problematic, for several reasons. Firstly, whilst it is important to consider how research methods are constitutive of research products, in qualitative research this 'problem' is routinely made explicit through reflexive practice. Secondly, given the many subject positions and positions of power any individual may take in an interaction,

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[6] Informed consent was obtained from all the participants. Additional consent was obtained for the extra interviews.

why should eliminating a single position, e.g. that of the 'self as researcher', take precedent over the knowledge that might be realised? Thirdly, the serendipitous nature of gathering 'natural' data seems to severely limit the range of topics that can be studied. Furthermore, when analytical attention is turned to language, I contend that it is important to consider that all individuals participate in interaction using discursive devices (e.g. repertoires, categories and metaphors) that have local currency and relevance, including those that are articulated in the 'artificial' setting of the interview or focus group. The objective for the analyst is to recognise how these are used and make explicit the assumptions they embody. For the purpose of this research I have elected to treat all data types as texts. Next, I discuss the more unusual data items I used, my rationale for using them, and their contribution to the project.

## Analysis: Diaries

The researcher-solicited diary is a relatively recent phenomenon; these are diary generated specifically for research. They have been used in studies which have used both quantitative and a range of qualitative methodologies (Harvey, 2011). It is acknowledged that the open-solicited diary can provide rich qualitative data (Elliot, 1997; Kenten,2010 ) with distinctive properties, for example time, space, and immediacy. They are a means by which temporally distributed changes and processes can be observed, allowing researchers access to the development of emergent phenomena. Thus, they offer a more immediate and intimate account of a phenomenon, as opposed to (for example) *post hoc* interview accounts that may have been moderated, reinterpreted and rationalised between event and interview.

Diaries allow the authors topic control, thus what is important to the *author* is recorded and explored. Furness & Garrud (2010) consider that a key property of the diary is that of giving priority to the authors' concerns, rather than those that are considered important by the researchers. A number of authors have commented that the open-diary is a format in which the emotive dimensions of everyday life can be more readily alluded to and documented:

> Solicited diaries reflect more the diversity of human feeling
> and thought and provide the space for a multiplicity of emotions
> and lived experiences to be documented (Morrison, 2012, p.2).

It is perhaps surprising, then, that little explicit consideration has been given in the literature to the potential of the open solicited diary to generate sensitising concepts. These can be used to inform interviews, enabling the researcher to tailor components of subsequent interviews to address topics made relevant by the interviewee. In summary, researcher-solicited diaries have certain properties which distinguish them from other qualitative data collection techniques. They allow insight into process and change, offering a means by which distributed phenomena can be drawn together. They can prioritise participants' own terms and frames of reference, and provide and legitimate emotional expression. Finally, the diary has the potential to provide a valuable starting point for research by generating participant-produced sensitising concepts and provide the basis for participant-informed interviews. Given that my research setting, and the work of the intermediaries, was distributed in space and time, it became apparent that using diaries might be a way to better connect the experience of the intermediaries as their roles evolved.

The idea of keeping diaries was introduced to the intermediaries during a staff development day in June 2010. I stressed that this was voluntary and that they had a right to withdraw at any time. An awareness that there were already significant demands associated with the posts, and that some individuals are simply more predisposed to be diarists than others, informed my decision to not impose any constraints on the authors regarding the format or length of the diaries (Sheridan, 1993). I stressed that the entries should be about what was important to the authors, for example, aspects of the roles that were positive or negative, comments about the enactment of the roles, and what worked and what didn't. I suggested that diary entries should initially be fed-back monthly, then on an ad hoc basis. Clearly this was important, as taking an open approach to the diaries potentially created the conditions for minimal compliance, and there was a risk that only perfunctory entries would be produced. Although this was not the case, even

amongst the most enthusiastic diarists, there was an eventual decline in entries. When I explored this, I found that the diaries had coincided with the inception of regular meetings of intermediaries. This suggests that these might have replaced some of the functions that the diaries had offered, e.g. sense- making and emotional expression.

## Analysis: the Pictures

In February 2012, the intermediaries organised a team building day for the CLAHRC's core role-holders. There was a closed workshop, intended by the intermediaries to be both a collective sense-making session and an opportunity to develop a collective strategy to make their roles more visible and credible. The first activity was to paint a representation of their work-world to be used as an elicitation tool for a discussion. I became interested in the possibility of using these pictures as data. As Rose (2001, page 32) comments:

> visual imagery is never innocent; it is always constructed
> through various practices, technologies and knowledges.

Visual imagery is about how people *see* the world in both its simplicities and its complexities (Guillemin, 2004). Images, like any other text, are intricately bound up with power relations and social experiences (Guillemin, 2004.). In common with diaries, the image is a record of how the artist understands his or her condition at a particular place and time. I asked if could use the pictures for my research and intimated that I might reproduce them in this thesis. Permission was given, but copyright is retained by the artists.

From many theoretical perspectives, there is little to distinguish imagery from any other form of symbolic representation of the social world (Guillemin, 2004.). Thus, the analyst may ask similar questions of both images and any other form of data representation. Clearly, though, there are some differences: for example, representations of space, size and colour are additional symbolic dimensions. So, in order to do analytical justice to the pictures, I based my analytical approach on Guillemin's (2004) revision of Rose's (2001) critical visual methodology and asked the following questions:

- What is being shown?

- What are the components of the image?

- How are they arranged?

- What relationships are established between the components of the image?

- What do the different components of the image signify? What is being represented?

- Who was the original audience for this image?

- Where is the viewer positioned in relation to the components of the image?

- What relation does this produce between the image and its viewers?

In the next section, I give more detail of how I analysed the other texts in the corpus.

## Analysis: Text

Figure 8 below, 'Data collection and analytical process' illustrates my analytical process.

Figure 8 'Data collection and analytical process
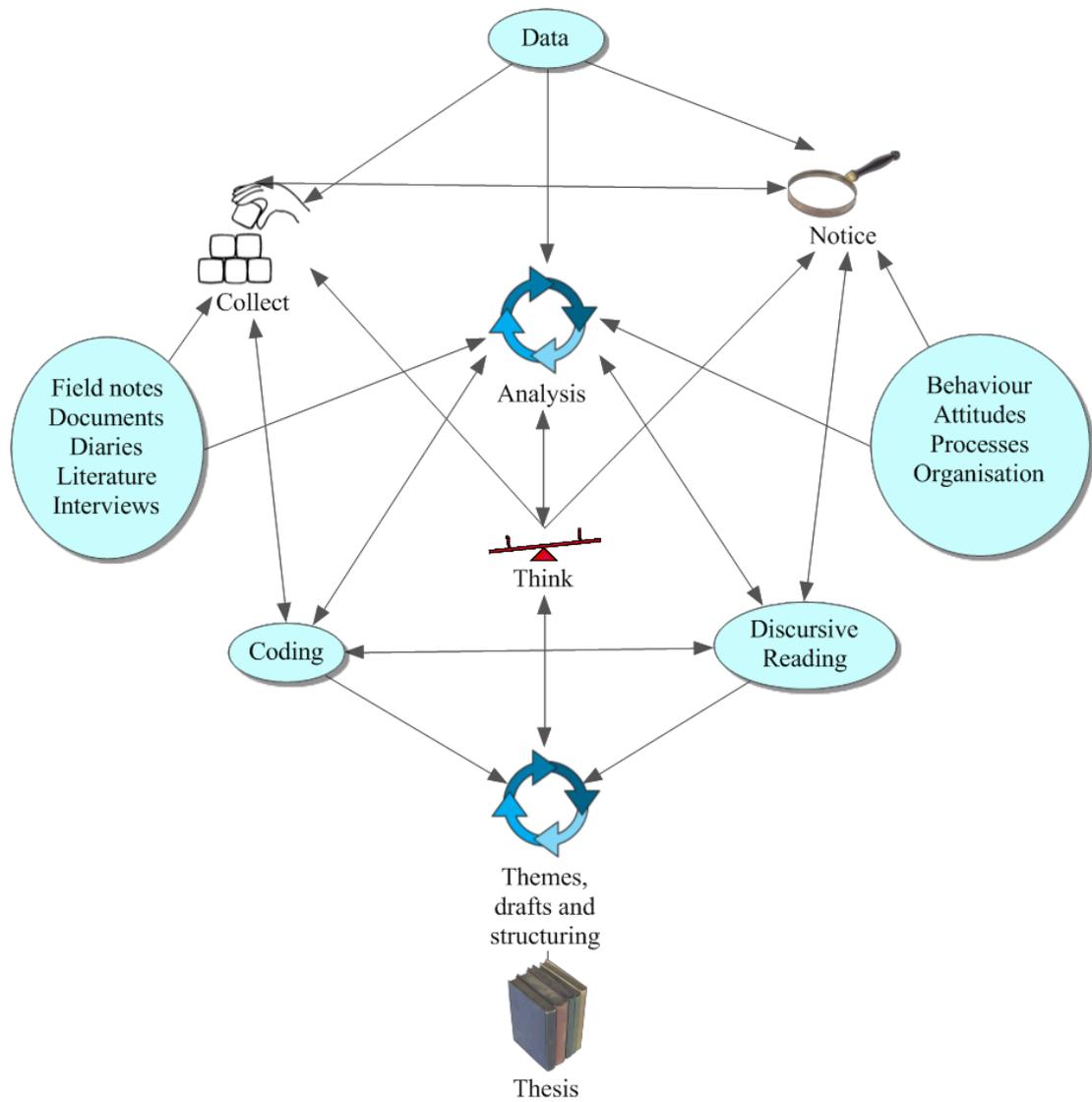
There is no singularly appropriate way to conduct qualitative data analysis, although there is general agreement that qualitative analysis is an ongoing, iterative process that begins in the early stages of data collection and continues throughout the study (see Fetterman, 2010; Hammersley, 2007). During the study period, I had regular meetings with my supervisors which enabled me to discuss my emerging ideas. I also wrote a report of my interim progress for my one year review. In the course of my second year, I was fortunate enough to participate in a large conference on intermediary roles and, after my presentation, was invited to contribute to a special journal issue on intermediary roles (see Chew *et al.*, 2013). In this way, I was able to gain some assurance that my initial findings and conceptual development aligned to that of others working in the field.

My data analysis was aided by Nvivo, an electronic qualitative data management programme. This enabled me to aggregate my data into one 'space'. The 'attributes' function of the programme aided documentation and cross-referencing. The electronic data were encrypted and other 'hard' data were kept securely. The actual writing of the thesis was, like the data collection, distributed across the entire time of the project. Clearly figure 6, represents a highly sanitised version of the analytic process and the reality was neither tidy nor linear:

> All coding is a judgment call since we bring our subjectivities, our personalities, our predispositions, [and] our quirks to the process (Sipe and Ghiso 2004, p. 482).

In figure 6, I have described one of the components of the analytical process as 'discursive reading'. It will be recalled that, in Chapter 3, I made a case for taking an analytical approach that drew on discourse analysis. I developed an analytic plan which focussed on certain themes: actors' understandings of the CLAHRC and the intermediary roles, and the intermediary actors' own understandings and experiences. Aware that 'coding is analysis' (Miles & Huberman 1994, p.56), I read each item closely, and initially coded extracts to these broad themes. The next stage in the process was to re-read the extracts from a discursive analytic perspective. I asked the following questions of the extracts:

- What is implicit in the text? What value, propositional and/or ontological

assumptions are being made?

- What kind of identities and categories are being used?

- What is the action orientation of the text?

- What discursive devices are used: for example, metaphors, repertoires, and intertextuality?

There followed a process of connecting the data to explore how, for example, categories may have been influenced by, or indicative of repertoires. Alongside this, a concurrent process of re-evaluating, seeking alternative explanations, and finding disconfirming evidence cases took place. Much of this occurred 'in the field', my presence amongst the participants giving me the opportunity to test and revise my understandings and ideas. As the analysis progressed and I developed more nuanced understandings of the field I went back to the data. This was a recurrent process (see figure 8). For example, I realised that the organisational structures and systems were important and this became another higher-order theme; I then applied discursive reading to this new category. The answers to the questions above formed my second-order codes and enabled me to consider the broader socio-political context throughout the analysis. Thus, I sought to go beyond approaches to initial reading/coding that centre on the views, values, beliefs, feelings, and ideologies of individuals (Charmaz, 2006).

It will be apparent that I accumulated a large amount of data. The thesis form poses a limit on the amount of material that can be included in a single volume. This, therefore, is not the *whole* story and not the *only* story that could have been constructed from this data. Other researchers may well have approached this corpus differently, and asked different questions of it. Informed by the literature and my time in the field, the material in the empirical chapters answers the questions that *I* sought to ask.

# CHAPTER 5: INTRODUCING THE EMPIRICAL CHAPTERS

Previously, I discussed the drive to make health-care delivery evidence-based in order that inequalities might be reduced and patient outcomes improved. I showed how closing the 'second gap' in translation has given rise to interventions such as CLAHRCs. Such interventions may also be seen as reflective of a growing co-productive research discourse, in which researchers share authority in the process of knowledge creation with other 'stakeholders'. This novel form of research production is seen to offer the potential remedy to the apparent shortcomings (e.g. the disjuncture of knowledge production and usage) of traditional 'end of grant' knowledge translation by means of dialogical or 'Mode 2' forms of production. In this 'solutions based' approach, end users participate in developing research questions that are relevant to them, therefore the answers generated are more likely to satisfy the needs of practice; thus the knowledge generated will be less likely to disappear into the 'second gap'. Yet the widespread enactment of holistic, co-productive research in healthcare research is yet to occur, *despite* a growing sense that it should (Gaffield, 2011).

The following three chapters represent the empirical findings from my research which was concerned with exploring the intermediary roles that were instituted by ShireCLAHRC. The material contained in these chapters forms a basis for addressing the research questions set out in Chapter 3. These questions are restated and addressed explicitly in the discussion sections of the appropriate chapters. It should be noted that, as with the chapters themselves, many of the 'answers' to the questions demand that all levels of the context are taken into account.

Each chapter is broadly centred on a particular organisational level of the organisation and the forms of boundaries that manifest in that context. Various forms of boundaries bolster the regulative, normative and cognitive structures that underpin institutional life and practice (Paulsen & Hernes, 2003; Scott, 1995).

In Chapter 6, I give an account of the formalised regulatory and

managerial systems, structures, strategies and procedures within ShireCLAHRC and its partners and how these impacted upon the co-productive form of research that some assumed the intervention was intended to facilitate. In Chapter 7, I engage with the ideologies and values of the organisational actors. Finally, in Chapter 8, I consider the intermediaries' experience of their roles.

The content of each chapter is not discrete; the organisational levels are relational to the others. I have ordered the chapters in this way to create a coherent narrative for ease of reading. There are a number of cross-cutting themes; these include collaboration, co-productive research, hegemonic quantification, intermediary roles and boundaries. Throughout these chapters, I draw upon theory from the work of Bourdieu and others in order to reveal and explicate the boundaries in ShireCLAHRC, the concomitant complexity of institutionalising co-productive research forms given those, and the ways in which they determined the shape and scope of the intermediary roles and the impact of those for the actors in those roles. Finally, in Chapter 9, I draw some themes together and reflect on how the promise of the intermediary role as a KT intervention might be better realised in collaborative settings.

Next, as a prelude to the empirical chapters, I draw from my field notes and research diary to give a brief account of how my experience in the field highlighted the 'conundrum of collaboration', i.e. how collaboration in research production was generally agreed to be a good thing in principle, but how, despite this apparent consensus, proved extremely difficult to enact in practice.

## Collaboration in Principle; What Lies Beneath?

When I first encountered the research field and began to attempt to make sense of ShireCLAHRC, my assumption was that there would, between the partners, be a universally held shared vision centred on enacting a form of transactional/co-produced research similar to the one expressed below:

> What we're looking for is a paradigm shift really… to sort existing structures and activities and ways to think, ways of doing business. [Bo, manager applied research project]

My expectations were further cemented by the following, which is drawn from ShireCLAHRC's 'Approach to knowledge translation':

> In integrated KT, stakeholders or potential research knowledge users are engaged in the entire research process. By doing integrated KT, researchers and research users' work together to shape the research process by collaborating to determine the research questions, deciding on the methodology, being involved in data collection and tools development, interpreting the findings, and helping disseminate the research results. This approach, also known by such terms as collaborative research, action- oriented research, and co-production of knowledge, should produce research findings that are more likely be relevant to and used by the end users. (ShireCLAHRC public document)

However, as I spent more time in the field, it became apparent that this vision was not shared by all in the collaboration and, furthermore, the 'new forms of collaborative research' which had been framed as part of the solution to the second 'gap' were not always identifiable. I realised that there was a disjuncture between theory and practice; this idea was further reinforced when, midway through my time in the field, I attended and observed a large partner trust's research conference.

At this conference, I noted the chief executive stated that 'research is seen as relevant to quality, safe, personal, and effective care, and excellence is linked to all these'. They went on to say that there were many thousands of potential clients of the trust in its area, and that 'there are 6000 staff of which 5000 are in contact with patients', suggesting untapped potential for increasing research participation. They continued, saying that 'research is about challenging old models, developing new models and implementing those'. Research should be seen as 'continuing across the life of the professional and be part of professional development'. They concluded with: 'Ideally research should be seen as integral to our day jobs'. From this perspective there was both opportunity (a large pool of clients and 6000 potential researchers) and a responsibility for those in practice to participate in the generation of new knowledge, and, if this was insufficient, there was also the added incentive of being seen to be actively adhering to policy concerns about quality. Another speaker, representing the medical school

at Aftshire University, continued the theme by asking practitioners to identify 'what makes you angry' and to 'go out and change it'. That speaker added an additional incentive to participate in research in the form of an individual-level moral responsibility to rise up against bad practice.

Compelling rationales for practitioners to participate in research that are, on the surface, hard to disagree with were articulated. Underpinning much of this is an assumption that individual agency has a considerable role in determining change. However, as the comment below, from a research and development (R&D) manager in a trust suggests, such rationales were seen as old news and often viewed cynically:

> If I had a pound for every time I've heard in this trust 'why are we doing other people's research?' I'd be very rich [Sam: R&D Manager, Aftshire. Field notes]

As I talked with trust personnel during the day, it became evident that this cynicism was shared by many: wider participation in research was wanted, but efforts to achieve this were considered to be hampered by entrenched structures and processes. The emphasis placed on individual agency by those at a higher level was at odds with many individuals' experience of structural constraints at the practice level. The shift to a collaborative form of research production espoused at the political level, which had led to the instantiation of the CLAHRCs, had yet to be realised. It seemed that what had started out as an intervention intended to bring about a major change in the way that research was produced, e.g. through collaborative action to close the 'second gap', was resulting in little change. Many perceived little impact on the pre-existing structures and attendant processes of knowledge production that had been held to give rise to the 'gap' in the first place, e.g. the disjuncture of research and practice.

From what I continued to hear and observe in the course of my study, the majority of individuals were fully committed to the principle of EBM and improving outcomes for patients though best practice. But it became evident that the problem was more complex and went beyond individual motivation. For example, it seemed that issues and boundaries created by the reproduction of the established

processes and capital values of the existing field of research production through the recycling of institutional systems and practices in the intervention was proving inhibitory to establishing new ways of working. For example, in Chapter 6, I consider how the use of agenda-structured meetings as the main communication tool in the collaboration, acted as a boundary to communication. In the same chapter I show how recycling a bidding process served as a mechanism which helped to preserve and reproduce the established boundaries and capital values of the pre-existing research production process, thus making what had been taken by many to be an inclusive opportunity to access funding seem (albeit, perhaps unintentionally) anything but.

Towards the end of the study, as I began to analyse the data in more depth, I reflected that there had been a number of points in the lifespan of the CLAHRC that could have provided the opportunity to drive a co-productive approach to research production. These were: the initial organisation of the CLAHRC, the mental health awards (see below, p.161), the External Advisory Review (henceforward 'EAR'), and, finally, the bid for the continuation of the CLAHRC. Each of these points could be seen as an 'opportunity for change', but little was realised. Thus, I began to question why these opportunities had been lost.

In the course of this thesis, I will argue that a main inhibitory factor was that the scale of the change necessary to achieve co-production is *routinely underestimated* at many levels of policy and practice. Further, the role of the intermediary knowledge worker may offer potential to better facilitate KT, but realising this potential depends on a better understanding and anticipation of how *the experience and shape of such roles is determined by the overarching approach to knowledge production and translation* taken. For example, the role of the intermediary in a linear KT process might be quite different from that in a collaborative KT process. In the next three empirical chapters, I pursue these themes, articulate my arguments further, and offer suggestions for how such challenges might be better addressed in future intermediary interventions.

# CHAPTER 6: SYSTEMATIC AND PROCEDURAL BOUNDARIES

In this chapter, I show how the boundaries in the collaboration were enabled and imposed by the pre-existing institutional and social relationships between the partners. I explore how the routines and procedures that the collaboration adopted contributed to boundaries that became relevant to enacting collaboration and impacted on the realisation of a new co-productive form of research practice. I also argue that 'strategic vagueness' (Wexler, 2009) also played a role in inhibiting the realisation of new forms of research practice. Further, it impeded the emergence of a single problem definition that all in the CLAHRC could address.

I also give an account of the organisational context in which the intermediary roles were enacted, to introduce it, ahead of Chapters 7 and 8. These chapters will show how the roles developed in response to the constraints and pressures of pre-existing and persistent assumptions concerning knowledge production, expertise and professional legitimacy. For now, I begin this chapter by looking back to the beginning of the collaboration.

## In the Beginning, the Word was 'Collaboration'

The overarching means by which it was thought that the CLAHRCs might make progress towards closing the 'second gap' was through collaborative partnerships between researchers, the academy and wider 'stakeholders'. In the context of this thesis, the term 'stakeholders' includes all those concerned with the delivery of health services, for example, managers, clinicians, and the public. In terms of working towards addressing the second gap, ShireCLAHRC (2009) initially formulated three main 'aims' in response to the original NIHR call:

> Aim 1: Conduct applied health research (in long-term conditions) in new ways that can more rapidly inform practice
>
> Aim 2a: Increase research capacity so partner NHS organisations are better able to generate new research evidence
>
> Aim 2b: Increase research capacity so partner NHS organisations are

better able to make use of existing research evidence

Aim 3: Develop systems and structures for the application of knowledge and for the translation of research evidence into more effective and efficient health care policy and practice

It can be seen that these aims broadly concern two aspects of knowledge: the production of new knowledge ['1'and '2a'] and the management and implementation of existing knowledge ['2b' and '3'].When reading these aims, it is possible to infer an intention to change existing practices.

The first target, knowledge production, was seen by many to offer the opportunity for co-production. This was bolstered by the overarching remit of the CLAHRCs to conduct applied research that directly addressed local needs:

> It's recognising the fact that NHS Trusts and services have been working in isolation to academic organisations. So you've got the service trying to make decisions and come up with questions and then on the other side you've got the kind of academic departments which are research active but maybe asking questions that don't necessarily align to the questions that the organisations are asking…So I guess it's about making that research more applied so that it can be implemented within the services. And also the other way round so that the services can actually influence the research that's undertaken within the academic departments, so some of these projects have huge budgets and long timescales so they seem to get to the end of a study and then realise that it's not relevant to the day to day decisions and challenges faced by the NHS Trusts. So it's about collaboration, it's about two-way influence to get better outcomes to save money, use resources most efficiently and kind of deliver the best healthcare services. [Drew, public health director, Aftshire. Interview 1.]

For many, like Drew, this represented an opportunity to remedy the shortcomings caused by the separation of research and practice, by developing a dialogical and symbiotic relationship between the two. Drew's interpretation of the CLAHRC reflects the ideals of co-production, in that research should be responsive to users' needs. It suggests that questions should be determined that are aligned to the needs of practice, and the answers that that research generated should be in a form which was readily accessible to users. Drew cites timescales as problematic, referring to the differing institutional worlds of research and practice and how the

systematic processes by which research is traditionally produced can result in wastage. For Drew, wholesale change was required, which could be brought about through dialogue between research and practice and through a revision of extant practice. As my project progressed it became evident that Drew's vision was not universally shared amongst the stakeholders. Interpreting the aims and distilling from them a plan for change proved challenging. In the next section, I reflect on why this might have been the case.

### 'Strategic Vagueness': a Sheep in Wolf's clothing?

Blume & Board (p.1, 2010) comment that 'A speaker's statement is intentionally vague if it is imprecise, and more precise statements were available to her.' In the early phases of ShireCLAHRC, the breadth of its aims was considered to be, firstly, a means by which consensus with respect to collaboration *in theory* could be achieved and, secondly, a space in which a consensus *for practice* could occur (Martin *et al.*, 2011). However, as time passed, it became evident that the consensus needed for a collective plan of action to emerge was proving elusive. It is possible, I suggest, that the aims had contributed to inhibiting consensus through their 'strategic vagueness' and ambiguity (Wexler, 2009). Empson (1949) proposed that analysts think of imprecision or vagueness as a communicator's effort to mobilize ambiguity as a pragmatic resource in achieving goals, rather than an inadvertent lack of clarity. Successive organisational analysts recognised that the strategic use of ambiguity in the context of coalitions can reconcile multiple stakeholders by offering a mandate broad enough to absorb individual differences and interests, whilst still producing agreement (for a review, see Wexler, 2009). Strategic ambiguity can serve a number of other functions. Firstly, when disseminating tentative plans or mission statements, it suggests that these remain open for debate (Wexler, 2009.). Secondly, when dealing with issues that are controversial and that might to lead to conflict, it can shift focus to generalities rather than specifics (Wexler, 2009.*).* Thirdly, it can help to ease organisational changes that need stakeholder buy-in. Because such vague statements can be read as 'all things to all men' they can enable a form of consensus (Wexler, 2009.).

It can be seen how these functions might have pertained to ShireCLAHRC.

For example, there are sound reasons for strategic vagueness at the outset of new projects that involve multiple stakeholders because it can create the conditions for initial consensus:

> In the area of emergent coalitions, that is, in the early stages of network development, strategic ambiguity helps bring together diverse communities (Wexler, 2009. page 63).

However, the immediate gains in terms of the realisation of broad engagement can prove problematic, since what strategic vagueness does not do is guarantee or generate any impetus to move beyond generalities. That is to say, creating the conditions for dialogue does not necessarily mean that action will follow and, according to critics of strategic ambiguity as a tactic for instigating collaboration, the ideas that are produced, shared and agreed amongst stakeholders tend to be imprecise and lacking in rigour (Wexler, 2009.).

A second consideration is that issues of power, legitimacy and control are left unaddressed in order that multiple stakeholders may nominally engage, resulting in actors participating in dialogues from their existing positions within the fields they normally inhabit. These positions are likely to be bolstered by the pre-existing intellectual and social capital forms that are relevant to these. In the case of ShireCLAHRC, there was a discursive arena populated by actors from varied professional domains with competing claims for executive legitimacy warranted by diverse capital forms. In the next chapter, I look more closely at the claims for expertise that were made by the actors in ShireCLAHRC. Further, I also show how these constitute and contribute to the 'boundaries' that are held to be problematic in enacting collaborative research practices in healthcare settings. For now, it can be seen how strategic ambiguity may have contributed to the fact that, according to the sense of many, since the EAR and the formulation of its objectives, that change and progress was, at best, modest, and the realisation of visions such as Drew's seemed no closer. Max's response to the question of the degree to which ShireCLAHRC had engendered change typified this:

> Iv: Could you just sort of in a nutshell, describe what the changes have been in ShireCLAHRC since you were last interviewed and what you attribute those to?

Max: that must have been before the external review (EAR)

Iv: it was around that time, yes, I think the external review had been done

Max: and you're talking about ShireCLAHRC generally?

Iv: yes that's right

Max: the applied researchers and where most of the money is spent…

Iv: Yeah

Max: Absolutely nothing, the... well, sorry, I'm exaggerating a bit. I mean, generally, the PIs [principal investigators] have, you know, continued with their work on their applied research studies, you know, continued on their journey towards final results and publications [Max, KT group deputy lead. Interview 2]

This suggests that work is needed early on in collaborations to directly address or re-specify institutional systems or boundaries; otherwise the risk of replicating the dominant relations of power remains unaddressed. Furthermore, this resonates with critiques of the value of strategic vagueness, and is further illustrative of the idea that short-term wins in gaining a temporary transcendence of boundaries via broad consensus may not be worthwhile in the longer term and might potentially create the conditions for stasis. Boundaries both constrain and *enable*:

> the stability they provide makes it possible for groups and organisations to act intentionally (Hernes, 2003p.42).

In short, strategic vagueness can be seen as a useful tool for dealing with potentially 'inhibitory' boundaries in the short term, but this benefit may be at the cost of facilitating *enabling* boundaries to form, for example, those which would define and demarcate specific actions for change. Although it is likely that strategic vagueness played a role in creating conditions which inhibited change, other factors would also prove to limit the potential of ShireCLAHRC to realise significant changes in research practice.

The importance of dialogue between the stakeholders had been recognised from the beginning of the collaboration. Thus, it is arguable that a consensus for change might have been realised in time, had conducive conditions been created for that dialogue to take place. Next, I describe the communication systems that

ShireCLAHRC used, and introduce the intermediary roles which were heralded as part of its communication armoury. Both of these had potential to contribute to facilitating the dialogue necessary to move the collaboration beyond the initial consensus-in-principle to a consensus-for-action but, as I will argue, this potential was not fully realised. For now, I return to the intermediary roles and focus on how they were institutionalised, and include an account of the way in which strategic vagueness affected their form and function.

## Institutionalising the Intermediary Roles

In keeping with findings from the KT literature (see Chapter 2) which cites intermediary roles as a means by which knowledge transfer can be enhanced, the brokerage or intermediary concept was taken up by other CLAHRCs which formalised their own role versions (for example, see Evans & Scarborough, 2014). As shown in Chapter 2, interest in the concept of knowledge brokerage within research had coincided with the growth in the field of implementation science and it was posited that this could prove to be a useful tool in the translational armoury (e.g. Lomas, 2007). Within ShireCLAHRC, it was initially intended that a cohort of posts be set up to operate between the partner trusts and the core of the CLAHRC which was hosted by Aftshire University. The posts would be funded by the CLAHRC and employed by the trusts and would be collaboratively and jointly managed. In an interview, Eddy reflected that the roles had originally been conceived of as 'liaison' roles intended to:

> [be] a liaison between the university academic community and the
> NHS staff [Eddy, R&D manager, Hamshire. Interview 2]

As ShireCLAHRC became more organised it, too, adopted the concept of KB and BS, and accordingly the liaison roles evolved into roles that incorporated additional potential functions derived from these ideas. Reflecting, perhaps, an *ad hoc* approach to defining the roles, the roles would eventually be described within the CLAHRC as both KB and BS roles. As will be seen in later sections, the shifts in the form that the roles would take were often contingent responses to changes in direction in the broader intervention, thus reflecting literature that suggests that

context dependency is a key structural influence on such work (Williams, 2002; Whitchurch, 2008). Efforts to formalise the joint management of the roles ran up against a novel set of contextual and structural issues. The collaborative intervention comprised a 'geographically distributed' group of a university and seven NHS trusts. The distance between the partners was multidimensional and comprised spatial distance, cultural distance and organisational difference as well as different systems, hierarchies and procedures (Armstrong & Cole, 2002).

Structural and procedural differences between the partner organisations would prove problematic. As formalised intermediary roles in the NHS are unusual and novel, problems arose as attempts were made to integrate them into the existing organisational structures of the partner trusts. There were difficulties in matching the posts to existing NHS roles when the posts were banded by the local NHS human resources departments:

> what we were after was a banding that could be applicable across all trusts, which I don't think has ever been done before, because although it's supposed to be, the Knowledge and Skills Framework, you know, applies across the NHS, in actual fact when you sent the job description to different trusts, it didn't necessarily mean that they would band it the same [Lindsay, R&D manager, Aftshire. Interview 3]

Eventually, after some months, a compromise was reached and the posts were banded at 'Grade 6', which was equivalent to a newly employed non-managerial professional, e.g. a newly qualified midwife or pharmacist. This would mean that the roles were imbued with limited formal capital (in terms of their relative position in the organisational hierarchy), so the power to drive change by the use of directive approaches was unavailable. Further, the posts enjoyed no control over any financial resources, and so were not able to incentivise change in material terms. As will be seen in Chapter 8, this would give rise to the need for creative solutions if they were to attempt to change the existing practices of other actors.

For now, the task of formulating the posts to align with existing NHS trust systems was delegated to trust personnel, for example, Eddy and Lindsey:

> I kept thinking well I'm not supposed to be doing this, I'm not, I'm not even working for CLAHRC [i.e. part of the strategic/administrative group] and I'm writing these…you know, job descriptions, person specs, adverts, in fact that was all, it all came from NHS R&D people, none of it, none of the input really was from CLAHRC. [Lindsay, R&D manager, Aftshire . Interview 1]

Lindsay's comment raises a key issue: much of the impetus needed to drive the establishment of the posts had come from the trusts. There was little sense that the delays in getting the posts going had proved problematic in terms of getting research production underway, suggesting that the roles might not necessarily serve a critical function or influence in the form of that research. Further, there was scant suggestion that there had been any great input to the design of the roles from the personnel in the applied research groups.

What function the roles *would* serve remained open to interpretation and, as will be seen in the next chapter, would depend on actors' definitions of the 'problem' the CLAHRC was addressing, and consequently the means by which this might be achieved. For Lindsay, Eddy and others the problem remained of creating a job description for an undefined post:

> we didn't really quite know what this role was going to be about, because it was a new role and it hadn't been done before, and we weren't sure about what projects were running and how they'd do the liaison, communication, so on, so we couldn't really be as precise as we'd want to be. [Eddy, R&D manager, Hamshire. Interview 2]

The eventual descriptions suggest that breadth took precedence over precision:

> [The job descriptions are] huge ten page documents that list pretty much everything they can, but actually say nothing [George, intermediary, Hamshire. Interview 1]

This can be read as an example of meso level 'strategic vagueness'. Those involved in writing the job description strategically avoided delineating a role that might not align to the as-yet-unknown demands of the intervention. The fact that input into the design of the intermediary roles had not been equally distributed amongst the partners suggested that the original differences and distances between partners that existed prior to the collaboration's establishment remained. Whilst it is not possible to fully account for why this was, as I will argue later, it is likely

that the communication systems that were put in place played a contributory role. These failed to support the development of a 'space' or 'forum' in which a unified strategy could be collaboratively debated and developed.

The uncertainty surrounding the scope and remit of the posts would translate to the applicants for the new jobs, and this is reflected in Mo's recollection of their difficulties in trying to ascertain what the job would entail:

> it was an extensive job description and I tried to sort of look at that before I started to try and think what it actually might involve day to day. And I couldn't really grasp exactly, because of the breadth of the job spec, exactly what it would involve [Mo, intermediary, Aftshire. Interview 1]

Different applicants read different things into the description, and therefore expressed different motivations for applying. For example, Ali wanted to get into research and saw the post as having the potential to lead into this; Chris cited more altruistic reasons of wanting to 'support' the NHS; but all interpreted the posts as a chance to participate in change:

> we actually have a chance to inform this, something new that could potentially change the way NHS and academics work together [Joss, intermediary Hamshire. Diary]

As I spent more time in the field, I often heard the intermediary job characterised as both a risk and an opportunity by the actors. It later became clear that 'ambiguity' seemed the most abiding characteristic of the posts.

From the outset, ambiguity characterised of the roles. I was able to obtain copies of the job descriptions and I have analysed them and categorised them in accordance with the functions of intermediary roles drawn from the literature in Chapter 2 (see Figure 9 'Comparison of intermediary job descriptions with intermediary role functions described in the literature'). The functions are 'capacity development', 'linkage and exchange', and 'knowledge management'. I have also included a category of 'advocacy' which describes a general function of promoting evidence usage and exchange.

Figure 9 'Comparison of intermediary job descriptions with intermediary role functions described in the literature'

| Items | Capacity development | Linkage / exchange | Knowledge management | Advocacy |
|---|---|---|---|---|
| 1. Provide a focal point within the Trust for the identification and support of new researchers, and for the education and training of Trust staff about research. | Provide a focal point within the Trust for the identification and support of new researchers….. | | | …and for the education and training of Trust staff about research. |
| 2.Establish and maintain effective working relationships with all relevant organisations and individuals, including Clahrc staff (particularly the Clahrc Manager and Director), other local research networks, providers of NHS services, clinical trials units, industry and NHS commissioners, as appropriate. | | Establish and maintain effective working relationships with all relevant organisations and individuals, including Clahrc staff (particularly the Clahrc Manager and Director), other local research networks, providers of NHS services, clinical trials units, industry and NHS commissioners, as appropriate. | | |
| 3. Establish and manage a system to deliver Clahrc objectives within the Trust. This will include: familiarising self with R&D arrangements in the Trust; ensuring Clahrc projects comply with local arrangements for research and evaluation governance; working closely with R&D personnel in the organisation; and attending research committee meetings, as required. | | Work closely with R&D personnel in the organisation; and attending research committee meetings, as required. | Establish and manage a system to deliver Clahrc objectives within the Trust. This will include: familiarising self with R&D arrangements in the Trust; ensuring Clahrc projects comply with local arrangements for research and evaluation governance; | |
| 4. Liaise with members of staff, up to and including | | Liaise with members of staff, up to and including senior | | Ensure that Clahrc activities are |

| | | | | |
|---|---|---|---|---|
| senior managers and the Chief Executive, to ensure that Clahrc activities are embedded within the Trust's strategy and priorities. | | managers and the Chief Executive, | | embedded within the Trust's strategy and priorities. |
| 5.Establish procedures for the safe and smooth running of projects by liaising with members of the Clahrc core team and local multi - disciplinary teams, including Pharmacists, Radiologists, Pathologists, members of Allied Health Professions, practice staff and other stakeholders.. | | Liaise with members of the Clahrc core team and local multi -disciplinary teams, including Pharmacists, Radiologists, Pathologists, members of Allied Health Professions, practice staff and other stakeholders. | Establish procedures for the safe and smooth running of projects. | |
| 6. Establish and maintain effective communication with all relevant colleagues to share knowledge and learning, working practices and provide mutual support. | | Establish and maintain effective communication with all relevant colleagues to share knowledge and learning, working practices and provide mutual support. | | |
| 7. Represent ShireClahrc at local and national events. Present complex research based information to a range of stakeholders, including corporate management teams, members of the public and to large groups of people e.g. conferences venues. | | | Represent ShireClahrc local and national events. Present complex research based information to a range of stakeholders, including corporate management teams, members of the public and to large groups of people e.g. conferences venues. | |
| 8. Promote and develop a sustainable culture of high quality research across the | Facilitate increased research capacity and capability through Clahrc research | | | Promote and develop a sustainable culture of high |

| | | | | |
|---|---|---|---|---|
| Trust, and facilitate increased research capacity and capability through Clahrc research activities. | activities. | | | quality research across the Trust, and |
| 9. Promote Clahrc by ensuring good working relationships across the LNR, with partners in primary care, specialist services, secondary care and mental health. Provide them with on-going information, education and support with regard to Clahrc activities | Provide them with on-going information, education and support with regard to Clahrc activities | Promote Clahrc by ensuring good working relationships across the LNR, with partners in primary care, specialist services, secondary care and mental health. | 9. Promote Clahrc by ensuring good working relationships across the LNR, with partners in primary care, specialist services, secondary care and mental health. Provide them with on-going information, education and support with regard to Clahrc activities | Provide them with on-going information, education and support with regard to Clahrc activities |
| 10. Widely disseminate the 'key messages' and outcomes from the research theme with which you are associated. | | | Widely disseminate the 'key messages' and outcomes from the research theme with which you are associated. | |

In figure 9 it can be seen that many items do not fit neatly into one category; this reflects a known characteristic of many intermediary roles in that, more often than not, a clear demarcation between functions is impossible. This illustrates their responsive and context dependent properties (Caswill & Lyall, 2013; Jackson Bowers *et al.*; 2006 Meyer, 2010; Murdock, 2013).This is particularly the case when the remit of such roles is less linked to the brokerage of a specific knowledge, and more allied to achieving behavioural changes in the producers and users of knowledge and their existing systems (Caswill & Lyall, 2013; Jackson Bowers *et al.*; 2006 Meyer, 2010; Murdock, 2013.).

The job description (figure 9) refers to both collaborative and unidirectional forms of research production. Rather more weight, however, is given to the linear or end-of-grant form of KT, e.g. delivery systems for CLAHRC objectives (item 3) and messages from research groups (items 10 and 7) than to the collaborative/co-productive form, which appears only in item 1. In all, the job description invokes a role designed to facilitate change in NHS trusts, and says little about relaying those trusts' needs from research. Thus, in the conceptual basis of this job description we can see usual institutional forms of research production being reproduced. The co-productive and collaborative forms of research advocated in the new understandings of KT, described in Chapter 1, are less evident.

Uncertainty about the function of the roles was also voiced by those whose focus was the programme of applied research.

> There's been an investment, so CLAHRC must think they're some use? [Bo, applied research group manager. Interview 1]

> I mean the idea and the term intermediary – we're not theoretically based at all, very much sort of practical, pragmatic sort of team and just bringing things together. [Alex, director strategic core group and KT group lead. Interview 1]

A possible reason for the uncertainty that surrounded the purpose of the roles is reflected in Alex's comment, beyond a notion that the intermediary and role concept had potential utility, there was little to indicate that a particularly rigorous evidence based approach to constructing the roles had been taken. Instead, it

seemed an improvisational strategy was in place. In Alex's comment 'theoretically based' is contrasted to the notion of 'practicality and pragmatism'. In effect, Alex is strategically using the 'ivory tower discourse' to account for ShireCLAHRC's approach to the roles. This foreshadows a theme which will unfold in Chapter 7, as I show how actors use and contest notions of expertise and the legitimacy of different forms of knowledge strategically. For now, I consider how this 'atheoretical' approach engendered criticism of the intermediary roles. For example, Cam comments that:

> there may have been an idea but how that would practically be played out was probably never planned with the same meticulousness and consideration that you do when you're planning a research project [Director of existing national applied research programme allied and applied research group deputy. Interview 1.]

It can be seen that, in this comment, the improvisational approach that Alex advocates is contrasted to the 'meticulousness' of the research process. Thus, it is possible to get a sense of the plurality of views of how things (e.g. the setting up of the intermediary roles and the practice of co-production) *ought* to be done.

To summarise, the imprecision of the remit of the roles perhaps owes something to a tension between the 'improvisational approach' endorsed in the administrative core of ShireCLAHRC and the necessity of producing job descriptions that could align to the demands of the employment systems in the partner trusts, in order that personnel could be employed to begin improvising. Further, this imprecision was compounded by the strategic ambiguity inherent in both the overarching aims of the intervention around knowledge production and translation. As the intervention progressed, uncertainty persisted as to how the aims of the CLAHRC should be achieved in practice, this centred on disparate notions of the exact nature of the problem the CLAHRC was seeking to address. Furthermore, the managerial routines and procedures that were adopted would prove consequential in terms of the degree to which they supported the development of a collaborative space out of which a cohesive plan for action

might arise. In the next section, I consider how the inception and design of the CLAHRC and the routines and procedures that it adopted perhaps bolstered the continuing ideological fragmentation.

## Creating the Conditions for Collaboration or Business as Usual?

Continuing with the theme of ideological fragmentation, I return to the early stages of the collaboration and reflect on the extent to which the CLAHRC represented the formalisation of a pre-existing informal network. I consider how this may have influenced the degree to which the enacted form of the intervention aligned to the form of co-production described in its 'Approach to Translation'. Early on it was decided that the central focus of the CLAHRC projects should be on chronic disease patient pathways:

> I think actually it was Viv [applied research group lead and strategic core group deputy] who came up with that formulation and I think it – I think we bought into that really quite happily really [Alex, strategic core group director and KT group lead. Interview 1]

Two of the applied group leads who had been instrumental in putting the original bid together for ShireCLAHRC had co-authored 58 publications in this area. Thus, there was already established research expertise in specific chronic disease areas, and actors endowed with high levels of capital, germane to the field of health research.

> we already had a big programme of work on building and prevention of [chronic disease] and expertise in this area. Also we've been doing this large screening study for the past few years where we've been screening the [Aftshire] residents for [chronic disease] and [chronic disease] and that fitted quite well with some of the target [of the CLAHRC] [Brett, applied research group lead. Interview 1]

Brett's comment is revealing in that it does not express a wholehearted alignment with all the 'target of the CLAHRC'; rather, there is a sense that CLAHRC can supplement the big programme of work that is already going on. In effect, it reads as an expression of what the CLAHRC can do for the existing work

rather than what that work could bring to the CLAHRC. That expressing this partial engagement is reasonable in the interview reflects the CLAHRC's status as a 'voluntary' rather than a 'mandated' collaboration. As a voluntary collaboration, a formal authority was lacking which could drive the adaptations needed, i.e. the revision of existing practices and development of shared conceptions amongst the actors to achieve the co-productive ideal of the intervention. It is well established that, in collaborations, existing organisational spaces must be reorganised and new inter- organisational spaces created, and the logics of both sides must be adjusted in order to achieve alignment (see, Halpert 1982; Leavy, 2012; San Martin-Rodriguez *et al.*, 2005). In ShireCLAHRC, it was not clear how it was intended that the reorganisation needed to achieve alignment would be brought about.

Prior to the application for the CLAHRC, attempts were made to consult with stakeholders about how to construct a bid that fulfilled the call for CLAHRC, but this consultation was limited in that it took an informal, networked approach:

> it was probably more sort of an open meeting and [we] invited people to come along. So we were looking for where we'd got areas of strength in applied health research and if people were interested then they were welcome to come so – and very much the theme leads were part of that and one or two others in addition came along and people were round the table and we jointly came up with the structure. [Alex, strategic core group director and KT group lead]

The design of the formal structure of the CLAHRC had its origins in this launch event. Alex reflected on how recruitment to this event had, in effect, used a 'snowball sampling' method. This is a study recruitment method which is vulnerable to a number of biases, notably community bias[7]. Given this, many of the original 'cast' of the ShireCLAHRC had existing social and professional connections. Thus, the approach to the design of ShireCLAHRC reflects an instance

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[7]In brief, community bias refers to the tendency of this approach to tap into the views of specific communities. The first participants will impact on the sample and this can mean that subsequent participants are members of the existing social networks of the first 'links in the chain'.

of the formalisation of an established social network, rather than the bringing together of distinct communities. Homophily supports network cohesiveness; people's networks are homogenous with regards to many demographic behavioural and interpersonal characteristics (McPherson *et al.,* 2001). From a Bourdiesian perspective homophily can be thought of as a social cohesion and order produced by actors' orientations to particular fields and their habitus and dispositions. As Alex describes above, the structure of the CLAHRC was delineated before the bid was submitted; this basic structure was retained throughout the life of the CLAHRC.

The CLAHRC was later likened to a:

> scientific committee structure, that is sort of like a mini MRC (Medical Research Council). [Sam, R&D manager, Aftshire. Interview 3]

This reflected a sense felt by many that it was an organisation that had modelled itself upon a research funding body, and therefore retained and promulgated traditional aspects of the field of traditional academic research.

When the bid was successful, it was perceived that there were pressures to get the CLAHRC going, so that it would have the best chance of being 'successful' within its five-year funding. Recruitment to fill posts began and, given the time pressures, many posts in the core and the projects were filled by personnel recruited through social connections. Arguably, this added further to the dispositional homogeneity of a major part of the organisation.

This social network was not, over time, seen to be particularly engaged with, or accessible to others, as the quote below suggests:

> And in subsequent attempts to engage with the applied [projects], I have not managed to make contact with people via the [project] managers, [or] make contact with people who have implementation responsibilities within the applied [projects]. [Jan, KT project group manager. Interview 2]

It was also felt that the strength of this network had given it disproportionate power in determining how the CLAHRC should proceed and that this had resulted in the choice of certain projects as a starting point. Furthermore, the projects themselves were a source of contention in that they had absorbed, early

on, a good deal of the funding the CLAHRC had at its disposal and, at best, were felt by many of those outside the network to offer little in the way of novelty or alignment with the spirit of the CLAHRC:

> a retirement home for dead projects that somebody else killed and have been revived thanks to the electrodes applied by CLAHRC [Sam, R&D manager, Aftshire. Interview 3]

The work of the intermediaries who were in post at this time took on something of a sales and recruitment function, in that they had a responsibility to encourage the trusts to engage with and host the applied projects. However, it was not always easy to find a good fit between these initial, largely predetermined existing projects and the host sites. Furthermore, the reasons for misalignment were not ones which could reasonably be overcome by the work of single actors embedded in the lower reaches of the collaboration:

> IV: Those projects that you turned down, were they ones that had local appeal to Hamshire as an organisation, were they ones you'd have liked to run locally if you had the chance to or were they just these sort of generic replicas of what is funded via the [national] portfolio?
>
> Eddy: Those weren't portfolio projects, if asked we would have wanted other projects done as a much higher priority than those. It felt like professors and universities with their own personal agendas wanting to develop the NHS their way, whether the NHS could afford it or not. [Eddy, R&D manager, Hamshire. Interview 2]

For Eddy above, there were two main issues associated with the projects. The first concerned a lack of consultation with the trusts about their needs and interests. The second centred on the potential financial constraints posed on trusts when hosting projects without national portfolio[8] status and the financial

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[8] Portfolio projects are research projects which have been adopted by the Clinical Research Network. This means they benefit from access to NHS infrastructure for research and training. Thus, these costs do not have to be met by the trusts.

support that this brings. More broadly, there was an interplay of both internal and external and social and systematic factors which affected the realisation of collaboratively wrought projects. The evidence suggests that orientations to assumptions made in respect of pre-existing research norms (e.g. the perceived time pressures to produce results in a format that would align to the demands of funders), the lack of adequate forums for debate and consultation, and the power inequalities within the collaboration all played a role.

In summary, the approach taken to forming the original application utilised an existing network. The use of this method, rather than an approach that strategically targeted recruiting a more diverse range of stakeholders, contributed to conditions that resulted in the CLAHRC retaining the features of exiting research practice and hierarchies. In the next section, I focus on the role of the communications systems that were instituted in the collaboration.

## Remote Communication?

In the previous section I described how there had been a reliance on dialogue, rather than formal authority, as the means by which the form and purpose of the emergent collaboration had been determined, but that this dialogue took place within a relatively constrained and predefined community. It is understandable that prior to the bid being successful there would have been little sense in investing too much in the detail of the organisational systems beyond delineating that which was necessary to obtain the funding. However, it is known that the challenges associated with communication in co-productive contexts can be many:

> inherent communication difficulties will underlie all collaborative situations (Huxham, 1996, p.5).

Work exploring good practice for enacting co-productive enterprises reiterates the importance of putting in place and maintaining accessible, transparent and effective communication systems (Huxham 1996.). These serve to create the conditions for dialogue whereby issues of participation, debate, identity, and cohesion can be addressed (Huxham, 1996; Leavy, 2012). That the stakeholders

in the CLAHRC were widely distributed geographically provided an additional reason for communication to be well managed. Distance (geographical and social) can serve to inhibit integration unless strategies are developed to ameliorate it. These include practices which encourage equality, facilitate communication, and the development of universal goals (Armstrong & Cole, 2002; Leavy, 2012). ShireCLAHRC's communication practices would prove inadequate to support the dialogue needed to progress beyond the vague consensus engendered by the aims

Prior to the bid being successful an informal communication system had sufficed. When the organisational structure of the collaboration was defined, a more formal system was put in place. This comprised, firstly, regular business-style meetings with agendas and, secondly, electronic forms of communication. Figure 10, 'The formal communication structure of ShireCLAHRC.' illustrates the position of the intermediary roles relative to other stakeholders in the collaboration. Arrows indicate potential lines of dialogue between organisational hierarchies. The rectangular boxes represent formal dialogue forums.

Figure 10 'The formal communication structure of ShireCLAHRC.'
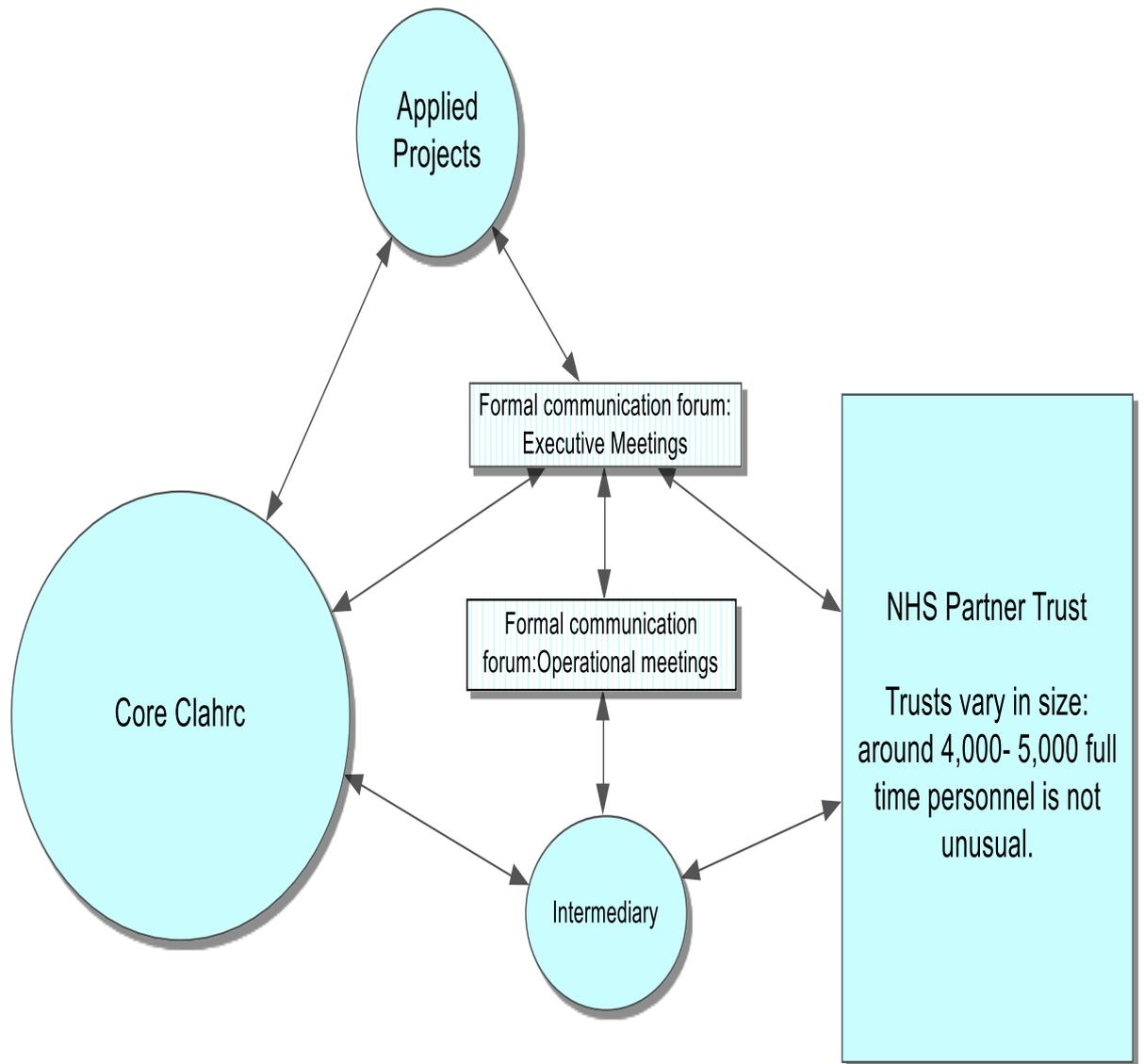
The meetings provided a hierarchically ordered set of discursive spaces in which adjacent levels of the organisation abutted. For, example, the intermediaries and project group managers had a regular monthly meeting, the project group managers met with the project leads at executive meetings, and there were quarterly board meetings. The boundaries to participation in the meetings were demarcated hierarchically. For many, there was a sense that information did not necessarily permeate all levels of the organisations. In particular, the intermediaries felt their lack of information had impacted on their means to enact the publicised core function of their roles which was to:

> provide the crucial link between NHS trusts and academia to ensure CLAHRC is working collaboratively to deliver its aims and objectives [website].

As Chris commented:

> communication was very odd and I think that made things difficult when you go to one person and you get a very different answer to when you go to the other person, on the same topic and it's completely different directions and it's like 'well which one do I take?' Because one is the manager and one is the director and which one will actually ultimately have the final say? Then they might tell someone else something completely different. So you're put in a position where you can look quite silly [Intermediary, Aftshire. Focus group 1].

Eventually, after some lobbying, the intermediaries gained access to the minutes from the higher-level meetings and they felt that to some extent the information flow across the collaboration had improved:

> Examples of where it has improved, [we] are now copied into the exec minutes, which we didn't ever used to see. So now we can see what's going on at a higher level, and sometimes there is stuff mentioned that was going to affect our work-load or they even mentioned our names, but we weren't aware of it and now we are [Fran, Intermediary, Aftshire. Focus group 1]

However, the adequacy of the meetings for fulfilling the communicational and dialogical needs of the collaboration was called into question by many stakeholders:

> I think it's more internal communications. How do we actually work

this thing? What do we, you know how do we check that we're meeting our objectives? And I know that we have the aims and objectives at the bottom of every single agenda and all the rest. But how do we actually interpret that? A lot of the meetings are, you just give an update. And I think, people who are not working on those particular projects and all the rest are not terribly interested. You know it's just information. But it's not synthesise to this is well on track to achieving an aim or whatever. It's kind of presented but it's not synthesised in any way [Dee, manager, applied research group. Interview 2]

I'd say the more useful meetings are when everyone goes to lunch or dinner afterwards and has a chat about 'right what are you doing, oh that's really useful...' [Jan, manager, KT project group. Interview 2]

For many, the meetings were a source of frustration in that the formality of the structure meant that they failed to provide a forum for debate. The agenda limited what could be discussed. There was a sense that the meetings served a didactic rather than dialogical function. As Dee suggested, they contributed little to the process of collectively developing a strategy with which to achieve the ShireCLAHRC stated aims. Furthermore, there was a recognition that the geographically distributed nature of the collaboration meant that they were missing out on informal 'water cooler' knowledge exchange opportunities (Fayard & Weeks, 2007).

Unlike managed interactions in formal discursive spaces, e.g. meetings, informal communicative occasions draw upon shared understandings and language, trust and occupational membership, as well as situational opportunity and privacy (Fayard & Weeks, 2007). Such interactions can have a significant role in the exchange of knowledge, especially tacit knowledge, which is now increasingly recognised as an essential component of KT (see Chapter 2). Further, an important component of the socialisation of actors into the day-to-day practices of organisations occurs in informal unregulated discursive spaces and occasions. These spaces support the development of social cohesiveness, as ideas and interpretations of the form and function of the organisation and the individuals' roles in it are tested, evaluated and understood through interaction.

The CLAHRC used other forms of communication including newsletters and

e-mail. However, it was also felt that these failed to provide the collaborative spaces and means for interaction important for individuals in distributed organisations to develop a collective identity.

> I don't think running it centrally and sending out newsletters. I don't think it makes a blind bit of difference, I feel that you don't get that same sense of engagement and understanding...it's a remote communication, I mean I couldn't tell you, yeah, mean couldn't tell you what projects have been sort of kicked off since George's left.[9] Not just here in primary care but actually I don't even know what else is going on anywhere else...and I do look at the CLAHRC website and the newsletter but then I get an awful lot of links and newsletters and things and actually just trying to keep up with that is really challenging when you know have a couple of days of like I did last week and you come back to an inbox of about 200 emails and they cover a plethora of things from how primary care's going to be commissioned to governance studies to letters of access or the fact that your management structure's changing on the 1st of July! [Eddy, R&D manager, Hamshire. Interview 2]

Eddy's comment was typical of many trust actors and reflects a sense that the communication methods used were not acting to counteract the boundaries that were posed by distance. Eddy described a 'remote communication' which, as well as being held to be inadequate for knowledge sharing, also fell short of being a means by which a sense of engagement with the wider partnership could be had. Eddy reflects that the temporary absence of George (the intermediary) had meant that the knowledge flow between their trust and other parts of the collaboration had been reduced. This reflected a theme amongst many in the trusts that the intermediary role served to mediate and filter organisational knowledge about the CLAHRC.

Data from the intermediaries also highlighted cultural differences in electronic communication responses, suggesting that cultural differences between research and practice manifested in mundane but consequential ways:

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[9] George was away from work for a planned period, then resumed their post.

> For instance the way that the academic community uses email all the time and they expect just to be able to send a round robin e-mail to NHS staff and it will be picked up and read and dealt with which is just not the culture within the NHS [Fran, intermediary, Aftshire. Focus group 2]

> I've learned that by sending an e-mail around marked 'CLAHRC seminar' people aren't going to read it whereas if you do your marketing of your e-mails right, people prioritise so you've kind of got to sell very differently. Whereas in the academic world, you just send it round [Joss, intermediary, Hamshire. Focus group 2]

Joss's comment illustrates these cultural differences with reference to e-mails. Joss stated that e-mails that seemed 'general' tended to be filtered out by NHS staff. When this is understood in the context of Eddy's comments about the 'plethora' of e-mails that NHS staff receive on a typical day, it becomes understandable that some form of filtering is necessary in order to manage the daily information load. This would prove to be a key consideration for the intermediaries. To satisfy the communicative demands of their role, in terms of disseminating the business of the CLAHRC throughout the wider trust personnel, they had to develop strategies to circumvent the problems associated with the communication practices of the core of the collaboration. Usually, as above, this would take the form of 'marketing' e mails to make them seem less general, and revising the contents into a more digestible form. In this way, it can be seen that the intermediaries were responding to the demands of their local contexts through the identification of differences in workplace cultures which acted as boundaries. They were engaging in work to negotiate those boundaries.

It was not only the trust personnel that felt distanced from the collaboration; Dale (an applied project group lead) also expressed a sense of remoteness from the collaboration:

> We are slightly out on a limb actually. We're out in Hamshire, no-one ever comes up here, we've never had any meetings or any CLAHRC people up here, we're always going down to Aftshire, so we're distant from a lot of the other activity and so I may miss a lot of these other things that are going on. [Interview 2]

It was felt that there was a tacit obligation for personnel to travel to the building where the strategic core group was located, and that the collaboration was

core- centric. Dale's comment also reveals a sense of the disunity that would beset the collaboration: Dale refers to 'CLAHRC people', and invoked a 'social boundary' as well as more obvious geographical ones. Dale's positioning of himself as separate to the CLAHRC 'other' is an example of a discursive phenomenon prevalent throughout much of the data: many actors positioned the CLAHRC as a distant entity.

Often this served a local discursive purpose, but the fact that this distinction was so routinely made, and was therefore considered by speakers to be a legitimate position, suggests that the boundaries of the extent of the collaboration were indistinct. This forms part of the basis for my argument that the collaboration lacked a coherent identity. Often, as in Dale's comment, 'the CLAHRC' can be read as referring to the strategic/administrative core, but this routine separation serves to indicate the absence of a coherent sense of 'us' which would indicate that stakeholders were recognising and coalescing into a singular collaborative.

Thus far, I have described how routines and procedures had the unintentional effect of partially inhibiting the realisation of a cohesive sense of a collaborative identity. I have also introduced the intermediaries and set their roles against the backdrop of the inception of the CLAHRC. In the next section, I move beyond the beginning of the collaboration and look at some 'change-potential points' which, arguably, offered an opportunity for the realisation of an inclusive form of co-production. In so doing, I consider how attempts to bring about co-produced research played out, again focussing on the role of procedures and of the intermediaries.

## The 'Mental Health Awards': Widening Participation

Whilst the majority of funding had been tied up in large projects, a few months into the collaboration, extra funding (approximately £120,000 freed from an abortive mental health-related project that proved unfeasible) was made available for other projects around mental health. Bidding for this funding was open to *all* within the collaboration. This funding was of particular interest to the two mental health trusts in the collaboration. These organisations were not the only applicants

but clearly, as mental health trusts, they saw the awards as an opportunity to realise some trust-generated research. Thus a large focus of what follows centres on data from these organisations but the issues raised reflect wider tensions within the collaboration.

> Well I spent the first three months of my job telling everybody that I meet we're not a funding pot. Everybody I met in the trust. We don't have funding, there isn't money, it's not about that, you know it's about creating something for you know people, bodies, expertise, bringing them together et cetera and then obviously we announced we've got a pot of money and it was like OK right now we have got some money but we're not a funding pot. [George, intermediary Hamshire mental health trust. Interview 1]

For the intermediaries, the bidding process engendered a revision and change to their roles as they moved from recruiting trusts to projects towards encouraging trust-initiated research. George's comment outlines some problems associated with the new-found funding, given that much of the intermediaries' early work had been concerned with, firstly, suppressing the notion that participation in the collaboration offered the trusts an opportunity to access finance, and secondly, promulgating reasons for participation that rested on more moral incentives. As George revealed, this was felt by many of the intermediaries to be a *volte-face* which both undermined their credibility amongst their potential client base and devalued the work that they already undertaken.

However, their discomfiture was set aside as the awards were seen to offer the potential for the realisation of collaborative, practice-instigated projects.

> I was like oh wow, we're going to really be able to support people and prompt people to put in bids and it's going to be different (Chris, intermediary. Interview 2)

There was a sense, or an assumption, that the funds would be allocated in a way that would privilege applications from those outside the established field of academic health research. This, for many, represented the 'new ways' of producing applied health research outlined in the CLAHRC aims. As the actual application process emerged, this optimism was tempered as:

> It was the original application [form] you had to complete for (the

call for) CLAHRCs [Ali, intermediary Hamshire. Diary]

There was also a deadline of three weeks to get the applications in.

> Actually we just followed any other NIHR funding avenue (application process) without the RDS [research design service]. So actually it was worse

> because we'd got this money sat there waiting and I'd got these groups of people saying 'I really want to go for it. I'm going to go for it.' You know, a nurse, a psychiatrist, and all these different people that before would never have done this before, really wanting to go for it. We can't use the RDS because it's not an NIHR funding stream. [George, intermediary, Hamshire. Interview 1]

The demands of participating in a competitive bidding process using an academic funding procedure became apparent. Participating demanded expertise in the conventions of writing funding applications; finding this expertise proved challenging. As the applications were not for projects which were part of the NHS portfolio, support from the local NIHR Research Design Service was not available. Therefore, recycling the procedures of the usual funding system served to create a boundary which helped to *maintain* the *status quo* in the collaboration by denying access to resources to less experienced applicants.

> While we were trying to put these bids together we requested support (academic) through CLAHRC but had no luck. [Ali, intermediary, Hamshire. Diary]

> Academics [were participating] that had experience in writing a bid and knew what to put in and all of that, so that perhaps we were at an unfair advantage and it certainly wasn't a level playing field. [Chris, Aftshire. Interview 2]

The bids would be competing against bids written by those with pre-existing knowledge and experience of engaging with academic funding procedures. Nevertheless, work continued to attempt to satisfy the criteria and demands of the

process:

> Good meeting this morning to finalise the bid for the [chronic disease and mental health] study. This ticked all the boxes for the award and engaged a wide range of people. Dr. Smith, who has initiated the study, is really on the ball and listens to everyone for support and input. He values the contributors and the contributions we can make (when we can!) [Ali, intermediary Hamshire. Diary]

In the spirit of the co-productive research discourse, assumed by many to be a tenet of ShireCLAHRC, engaging a wide range of stakeholders was seen to be important for the success of any bid. This would, it was tacitly assumed, be weighed against more polished, 'professional' applications. Work continued to complete trust-generated applications. Given the lack of external resources to support writing the bids, the intermediaries resorted to participating in the bid-writing process themselves:

> a lot of it fell on the intermediaries and I know some of the other intermediaries solely wrote the whole of the bid themselves. [Fran, Aftshire. Diary]

In later reflections this was seen as a valuable learning opportunity, but contemporaneous data highlights the pressure and emotional investment that accompanied the process. When the results of the applications were made public and it was revealed that the academic led bids, rather than trust-generated bids had been successful, there was a sense of dissatisfaction:

> Then obviously these bids went in and ultimately the money went to the same people that it always goes to. The opinion very much was but if it was going to go to those people that are already involved in CLAHRC anyway, why did we bother? And that was the whole thing about CLAHRC is that we're supposed to be engaging new people, people from within the NHS that have a keen interest, that we can give them training and support and show them how to do this and that, it just didn't happen.[Chris, intermediary, Aftshire. Diary]

> The studies awarded funding were led by academics from Aftshire University and only one impacted on [us]. The one I've seen info for doesn't even fit in with CLAHRC aims and objectives. The decisions appear to be political: one PI was on the judging panel

(not sure whether this should have been allowed?!!) [George, intermediary, Hamshire. Diary]

For Fran and others involved in the bids, this represented a reinforcement of an imbalanced power relationship between research and practice, which prioritised academic symbolic capital, e.g. 'expertise' in relation to funding access and, therefore, research participation.

Ali [below] offered a different account, in that failure was, in part, due to being unable to compete on the same terms as the 'academics'. In Ali's account the system is not produced as closed; rather, the possibility of participation still exists, but this is acknowledged to be contingent on would-be participants demonstrating 'expertise'.

The bids may have failed because they weren't academic enough but we did all we could, given the skills and training we have. [Ali, intermediary, Hamshire. Diary]

In summary, although the awards, for many, had represented a means for belatedly realising the co-productive form of research implied by the CLAHRC aims, the use of a 'recycled' procedure served to reproduce the dynamics of the traditional academic field. The process itself acted as a boundary which 'policed' participation. Change was inhibited by the enforcement of the capital values of the pre-existing research field. In the next section, I move forward to the next change potential point: the External Annual Review (EAR).

## EAR Review: a Change of Direction?

As mentioned above, in 2010 an external advisory review supported the view that there had been an over-commitment to applied research projects, and that a shift in focus towards the needs of, and engagement with, other stakeholders in the collaboration was warranted. At this point in time, some stakeholders felt a consensus for action was close to being achieved and that this would take the form of a more 'trust-centred' approach, closer to the holistic approach envisioned by many at the start.

Our achievement, really, is understanding what we're trying to achieve! [.....] But what's happened – actually for all us, me

included – is there's been a point at which we've developed understanding: 'Ah! That's what we need to do if it's to meet the needs of our local NHS; we need to be thinking in that way rather than this way' [Alex, director strategic core and KT project group lead]

Responsive work commenced to define specific objectives linked to the CLAHRC aims. Yet these exhibited the same vagueness as the original aims. They described targets, but offered little guidance with respect to the means by which achieving the targets could be accomplished. For example, the CLAHRC's original aim 1 'Conduct applied health research (in long-term conditions) in new ways that can more rapidly inform practice') was supplemented with a number of new, specific objectives that sought to highlight the need for greater engagement and work towards translation of findings into practice:

> i. Complete a planned programme of applied research to address important issues in the fields of prevention, early detection, education & self-management and rehabilitation of long-term conditions
>
> 1. ii. Draw generic lessons from the research programme to assist the NHS to deliver efficient care
>
> 1. iii. Increase the number of locally initiated high quality applied health research studies in long term conditions
>
> 1. iv. Increase the involvement of intended users of applied research, including NHS managers, clinicians and the public, in all stages of the research process
>
> 1. v. Increase the number of new collaborations between academic researchers and NHS staff and organisations in bids for external research funding
>
> 1. vi. Improve the extent to which findings generated from completed applied research studies are disseminated and, where appropriate, applied.

These objectives *could* be read as aligning with a co-productive discourse, but they also could align with traditional linear research practices. For example, objective 1.i does not state how the research should be planned, or who should do the planning. The next objectives speak of generic lessons but not how these are to be reached. Indeed, it could even be argued this aim reflects a linear research mindset in that the research programme assists the NHS and, in so doing, maintains

a distance from it). The third objective refers to 'locally initiated research' studies, which *might*, but might not, mean practice initiated. Objectives 1.iv and 1.v both look more 'collaborative' in flavour, but again say little about how this might be achieved. Over the next year, despite the new objectives and the appointments of new staff with more general knowledge-management and capacity-development remits, less progress towards the trust-centred approach was made than many might have hoped for:

> And I think there is, I think there has been a shift. You know, I'm not saying that people have not been unaffected by their experience of being involved in CLAHRC. I don't think they're all at the same place, or any of us are at the same place, are exactly at the same place when we started. But how far that shifted to a genuine, to a significant change of approach, or whether it's just a bit more inclusive and a bit more politically aware is the issue, I suppose. And I suspect it's the latter rather than the former [Jan, manager, KT project group. Interview 2]

Small-scale change was acknowledged to have occurred. More training and education work was undertaken with NHS staff so that a capacity to participate in research was being developed. Having more capacity to participate is one thing, but having the opportunity to participate is another, new opportunities for co-productive activity remained difficult to identify. This was perhaps because many resources had been absorbed early on into the applied projects and few were left to invest in identifying and/or realising new co-productive/capacity development projects. Ash's quote, below, illustrates a tension between accommodating the recommendations from the EAR and completing the projects that had already been established.

> So aside from the other ambitions around cultural change, and capacity development, there were projects that had to be delivered on and people are getting their heads down and trying to get those done now and summing up findings.

Ash also comments that:

> people have reverted to the jobs that they gave themselves to do at the start of the CLAHRC [Ash, manager, strategic core. Interview 2]

This indicates that there was a separation of research practice from the 'changes' embodied in ideas of culture change and capacity development. It suggests also that certain actors, through the deployment of their capital endowment, could act in a self-determining way, in accordance with their usual forms of practice. But it should also be considered that conducting the projects in the usual fashion was not in itself problematic, as long as the value of those projects was determined in the terms of the pre-existing evaluative systems. This suggests that any changes in, or transitions across, the boundaries had been superficial, and indicates that many of the boundaries that had existed at the start of ShireCLAHRC had been retained.

Up to this point my focus has been largely on how 'taken for granted' routines and procedures within ShireCLAHRC replicated pre-existing boundaries. In the next part of the chapter, I turn to external or higher level boundaries.

## Research Funding Bodies and 'Catch 22'

> Why is the bulk of the money being spent on doing applied research? Well I do understand it because it's in the interests of those people who are in control of CLAHRC to do that. That's what they wanted to do, therefore that's what it does. Because for the people who are in senior positions, who want to be involved with CLAHRC, that's CLAHRC, that's what they want to do, so [laughs]. It's a Catch 22 position, if you want those senior people involved, well how do you get them involved? I don't think there's in my view, a great commitment to getting evidence into practice, not over and above the need to do the applied research [Max, deputy lead KT project group. Interview 1]

As noted above, some actors felt marginalised and believed that certain PIs had sought to annex the funding that ShireCLAHRC had at its disposal from the beginning. This view is apparent in the quote above, in which the logic of doing more applied research is queried. Here, the participant asserts that doing applied research serves the interests of those in control of ShireCLAHRC. In Max's account ShireCLAHRC was not framed as 'collaboration', but rather as an organisation beset with power inequalities. So, was the ShireCLAHRC's focus on applied research purely a result of the exercise of power by a dominant group

or was the picture more complex?

If the former were the case then a solution would be to dilute the power of the dominant group and, for the next incarnation of ShireCLAHRC, to ensure that the same 'mistake' was not made. In the second part of the quotation above, however, the difficulty of this putative solution becomes apparent as Max alludes to a 'Catch 22' position, in that having such 'senior people involved' is necessary. The reasons for this need were made more apparent in the next quote which comes from a later set of interviews in which the bid for the next CLAHRC funding was discussed:

> I mean it needs, the content needs to be academically competitive. This is a competition to get in, our proposals will be judged against others from other regions, so you'll need it to be cutting edge. You won't get that from somebody without a research background. It's just senseless to do that. [Ash, manager, strategic core. Interview 2]

Above, not including those with academic credentials is framed as 'senseless'. Ash invoked a 'competition' repertoire to reveal a dilemma. Those with academic capital were needed to act as a warrant for a bid when it passes into the domain of judgement by the NIHR (the funding body), where it will be competing with other bids. But the gaining this warrant had a potential attendant cost; that of relinquishing some control of the structure and content of the bid itself.

Whilst it could be argued that there is an ethical obligation for professional researchers to take a more democratic and inclusive approach, there is evidence that the existing system of research funding does not greatly encourage this (Smith, 2013). Although funders expect that descriptions of how participant and public involvement (PPI) and KT will be managed in applications, currently the form that this inclusivity takes is determined largely by researchers, who retain a position of power which is bolstered by the research funding system. Rip (1994) considers funding agencies to be an integral part of a republic of science, helping to replicate scientific mores, rules and cognitive scripts. Agencies, he argues, have largely evolved from the same Enlightenment origins as the research community itself. Thus, funding systems, arguably, contribute to perpetuating the form of

research that is done by placing a boundary around who does that research. For example, the following quote is drawn from Smith's (2013) survey of academics in public health, and illustrates a strand of her findings which reveals how conformity to assumptions is produced as necessary for survival in the field:

> Academic: Politics is everywhere and it's influencing research too. If you think about grants, for example, we are funded by grants and grants are funded by institutions and these institutions decide which studies should be funded based on certain assumptions. … By being a contract researcher I have to be really careful … I can't afford to take chances (Smith, 2013, p.177).

The CLAHRCs were funded by the NIHR; by initiating this programme, the NIHR indicated an inclination towards encouraging change in the research process. However, as I argued in Chapter 1, the dominant assumed model of health services research remains positivistic (Barbour, 2001; Greenhalgh, & Wieringa, 2011; Greenhalgh, *et al.,*2011; Wilson, 2000;). This shapes the frames of reference used when research is evaluated, and in the case of ShireCLAHRC, there was little to suggest that there was any concern that a radically new form of evaluation would be used. This resulted in pressure to demonstrate its effectiveness in outcome measures that fitted with conventional terms of reference. Further, it was perhaps understandable that experienced actors in research would draw on their knowledge of what had gone before and, in the absence of any determinable alternative, doo what they had always done. Thus far, I have shown how boundaries embedded in systems encouraged the retention of usual research practice in the collaboration. Next, I consider how other boundaries inhibited wider participation in research in the NHS partner organisations.

## Research Activity or Passivity? Trials and Trusts

That participation by trusts in research is considered important is borne out by the recent publication of N H S trust research activity league tables .The 2012 table, published by the National Institute for Health Research (NIHR), Clinical Research Network was compiled using data from the NIHR Clinical Research

Network Portfolio 2011/12. It details the number of studies undertaken by each individual trust and the number of patients recruited to those (NIHR, 2012). 'Participation' (and position) in the league tables is determined quantitatively, i.e. by the most projects hosted and participants recruited.

From this, it would be reasonable to assume that trusts have some agency in the research process, given that they are described as 'undertaking' research. However, 'research activity' is possibly misleading, as the following excerpt from an interview with a ShireCLAHRC partner-trust R&D manager reveals:

> There is a national directive and a national priority to increase the opportunities for staff and patients to engage in high quality research, but by high quality what they mean is the sort of research that takes huge hurdles to start. This is the sort of research that will be generated by your major universities, by major academics, pharmaceutical companies and other contract research organisations. By and large, for your average jobbing clinician, whose main priority is clinical care, to get into that system, just identifying the support or even identifying the support internally, then identifying the support for collaborators to make them even listen to your bid, is a systematic problem. We could have a physiotherapist who has an excellent idea for doing something, how to translate that idea into something that somebody might actually fund, other than through trust resources bearing in mind that the trust gets no money through its commissioning process to do it…unless as an organisation you invest and say well we'll identify two people say, who we will free up their time to even think about doing it, people will not have the time. So what they will do is small, local scale evaluations, or implementing other people's work, if they're lucky. [Sam R&D manager, Aftshire. Interview 3]

In this quote, the lack of financial incentives for trusts to actively encourage self- initiated research amongst their staff are made explicit. The trusts have no budget set aside for this; freeing someone's time incurs a financial cost, and, beyond this are all the potential support costs that even small-scale research generates. Even if a trust is willing to free a practitioner's time to do research, the individual may encounter other problems. From speaking to practitioners in another CLAHRC who had had their time released, I learned that it was not common practice to 'back- fill' this time. Therefore, they found that their 'day-job' workload backed up, adding another disincentive to engage in research. As Sam suggested, for even the

most research-committed, compromises were made, for example, doing 'service evaluations' instead of 'research'. I was told by many that these were easier to do as they could be more legitimately be classed as part of one's job, thus allowing the possibility of getting funded time freed up. Further, the need for ethics and governance applications could be circumvented. This meant saving the time and effort required to satisfy bureaucratic demands that were often not relevant, but which would always be necessary if 'research' was on the agenda. What I came to understand was that a form of grey research practice existed within trusts, and was often conducted on a 'needs must' basis. Actors I spoke with expressed dissatisfaction with, as they perceived it, being compelled to take this course because it made the knowledge they produced appear 'second rate'. They do not enjoy the legitimacy afforded from participating in the research process proper; neither could they enjoy the capital afforded from publication. This suggested to me that the KT problem had less to do with winning 'hearts and minds' than might have been supposed on hearing the speeches at the research conference described in Chapter 5, and more to do with issues of structure and finance.

Furthermore, trusts gained from hosting large-scale, externally generated 'portfolio' studies, because these required no financial outlay by the trust, resulted in funding for support costs from the NIHR, and helped the trusts appear to be 'research active' (according to the criteria used for trust research league tables, i.e. the number of active studies on site and the number of participants recruited (NIHR, 2012). In these terms, trust *participation* in the conceptualisation of such studies was immaterial. Further, there was little 'in-house' capacity for the identification and support of trust-personnel generated research.

> The 'development' in research and development is spurious as the offices only do governance [Eddy, R&D manager, Hamshire. Field notes]

Research and Development departments in trusts are generally concerned with the management and governance requirements of hosting research. In the

case of one PCT, these services were bought in from the local clinical research network (CLRN) (this trust was one of the higher ranked in the league tables of ShireCLAHRC's partners). The systems in the trusts, like those in the funding agencies, have evolved to deal with the demands of hosting large-scale clinical trials. Thus, the trusts had little experience of self-initiated research and no systems in place for leading on or identifying projects. There was little capacity to promote research and no obvious process for interrogating the research needs of local populations or the research ideas of trust personnel. This suggested that, at least in some of the partner organisations, the problem was not about instigating changes to generate a 'research culture', but rather, reforming *systems* to support and enhance an existing culture. The intermediaries had understood that their role was to try to promote a research culture in the trusts, but in some trusts they were being directed towards the wrong problem and speaking to the converted (see Chapter 5).

In Aftshire mental health trust for example, a research culture of sorts already existed; structural and financial problems were inhibiting it, not a lack of will or motivation on the part of staff. There were similar grey research cultures in many trusts and the intermediaries felt that their role was to transmit this local knowledge to the strategic core of the CLAHRC as clearly, this knowledge might link into and inform the broader capacity development/implementation strategies of the core by enabling tailored approaches to be taken. The dissemination of this form of local knowledge was part of their role, reflecting the notion of the intermediary as multi-skilled anthropologist (Barnett, 2003, p.xviii):

> I mean I know that's my job to get CLAHRC to understand the trust a bit more, but because we're just, you know, one person and we are low down in the CLAHRC food chain, I'm not sure how much a lot of it gets listened to, a lot of it doesn't [Chris, intermediary. Interview 2]

But, given the communication practices that were in place and the organisational status of the roles, there was uncertainty surrounding the degree to which this knowledge was being heard or used. This is reflected in Alex's view

from the strategic core, which located the root of the challenges in dysfunctional organisations and their range of 'priorities';

> I don't necessarily see the reforms as a problem. I mean they've been a great distraction to the Trusts of course, and forming the organisations, CCG's (Care Commissioning Groups) and stuff is, losing PCTs is turbulent. It's unhelpful because you've got relationships established and then people disappear off into the local authority or disappear completely. There are all sorts of things which are problematic, but that's the way the NHS has always been. It has always been fairly shambolic in terms of being consistent. No, they're just the nuisances that crop up. I mean the real challenges are dysfunctional organisations, or big organisations that have just got so many other priorities, that it's just very difficult to change the culture in them, as an outsider prodding this gigantic elephant with a stick is actually rather ineffective. [Ash, manager . Interview 1]

In addition, the pressures created by NHS reforms and staff turnover are framed as nuisances rather than legitimate impediments. For trust personnel, however, these were entrenched and complex problems which affected the organisation's ability to assimilate knowledge as new management brought in new agendas:

> There are probably you know, the senior figures in a few of the trusts that see themselves as part of CLAHRC. But it really isn't that simple. Which of our trusts have got the same chief executives that we started with? And it's probably I think it's only one, and that's a PCT which is disappearing. So continuity or discontinuity is really, really difficult. A new chief exec comes in with a particular agenda and they think, Oh what's this? And so you are reliant probably most of the time on the continuity of the more junior people in the organisation turning up and finding out what's going on. Which is helpful, but not necessarily always the most powerful. So the NHS is, is almost not designed or run to enable this sort of thing to grow and blossom. Without an awful lot of change. [Jan, implementation project manager. Interview 2]

As to the notion that a move to EBP was a matter of receptiveness and 'injections' in the right places, participants from the NHS cited the problem of the boundary formed by the language of research and how there was little investment in addressing this inequality. Some trusts had an information librarian, but it was not

common for trusts to employ people capable of doing searches or literature reviews.

> Generally, the business of interpreting evidence falls to the PIs or clinicians and there is nobody whose remit it is to challenge or critically appraise their arguments. [Danny, R&D director, Hamshire. Interview 2]

Thus often trusts seemed to host research on 'faith', perhaps reflecting assumptions that its externally funded status acted as a warrant of its worth. Many trusts lacked the capacity to appraise it on the basis of its quality or its potential relevance to their practice.

What became clear from my time in the field was that the scale of change needed for the trusts in my study to move beyond research passivity to activity would involve a major revision of existing systems, and further significant investment in new ones that could identify and manage 'home grown' research. It was certainly not merely a matter of injecting the right 'culture' or working to raise awareness and willingness on the part of trust staff.

## Summary and Discussion

In this chapter I have given a longitudinal overview of ShireCLAHRC and illustrated how certain boundaries were reproduced in the systems and strategies that it adopted. Further, I introduced the intermediary roles and illustrated how these responded to revisions and changes in ShireCLAHRC's strategy. I have shown how, although there were points at which changes could have been initiated, there were few resources to support these. Moreover, existing systems and modes of practice inhibited change by delineating boundaries to research participation. I have described some boundaries that were relevant to the collaboration. These were embedded in the structural elements of the partner organisations (NHS and academia). These impeded a move to a new form of collaborative research practice. What became clear from my research was that social boundaries were often entrenched in taken-for-granted ways in operational systems, for example, communication and funding processes. Although these were macro-level

processes, their effects were evident through entire systems. Identifying the existence of obvious boundaries, then, might be likened to finding the tip of a deep ice-berg. It was evident that the apparently simple and logical approaches to action espoused in the ShireCLAHRC aims, masked a far more complex and difficult undertaking.

## Research Questions

In this section I revisit the first two research questions posed at the end of Chapter 3(p.130). I answer them together, using the material presented in this chapter. Question 1, was 'What was the relationship of the intermediary role to the field in which it took place?' Question 2, was 'What were the relative capital values of the new collaborative field i.e. the resources by which organisational identities were defined?

What is perhaps apparent by now is that it was hard to identify any large-scale change that offered evidence of the emergence of a new collaborative field. Rather, the intermediary roles were enacted in two fields, demarcated by research and practice. Each of these fields retained the capital values and institutional practices that existed prior to the collaboration having been formed. Consequently, in the early days of the collaboration the roles remained at the periphery of both organisations. The communication practices that the collaboration had adopted situated the roles at the bottom of the communication hierarchy (their place on the agenda was one up from 'any other business') and, as such, they were effectively marginalised from what they perceived to be more strategic discussions which, they assumed, took place in the higher levels of the organisation. As became evident, over time, the higher-level meetings (for example, the board and executive meetings) were also enacted in a highly structured, didactic manner and were not necessarily more effective in terms of providing the space needed to move the collaboration beyond the weak consensus offered by its overarching aims.

In any institution, there are intertwined and interdependent elements and these elements are made manifest and coherent by various forms of boundaries. Change necessitates the revision of such boundaries and, unless driven by a hard

mandate, engenders a period of negotiation and re-specification which affects all the elements of the organisation. Where change involves multiple organisations and stakeholders, as was the case with ShireCLAHRC, it can be seen that a complex and diverse range of boundaries could be brought into play during this period of negotiation. These could either facilitate or inhibit change. This situation was not peculiar to ShireCLAHRC; it is known that 'collaboration does not occur in a vacuum' (Phillips *et al.*, 2000 p.24). Participants in collaborations bring with them ideas that are institutionalised from their respective fields (Bourdieu 1993). The danger, therefore, with any collaboration is that unless carefully managed, the new collaborative 'space' will reflect the institutional, ontological and epistemological habitus of those who are most powerful. Power is determined by the capital forms that come to define the new field or collaboration: if these align to those in pre-existing fields, then reproduction rather than change is the most likely outcome:

The social processes that constitute a collaboration will be enacted in terms and concepts drawn from the institutional fields in which the members are located (Philips *et al.* 2000, p32).

In the next chapter I look more closely at the social processes and relationships in ShireCLAHRC and offer a more detailed exposition of how the forces that guided the collaboration were produced and with what consequences for the intermediaries and other actors.

# CHAPTER 7: SOCIAL BOUNDARIES

I now focus on the social groups in ShireCLAHRC, and link these to concepts of field, capital and habitus. I show how the cultural differences between these groups potentially impacted on co-produced research in practice. I illustrate some of the boundaries instantiated by individuals' orientation to specific fields that manifested at an interactional level. These align to 'habitus' and 'disposition' which, as in Chapter 3, can be thought of as the pre-existing assumptions of groups and individuals that provide the basis for their actions. But unless new more viable and *'better'* alternatives for action are available, I argue, there is little to be gained by revising habitus and disposition and transgressing pre-existing boundaries.

I will show that it is important to recognise that boundaries exist in different forms and go beyond those formalised and regulated by organisational structures (Chapter 6). The formal boundaries of organisations exist alongside and interact with other informal and less obvious boundaries embedded in the social practices of the subgroups or subcultures within them. Social boundaries can implicitly delimit the range of actions available to those in the field and also, as Bourdieu has framed it, serve to mark 'legitimate' players in a field. For example, the boundaries that demarcate identities are often represented by the shared repertoires of terms and symbols that groups use to communicate, act and maintain understanding.

Here, I describe how individuals' boundary invocation can reflect habitus and an orientation to a particular field. Further, I explore how habitus may have served to limit both the scale of change that the collaboration sought to bring about, and the means available to the intermediaries and other actors to drive change.I also illustrate how different ideological positions underpinned concepts of the 'problem' that ShireCLAHRC was addressing. I show how these predicated a plurality of problem definitions. Often, these views reflected differing ontologies and reveal areas of contention relevant to the wider domain of translation. Further, at the

interactional level, such expressions were discursive tools that enabled actors to invoke boundaries. Such invocations could be used to build claims for the legitimate right to answer certain contentious questions, for example, to define the problem and thereby frame the solution. As discussed in Chapters 1 and 2, the ethos behind the co-productive and collaborative form of research was held to be a means by which complex or wicked problems might be addressed, by drawing upon a broad range of socially distributed knowledge. However, as I will show in this chapter, the retention of pre-existing capital relationships meant that questions of what knowledge can be classed as legitimate, and who can legitimately participate in knowledge production seemed to garner little attention. These questions were not, as might have been expected, had the collaboration and co-productive literature been widely drawn upon as a guide to enacting ShireCLAHRC, the subject of any explicit or ongoing debate. The co-productive literature suggests that taking such questions for granted (or neglecting them because of taken-for-granted assumptions derived from hegemonic positivist ideas about 'truth', and expertise) will produce stasis rather than change (Huxham, 1996).

Following on from this, I show how embedded assumptions about knowledge and expertise were routinely used to make sense of the intermediary roles. This resulted in divergent conceptualisations of what the purpose of the roles should be and who should fill them.

## Making Sense of the Intermediaries

> Actually there are two concepts of what the intermediaries were about. The politically correct version is that they were going to be the key linchpin for engaging the clinical services of trusts with the CLAHRC to deal with their research and implementation needs. And also to troubleshoot those projects that were already in the CLAHRC, to make them happen, and to ensure clinical engagement with them. The non-politically correct version would be that the designation of the intermediaries for every trust in the partnership was politically necessary to ensure a buy-in of the NHS organisations to think they were getting something out of it. [Sam, R&D manager, Aftshire. Interview 3]

Sam, who participated in the original bid, offers a somewhat blunt

assessment of the way the roles' purpose was conceptualised. Sam suggested that there was a pragmatic reason for the roles which linked in to the notion of research co-production, should co-production be part of the CLAHRC agenda. In that case, the roles would serve to facilitate two-way dialogue between the trusts and researchers to effect a co-productive and responsive form of research. However, Sam also suggested that the roles were designed to serve a political function in that they were a symbol that signified a co-productive *intent* which satisfied the high level co-production discourse. They offered a means by which the partner trusts could be made to feel that there was: a dialogical relationship between research and practice, and some material gain for participating in the collaboration. Sam's quote reflected the dichotomous narratives that underpinned many stakeholders' views of what ShireCLAHRC was. For some, it an innovative vehicle for co-productive research that could drive change. For others it was primarily a funding stream that reproduced the existing institutional practices of the field of academia.

These narratives were articulated by other stakeholders and were redolent of the existence of two discursive and ontological positions:

> I think I'm very supportive of ShireCLAHRC's objectives. I'm just not sure whether it's going to yield anything. Partly I sort of see this as a bit of an experiment and we may have to conclude it's not been a success at the end of the CLAHRC. I don't have a particular problem with that. I can have a relaxed attitude to it cos primarily I'm a clinical researcher so any research is a bit of a bonus. You know I don't have a problem with us being upfront and saying well these things went well in the CLAHRC and these didn't. Obviously we're going to have to spin that a bit if we want to get the next tranche of CLAHRC [Dale, lead, applied project group]

Dale who self-defined as a clinical researcher, expressed support for the CLAHRC ideal but aligned firmly with the research camp as 'any research is a bonus'. Dale also articulated a political understanding that being *seen* to engage with the wider aims was important if the next round of funding was to be obtained. In effect, 'gaming the system' was produced as a legitimate strategy to be able to maintain the usual research production process. Thus, Dale espoused an

instrumental alignment with co-production. This resonates with Smith's (2013) work which highlights how the pressure to obtain funding creates the conditions for weak alignments with the prevailing policy ethos. In contrast, Cal was a proponent of a form of co-production that demanded a systematic change in the way research was produced:

> It should be that somebody within the trust identifies a problem, a challenge, they want some evidence about it and they just naturally, as part of the normal, say "Oh yes, let's talk to Tom or Dick or Harry or whatever" and see if they can help us. So as I say, it really should be about responding to local needs. [Cal, manager, applied research project. Interview 1]

These narratives reflected two different motivations for participation in the collaboration and illustrate the broad range of views that could be accommodated within the aims. Furthermore, these narratives supported very different ideas about what could or should be achieved by the intermediary roles. Dale's understanding drew on a 'Mode 1' repertoire of knowledge production, whereas Cal invoked a 'Mode 2' repertoire. Often ( although not always, as is apparent above) the invocation of either a 'Mode 1' or 'Mode 2' repertoire seemed to align to the position of the actor to research or practice and how highly placed they were within either field.

I begin with data that reflected the opinions of the roles prevalent amongst those in ShireCLAHRC who worked in applied research projects. Viv, who occupied a high-status role in the research sphere of the CLAHRC, was heard by a number of participants to characterise the roles as 'an expensive commodity' (Jan, intermediary, Diary) that were using resources which could have been channelled into research. For Jan and others, this implied that the value of the roles was viewed negatively within the applied project groups. Clearly, this was a source of concern and, as will be discussed in the next chapter, contributed to a collective sense of unease amongst the intermediaries which would compound the challenges they faced as they tried to define a viable role identity within the collaboration.

Cam, like Viv, reflected that the intermediary role had been set up in a way that was not fit for purpose. Cam used categorisation work to build that

assertion and, further, revealed an orientation to a traditional unidirectional ideology of knowledge transfer; their categorisation work enabled a dismissal of the worth of the roles.

> Anything that's sustainable will have come out of the actual working relationships with the researchers on the projects, the people on the ground. If they're to invest in promoting a research culture in the NHS then you need to be working with those people and allowing them to perhaps have more time to go out and build relationships and make research seem more of a living, positive, vital thing. Rather than having an intermediary who doesn't know anything particularly about research, is not involved in research and is almost like a PR person who is not going to be listened to. It's not because of them as an individual, it's because their role just doesn't allow them to do that and I think they're a mistake and they certainly haven't had added anything to the researchers on the ground. [Cam, director of applied research programme allied to ShireCLAHRC]

For Cam, the problem centred on the absence of a 'research culture' in the NHS (reflecting the dominant view within the academic part of the collaboration discussed in the previous chapter). Cam asserted that remedying this 'lack' could be addressed by enabling researchers to have the time to build relationships with practitioners so that they can revise *their* conceptions of what research is. Thus, the problem was framed as a lack of understanding on the part of practice of the role that research could play. Through the use of 'a living, positive, vital thing', Cam made an implicit contrast with an alternative and problematic 'ivory tower' understanding of research on the part of practice that inhibits the development of a research culture in the NHS. The fault lies in part with the NHS generally and a lack of recognition by ShireCLAHRC of that as *the* problem. The intermediary roles are described as analogous to a 'PR person who is not going to be listened to'. PR work is not culturally understood to have the gravitas or status of science work, so despite Cam's assertion that there is something of an image problem for research, it is beyond the remit of anybody without research expertise to deal with the problem. This, then, reflects a significant ideological boundary which served to delimit participation in change to certain actors with specific symbolic capital. The perceived importance of expertise as the means on which the legitimacy

to act is predicated, meant that it was possible to discount any possibility that the intermediary roles could have value. This provides the basis for the generalisation: they 'certainly haven't added anything to researchers on the ground'.

Here, the boundaries of research participation, both in terms of its practice and management, are defined by 'expertise'. Thus, the discursively produced boundary serves to further 'expert' autonomy by situating the agency and means for change in a particular 'expert' group. It also maintains the distinctiveness of the research profession by excluding 'non-expert' others.

> I think they [the intermediaries] probably should get stuck in a bit to research, actual applied research that's going on in their respective trusts…. I think it would give them a bit of something to do. 'Cos otherwise it's a bit difficult. I mean it's amazing how inaccessible organisations are. I mean who do they talk to? I don't really know. And I think they're sort of running around trying to drum up additional capacity and it's a bit vague. [Dale, lead applied research project. Interview 1]

Dale was uncertain what the intermediary roles could do if they were not concerned with undertaking research. Dale's comment also illustrated that many in research had little knowledge of the partner organisations. This lack is presented as a product of the trusts' inaccessibility, thus positioning the trusts as responsible for their separation from research. Generalisation, when speaking of the partner trusts, was commonplace in much of the data. Trusts were often reified and characterised as 'dysfunctional'. Often, as above, this served to absolve speakers of any responsibility for change. The trusts were framed as being so chaotic that no individual researcher could reasonably be asked to participate in bringing about bridging the gap between research and practice. Dale made a contrast between doing research as a meaningful activity and an image of the 'intermediaries running around trying to 'drum up additional capacity'; this allowed Dale to discount their capacity development activities as non-strategic and haphazard. As Dale did so, a boundary was delineated that demarcated reason and randomness. The dominant form of research production was reproduced, while co-production was discounted as impractical.

In this way it is possible to get a sense of how ontological assumptions (see Chapter 1) came to be relevant to the enactment of the collaboration, in that they provided a resource which speakers used to produce accounts of the 'proper' role of the collaboration and the intermediaries. That these predicates retained currency in the discourse within the collaboration suggests that pre-existing positivist ontologies had yet to be universally revised to accommodate new ideas of 'Mode 2' style, collaborative KT.

In summary, the early function and purpose of the roles was constructed by stakeholders according to their own notions of what the underlying problem to be addressed by the CLAHRC was. The strategic vagueness that was a feature of the CLAHRC aims that had allowed competing ideas of the translational problem to co-exist, also impacted on the instantiation of the intermediary roles by providing the conditions for pre-existing habitus and dispositions to be retained and reaffirmed. There was mixed support for the intermediary roles. From the perspective of those who were more concerned with applied research, the posts seemed to offer little. Others at the periphery of the research 'field', who espoused a co-productive research model, saw value in the roles but, as will be discussed next, what this value might be was disputed there too.

## Research Assistants, Boundary Spanners, Agents of change, and Knowledge brokers?

Relatively early on in the CLAHRC the intermediary role had been characterised as a knowledge broker/boundary spanner role:

> The intermediaries are our knowledge brokers [Alex, strategic core director and KT project group lead-quote from ShireCLAHRC's website]

Whilst publicly, ShireCLAHRC indicated that the roles were a necessary component of KT, as endorsed by the literature, it seemed that there was little understanding of what exactly these roles were and how they could be enacted in practice:

> Well no, well I know that they were in that meeting; I know that they are in each organisation. And I know that some of them have

> perhaps approached me and said we've seen your project, we think it could run here, why isn't it? And so I'm assuming that they have a role in involving their organisation in CLAHRC projects and facilitating the CLAHRC projects in those organisations. But again that might be wrong. But I kind of, I presume, I sense from the meeting that I hadn't realised as many existed. [Bo, manager, applied research project group]

As this excerpt suggests, beyond acting as the initial interface between the intermediaries and the applied themes when trusts were being recruited to host projects, for those mainly concerned with the research projects, the intermediary roles were perceived as a research facilitation role. There was a limited knowledge of, and interest in, the roles beyond this initial function. Bo (above) expressed surprise at the number of intermediaries. This hinted at the degree to which parts of ShireCLAHRC were functioning autonomously and the problems that derived from the communication systems that were in place; these evidently did not enable effective knowledge exchange within the collaboration.

Lindsay, an R&D manager in a trust and the line manager of Fran (intermediary) had a different vision of the roles. Lindsay saw them as providing a boundary-spanning conduit for a dialogue between research and practice. This description reflected an alignment with co-production, but, perhaps in view of Lindsay's background as a researcher, Lindsay stopped short of endorsing a fully co-productive research model. Despite normatively positioning the site of research production within universities and therefore reproducing the separation of research and practice, Lindsay acknowledged that the input of practice is important for KT. Thus Lindsay invoked a responsive, 'consumerist-oriented' change to research production:

> You can't just take a piece of university research and implement it, because you've got to have the NHS interface right, and you've got to have the agreement of the NHS that they want it implemented.

Lindsay talked of the problems that were arising from contested notions of the intermediary roles, and refuted the idea that the role should be about facilitating research. As will be discussed in the next chapter, for Lindsay, as Fran's trust-

based manager, this was problematic. Directing Fran's work 'successfully' depended on Lindsay's interpretation of the intervention as a whole. It also relied on her interpretation of Fran's role being congruent with the views of others. Thus, both Fran and Lindsay were placed in a position where they had to negotiate workable joint understandings with more powerful others, and be prepared to defend or revise these according to the direction of the intervention as a whole:

> I think that's maybe a bit of an issue now, in that people don't know whether they are allowed to be, or should be, involved in actually helping people deliver research projects. I got the impression very much that it wasn't about that, whether they should be involved in research projects. I think there are conflicting messages that they get from different people [Lindsay R & D manager, Aftshire. Interview 2]

The political ideal of ShireCLAHRC as a responsive, co-productive intervention was in evidence in the views of those who were more removed from the day-to-day business of the CLAHRC, such as Dara (research network manager). From their position, the intermediary roles were held to have the potential to be instrumental in bringing about change by engaging with the partner organisations and providing a means by which their needs could be prioritised and addressed:

> I think there was an expectation the intermediaries would have a role in communicating and in, sort of, getting the ear of the trust and, kind of, picking up on what the problems were, picking up on what the potential research topics might be, but by placing them in R&D offices I don't think that necessarily will be achieved. (Dara research network manager. Interview 1)

For Dara, it was problematic that the posts had been seated in R&D offices which were concerned with facilitating the hosting of external projects rather than identifying and driving internally generated projects. Dara's comment demonstrated that this knowledge was available at the beginning of the CLAHRC and it may be that the arrangement to host the posts in R&D departments was symptomatic of the unidirectional understanding of KT embedded in the job descriptions.

It will be recalled that Sam (p.178) suggested that the intermediary role

was a symbolic token of value for the trusts and Ash, the collaboration manager, also suggested that this was a function of the roles (below). However, for Ash the roles had more than a symbolic purpose in that they also aided communication with the organisations. In the core CLAHRC there was a growing recognition amongst many of the importance of gaining knowledge of the partner trusts' cultures, so that activities aligned to the second and third aims could be tailored to those:

> Aim 2a: Increase research capacity so partner NHS organisations are better able to generate new research evidence

> Aim 2b: Increase research capacity so partner NHS organisations are better able to make use of existing research evidence

> Aim 3: Develop systems and structures for the application of knowledge and for the translation of research evidence into more effective and efficient health care policy and practice

The magnitude of the scope of the second and third aims, and therefore the potential of an intermediary role was beginning to be recognised, and after the External Advisory Review (EAR) took place, attention to these increased:

> We've got to communicate, we've got to keep organisations on board, we've got to make sure that our stakeholders feel that they're getting something out of CLAHRC and we can point at the intermediaries in that respect. There's lots of admin and communication tasks to do and [they] are helping with those sorts of things. [Ash, manager, strategic core. Interview 2]

## The EAR: External Validation?

In Chapter 6, I discussed the EAR, and framed this as an occasion that had had the potential to engender change. The reviewers, who were advocates of co-productive research, had been critical of the prioritisation of normative applied research in the collaboration. This served to turn attention towards the other functions embodied in the latter aims (2 and 3, above). Greater clarity about the purpose of the intermediary roles began to emerge in response to the reviewers' comments around the importance of developing KT by means of collaboration and co-production. For the intermediaries, the reviewers' comments were perceived as

an endorsement of their roles' worth and legitimacy within the collaboration. The activities that many had been undertaking had been largely self-instigated and directed, guided by the overall rubric of the CLAHRC aims. They saw the EAR as having validated their *own* interpretations of the purpose of the CLAHRC. The intermediaries had assumed that the overarching function of ShireCLAHRC was to bring about responsive, co-produced research:

> Well I think the main thing that changed after the advisory review was, the [intermediary] role was kind of a background thing initially. We had sort of very little input and involvement I think in the CLAHRC core work. Funnily, when that review came out they [the reviewers] kind of pointed out that it was quite a critical role and it was very helpful in achieving the aims. [Chris, intermediary, Aftshire. Interview 2]

As above, up to the EAR there was a plurality of views about what the intermediary roles could, and should, achieve. After the EAR, a greater sense of purpose in respect of addressing the more novel, translational ideas contained in the latter aims (p.186) emerged in some quarters. Consequently, there were some instances of changing attitudes towards the roles. For example, Cam's assessment of the roles was revised:

> They've, I think they've become more confident, they know what they're doing, which has been great. And the ones that have succeeded have been in organisations where it's been sort of possible to succeed in many ways. Which is great. So they've been able to make the right connections, been able to grow, have been welcomed and put into the system. [Cam, deputy lead applied research group. Interview 2]

However, it is notable that Cam's assessment of the success of some of the intermediaries rests on their 'confidence' growing and the organisations in which they work being receptive to them. The site of change is still held to be away from research and a 'Mode 1' repertoire is still in evidence, referenced by talk of 'the system'.

Whatever the function of the roles was considered to be, there was a general sense that they were, or were perceived to be, low in status. The issue of status, alongside questions of how to evaluate the less quantifiable aspects of the

intermediaries' work, would prove to be intractable problems that persisted throughout the lifespan of the intervention.

## The Problem of Status

It will be recalled that the posts were graded at Band 6 on the NHS pay scale and that this is the grade allocated to 'entry level' non-medical, professional posts. Posts at this grade would not be assumed to have any managerial or executive responsibility. Dee, below, reflected on this and questioned how it would be possible for the intermediaries to contribute to achieving significant culture change without the legitimacy that accompanied a more senior grading. Without this, spanning the institutional boundaries determined by the formal hierarchies of the partner organisations was produced as problematic. Dee considered that the roles had a significant limitation which was at odds with the new expectations of them. For Dee, the need to support the intermediary in their role whilst managing the expectations of the core CLAHRC proved challenging:

> With great respect, I think they do a fantastic job and I think, you know, but they're not very senior and yet the expectation seems to be that they're trying to change the research culture, they're supposed to talk to all the chief execs and all the rest [Dee, manager, applied research group. Interview 2]

Alternative ideas of how the intermediary roles could have been better designed were expressed. For example, Brett suggested:

> Instead of the intermediary role you could have had a central knowledge manager or dissemination manager where they could hold events to increase awareness of, to disseminate information that's coming from the studies [Brett, lead, applied research group. Interview 2]

From Brett's point of view, the role was predicated on a 'normative' narrative, i.e. a unidirectional flow of knowledge from research to practice. The role proposed was not one which would participate in knowledge production but one which centred on dissemination. For Brett, like others highly embedded in the applied research community, the 'problem' was not situated in the research process

nor was it especially the responsibility of those in that process to address it. The problem could be solved by 'increasing awareness' amongst, by implication, 'the unaware', i.e. knowledge users. Given this model, an intermediary role could be of value in order that the knowledge produced by research could be brokered to the partner trusts. This activity, though, should be undertaken by 'managers', not by a Band 6 intermediary. Cam commented on the need for 'change architects':

> They're all very nice individuals but none of them are the 'change architect' types of person that you need if you're going to put people in an organisation. [Cam, deputy lead, applied research group. Interview 2]

According to the literature, a 'change architect' aids *others* to make paradigm shifts. They help others to share the vision of positive outcomes, to help them move away from their resistance (Winslow, 1993). From Brett and Cam's perspective, then, the implication is that change would be most likely to occur with a *directive* approach led by an *expert*.

For others, like Cal, who aligned with the idea of 'Mode 2' co-production, the roles were worthwhile. However, like Dee, above, Cal was concerned that the way the role had been constructed limited its potential:

> I think they're doing a fantastic job already. The thing I think that would be really useful for them to have and it isn't something they have got and that would be just a small budget I think. I think having a little budget of their own so that when, you know, we're not talking shed loads of money here, perhaps talking £10, 15, and 20,000. But just so if somebody comes to them with a good idea they can actually say well I could let you have, you know, a GP 'you've got a really good idea and I can pay you for a couple of days locum cover'. Or something like that. Just a little budget, because then it would also give them influence …You know, it disempowers them and undermines their role in the organisation by revealing them to be powerless [Cal, manager, applied research group. Interview 2]

Because they had no control over any economic resources, the intermediaries' ability to offer anything to local researchers that they identified in

the trust was limited. This proved to be a significant challenge for the intermediaries and, as Cal commented, put them in an invidious position of being seen as powerless. Their lack of control over any financial resources was seen to be reflective of a lack of faith in their judgement on the part of the core CLAHRC. Cal talked of them being 'undermined', implying that the way that the roles had been set up without any budget inevitably engendered an issue with credibility. For the intermediaries this would, indeed, prove problematic as they struggled to define:

> what, if anything, we have to offer [Fran, intermediary Aftshire.Interview 1]

In effect, the roles lacked symbolic, social and economic capital, this was considered to limit any potential the roles might have to drive change. This presented challenges for the intermediaries as they sought to interpret and enact their roles. As noted above, from their perspective, the EAR validated their roles and endorsed the work that they had been undertaking. There was some expectation amongst them that this would lead to an improvement in their status and that their roles would be imbued with more capital or, at least, greater endorsement and support by the core. However, it was decided that, rather than providing the intermediaries with extra resources, funding would instead be found for new posts, including a communications management position and a knowledge manager role. These posts were at a higher grade than the intermediary posts. When these were advertised, the intermediaries felt that the remit of these would significantly overlap with the work that they were already doing. Two of the intermediaries saw this as an opportunity for progression and applied for the new posts. Neither was interviewed. The successful applicants both held a PhD, but these were not specifically in KT. The intermediaries interpreted this as an indication that the collaboration's decision making process was predicated on academic principles. They felt that the value of the local, contextual and tacit knowledge that they had accrued had not been given sufficient consideration when making the appointments. They considered that the effectiveness of the new posts would be compromised, given that the post- holders would have to spend time

becoming familiar with the terrain of the CLAHRC and its partners. Further, the intermediaries were named as the key actors in the organisation to whom the new post holders could direct queries. I was struck by Chris's comment:

> So now we're being expected to teach somebody to do what we've been already been doing [Intermediary, Aftshire. Field notes]

For the intermediaries, this situation was symptomatic of a lack of visibility of their work and indicated that there was a reliance on existing forms of academic evaluative practice that marginalised them. Similar views were put forward by others in the collaboration:

> I don't think that the posts are missing, this is a personal opinion and it's not against the people who are in the posts, but from our perspective the Band 7 post, the knowledge manager, I don't even know what posts they were but they were, but the Band 7 posts have made no impact whatsoever and I don't know what they're doing. They've made no impact whatsoever down here. They did exactly what we said they would do, they sat in Aftshire University and they delivered university objectives and in terms of translation, integration, communication it has been a complete waste of money [Eddy, R&D manager, Hamshire. Interview 2]

Eddy's comment, described how, in seeking to remedy some of the recommendations outlined by the EAR, the collaboration failed to build on and bolster the existing communication pathways which had been wrought by the intermediaries. Further, Eddy suggested that the new posts had been instituted in a way that failed, again, to take into account views from beyond the strategic core of the collaboration. Eddy made explicit a view that the priority of the core seemed to be to advance the objectives of Aftshire University. Eddy described a unidirectional model of knowledge transfer, and claimed that the capital values of the collaborative field were unchanged.

To summarise, the status and potential of the intermediary role within the collaboration remained contested. Assessments, both positive and negative, of the intermediary role's value were routinely made by the actors in the collaboration, but these judgments were contingent on very different ideas about what the

underlying purpose of the collaboration was. This suggests that ShireCLAHRC had not evolved into a new cohesive collaborative field; rather, the mores of the pre-existing fields had been retained, constraining the potential of the intermediary roles.

However, this did not entirely account for the problems that were encountered when the value of the roles was assessed. As I discuss in the next section, the distributed nature of the intermediary work proved to be problematic *in itself*. This resonates with previous findings from the literature (Lightowler & Knight, 2010; Needleman & Needleman, 1974; Robeson, *et al*., 2008), which has considered generalist intermediary roles (e.g. those roles that are not solely concerned with the movement of a specific knowledge product) and found that this work can be difficult to identify and evaluate in a coherent way.

## Quantification

In ShireCLAHRC, an invidious problem centred on how the work the intermediaries were undertaking might be measured in a way that could show it to be of value. Much of this relational work was not obviously quantifiable. Ash reflected on this question, and exposed a key dilemma that speaks to the wider problem of attempting to evaluate constructs that are not amenable to quantification, and therefore not producible in a way that aligns to the expectations of certain audiences:

> So how do we know we've been successful? What do you want us to do and how do we tick off the fact that we've done it? That's hard, given this facilitative remit that they have. But also there are, there will be senior people within the CLAHRC who will be saying, well we're spending £300,000 a year on this resource. What is it delivering? And you can't say, well it has maintained contact for this organisation, they've facilitated all these meetings, they've staged some events, they've done this and that. It doesn't matter, where are the outcomes? [Ash, manager, strategic core. Interview 2]

On the one hand, the 'facilitative' remit demanded process-oriented activity but social, relational work is not easy to reconcile with quantitative forms of expression and evaluation, on the other hand, those more highly placed in the

CLAHRC to whom the core was accountable were perceived to demand 'outcomes'. Ash illustrated the prevalence of 'quantification' and showed how orientating to a perceived demand for evidence in *that form,* imposed a boundary on the type of work that could be considered legitimate in *those terms.* Ash was in an invidious position. In Chapter 1, I described how the context of modern health services research was one in which hegemonic positivism was deeply embedded in certain influential discourses. These included EBM and the targets culture derived from NPM. The irreconcilability of certain forms of intermediary work with the normative evaluative methods and language imposed by these influential discourses presents a risk for both those who sanction these new forms of work, and those who undertake it. That these forms of work cannot be justified or evaluated easily in terms of outputs or effects that result from specific, identifiable causes or investments means that their legitimacy cannot readily be articulated within these discursive fields. When orienting to these fields, there is little incentive to support such interventions, since accounting for their value is not easily done.

Ash furthers illustrated this dilemma by showing how the roles in themselves, rather than longer-term effects that might derive from them, might be constructed to satisfy the higher-level policy co-production discourse that had played a role in the instantiation of the CLAHRC:

> The thing is that CLAHRC and any such organisation, as a publicly, community supposedly, facing organisation has, is some imperative to do those sorts of things. You need to provide value to your community. And if we're talking about, putting our [intermediaries] up and say, look we have got training courses running, we've got people in your organisations, we've got all those sorts of things. Which is fine, but whether or not those things are actually making a difference to the NHS, to academia, or the way that they interface, I'm not so sure. I think they're visible indicators of an objective, but have we increased the research capacity in the NHS? Well you know, yes, but by that much [Strategic core manager. Interview 2]

As time progressed, there was a sense of resignation that significant change was unlikely, given the CLAHRC's now limited financial means and the replication of the pre-existing conventions of research production. Instead, there was

an increasing focus on how the activity that *was* being done could be shown to be a valid and legitimate response to the original CLAHRC bid and how it could be used to bolster an application for the continuation of the CLAHRC. This represents another example of how the dominant values and capital structures of the field restricted the potential of the intermediary roles and, similarly, the realisation of a new 'Mode 2' inspired form of research production.

## Summary and Discussion

In this chapter I have shown how actors' orientations to fields influenced their perceptions of the intermediaries' roles. How the actors defined the higher-level translational problem predicted their notions of what the solution was. This perhaps reflects the homophily of the initial application group (McPherson *et al.,* 2001). With this in mind, it is possible to gain some understanding as to why in this instance:

> Collaboration in theory is different to collaboration in practice. [Jan, manger KT project group manager]

Despite the appearance and proposition of the CLAHRC as a collaborative intervention, what emerged was a picture of two parallel and largely independent work streams with different ideas of the problem they were solving. As discussed previously, the way in which ShireCLAHRC had been set up, to an extent engendered this separation and allowed it to persist. Communication, orientation to normative timescales and evaluation practices, the early commitment of resources to normative research practices, strategic vagueness and recycled institutional practices were all contributory. The CLAHRC accommodated two fields. These aligned with the two communities theory (Snow, 1959), inasmuch as they were defined by differing ontological and epistemological understandings of knowledge and its production. I have also shown that the mental boundaries, e.g. the actors' habitus and dispositions, were maintained, as there was little to encourage the transformation of these. For example, those who were highly embedded and powerful in the field of academia, such as Brett and Viv, could continue to reproduce and orient to the values of the field. For them, there was little incentive to change given that 'the problem' lay elsewhere. Furthermore, in their field, they enjoyed high status, in accordance with the high levels of social, institutional and symbolic capital they

possessed. Thus they were powerful and could resist any change that might undermine the field from which this power was derived. Although many in had felt that change was necessary in both the field of research and the field of practice, the potential to drive change in the research field was lost, due to the relative power imbalance and separation of the two.

It is easy to read this as a story of a cynical grab for capital and border reinforcement activity which aligns with certain theorists' ideas about the maintenance of professional autonomy (cf. Abbott, 1988).In the field I often heard this viewpoint articulated. However, the situation was more complex. As outlined in Chapter 3 an individual's habitus forms the basis for sense-making and social action. Unless some misalignment emerges between habitus and field, there is no reason for the habitus to be revised and change is illogical. This is not to say that behaviour is *determined* by habitus; it should be taken into account that individual agency plays an equal role in both stasis and change. In the case of ShireCLAHRC, attempting to act before a consensus about the specific nature of the problem had been achieved meant that those best placed to act were those who had to hand an existing *'modus operandi'* and the capital means to exercise it. Thus, this was not a clear-cut case of the powerful instrumentally exerting their agency to maintain the status quo of the field. As I outlined in Chapter 6, a pressure to act had resulted from the expected time frames of normative research production and the limitations on the life-span of the CLAHRC. Thus, normative models of research production, embedded within systems, created the impetus to act and provided the foundations for getting on with business as usual for the established principal investigators.

This urgency, coupled with the limitations imposed on communication both by the distributed (geographical and social) form of the collaboration and the formal meeting structure, meant that there was little space for collective debate that might have resulted in a universal problem definition and a consensus for a plan of action. The collaboration was without the temporal or practical means to debate questions and issues which many consider to be critical to engage with when collaborations and co-production are undertaken (Huxham, 1996; Leavy, 2012). Examples of these include: determining whose interests are being served

by the research, identifying the needs of stakeholders and ensuring sensitivity to cultural definitions and understandings, ensuring collaborative approaches to defining terms of reference, and being reflexive about issues of power, authority and leadership (Huxham, 1996; Leavy, 2012.).In ShireCLAHRC it seemed that such considerations did not always reach the agenda, and the systems put in place did not enable attention to be paid to them. Arguably the failure to engage fully with these paved the way for the reproduction of existing work forms.

My findings emphasise that, given that there is no such thing as a *tabula rasa*, consideration should be given at the beginning of interventions to how borrowed practices from existing institutional fields can serve to replicate those fields in subtle but highly consequential ways. Known potential problems will manifest. As above (Huxham, 1996; Leavy, 2012) research suggests these can be moderated by reflexive inclusive approaches that direct attention to the taken-for-grantedness of apparently neutral and benign practices that maintain habitus and which might instantiate boundaries that can limit change. Care should be taken to consider how practices are fit for purpose rather than convenience. I also suggest that such approaches could be enhanced by the careful mapping of pre-existing fields to allow inequalities to be anticipated. Front-end agreement to set aside pre-existing symbolic capital in favour of a division of labour that reflects, and is responsive to, the demands of the problem that the collaboration is to tackle is also desirable. This would require accessible, flexible and inclusive forms of communication. In the case of ShireCLAHRC, there is a certain irony that an attempt to enhance evidence based practice, neglected to mine, in any great depth, the literature on collaboration and co-production that could, perhaps, have helped to anticipate and ameliorate the problems that came to beset it.

After the EAR, which had exhorted the need to give more focus to fostering a collaborative form of working, options were limited. Time, as well as money, was at a premium. This set the scene for a contingent response to the review which involved identifying the kind of responsive 'collaborative' style activities which, it was thought, would satisfy the expectations of the 'community'. In these terms, such activities served as *symbols* of collaboration. For the intermediaries this

marked a validation of their roles and the potential value of the work that they been doing. However, it failed to engender further capital endowment of the roles.

The retention of the two communities/fields had a significant effect on the intermediary roles, this was reflected by the fact that one of the few instances of consensus I encountered in the research field was the notion that their lack of capital (symbolic or economic) was problematic. When situated in a field in which the normative forms of research production dominated, the roles had little value, as their occupants lacked the legitimacy afforded by symbolic capital. From this position they could have no means to present the knowledge generated from their work to that audience in a way that afforded it legitimacy. When considered within the field of practice, which was made up of hierarchical, bureaucratic organisations e.g. NHS trusts, the roles were seen to have value and potential, but were hampered by their position at the bottom of the professional ladder and their lack of resources. Power in both fields originated from value systems based on differential distributions of capital. Further, irrespective of whether a linear or a collaborative approach to change was felt to be the way forward, the roles lacked authority and means. As I will show in the next chapter, the intermediaries were aware of this and developed compensatory strategies. For example, taking independent initiatives to access resources and acquiring capital by proxy.

In Chapter 1, I argued that ontological and epistemological assumptions about knowledge production were embodied in research funding bodies' institutional practices and the practice of academic research. I discussed how institutions and practice had evolved in a relational way and how their origins were rooted in a worldview in which the business of knowledge production reflected a normative orientation to positivist ontology. In this, experimentation and quantification form the language and means of production. It should also be considered that such ontological assumptions can also be found in some of the discourses which have inspired policy in health services settings, e.g. EBP and NPM. My data reveal that these macro-level ontological assumptions impacted in consequential ways on the daily work of enacting the CLAHRC by imposing boundaries on what could and should be done. An example is the consternation

around how to evaluate the activities associated with aims 2 and 3 (p.186, onwards) and, by implication, the intermediary roles themselves. In effect, the roles fell foul of the need to find a solution for the problem of quantifying the unquantifiable.

## Research Questions

Here, I address my third and fourth research questions (p.105). These were 'How might such new roles be able to gain and maintain legitimacy amongst the groups with which they must work, to become an effective means by which change can be achieved?', 'How do other significant actors understand the purpose of the roles and respond to them in terms of their own practice? and 'How might differing ontologies in the field bear upon the enactment of the roles?'

In terms of addressing these questions, it was apparent that gaining and maintaining legitimacy with the groups between which the actors worked was problematic. I suggest that the scale of change needed to realise a significant move towards new collaborative research practice had been underestimated. Such change is probably beyond the scope of a local intervention like ShireCLAHRC, even if its partners had been unified behind realising a 'Mode 2' form of practice and had directed significant resource towards that. As in Chapter 1, a range of influences are likely to inhibit change to health services research. In ShireCLAHRC, the retention of differing ideas about the problem the intervention was designed to address meant that perceptions of the purpose of the intermediary roles varied. For actors who articulated a 'Mode 1' repertoire, the roles could reasonably said to not have any legitimacy, as they were not imbued with any capital that could be exercised to mandate or encourage change. Furthermore, for those more open towards the democratisation of research in principle, there was, again, a lack of capital available to warrant their legitimacy as actors who could drive the changes needed to realise this. Some actors did revise their opinions of the relative worth of the intermediary roles, after the EAR. In that, the potential function of the intermediary role in principle was endorsed by individuals who could, perhaps, better command the attention of the higher-status actors in the collaboration. From then on, the more process-oriented aspects of ShireCLAHRC's mission, predicated

on the new understandings of KT (see Chapter 1), achieved a higher place on the collaboration's agenda. However, limited resources were left. The resources that were available were used to instantiate new higher-grade posts filled by individuals who had symbolic *academic* capital, suggesting the strategic core prioritised and aligned to the values of the academic field.

I suggest that the pre-existing habitus of the actors in the field also constrained change, and encouraged the reproduction of the tenets of the pre-existing fields. This, coupled with recycled institutional practices, made for a context in which achieving co-production in practice was unlikely. The strategic vagueness that had enabled the partners to engage at the outset had also allowed different ideas about action to persist. My own sense, gained from my time in the field, is that inadequate communication contributed significantly to the failure of a new collaborative field to emerge.

In the next chapter, I shift my focus to the experience of enacting the intermediary roles and chart how the actors attempted to forge a viable role identity in ShireCLAHRC.

# CHAPTER 8: THE INTERMEDIARIES

In this chapter, my concern is the intermediary actors and how they developed their role identities within the collaboration[10]. I show how both intrinsic and extrinsic factors influenced the form the roles took. As I have argued, above, the roles were unusual in that a formal organisational definition of their remit was lacking. Arguably, this 'strategic vagueness' provided the conditions for some flexibility for the actors to actively construct the roles but, as will become evident, this freedom could be problematic. For example, it contributed to uncertainty, and its exercise was constrained by the capital systems in which the roles were embedded. My aim is to engender a greater understanding of some of the perhaps unanticipated challenges and benefits this form of work might pose for the individual.

A central theme of this chapter is the actors' experience of the roles. With this in mind, a degree of what follows relates to social psychological constructs, such as 'self-concept' and 'social identity'. I consider these to align to the Bourdieusian notion of disposition, since they relate to, and are reflective of, habitus and fields. This is because self-concept and social-identity refer to aspects of the enacted self-in- society. From a relational perspective the enacted- self is constructed in relation to one's perceived traits, immediate others and social context/field (for example, Brewer & Gardner, 1996).

My analysis of the data enabled me to construct a collective narrative of an experiential pathway that highlighted some generic issues associated with intermediary work that resonates with the existing literature; this may be relevant to

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[10] Much of the material contained in this chapter has been published, in a more condensed form, in Chew, Martin and Armstrong (2013). In addition, included here is an analysis of the pictorial data and a more comprehensive account of the problem of status.

future interventions. The actors' experiences of the roles and understandings of their context changed over time. This should not be understood as an evolutionary process in which stages of development can be identified. Rather, it is an account of sense-making in an environment defined by uncertainty. This serves to illustrate how tensions were managed between orienting to the idealism of collaboration and co-production, and the problems posed when trying to enact those in practice. I argue that through this narrative it is possible to 'see' the ontological and epistemological boundaries that 'formed' when positivist concepts (e.g. EBM & NPM) and more relativist inspired (e.g. collaboration & co-production) converged in the context of the roles. These boundaries were of immediate consequence to the role-holders, and were particularly 'visible' when the issue of evaluation of worth came to the fore. The next section introduces the actors using their self-portraits. These depict their working- selves in context.

## Putting the Intermediaries in the Picture

Figure 11 'The intermediaries' pictures'



Ali



Jerry



Fran



Chris
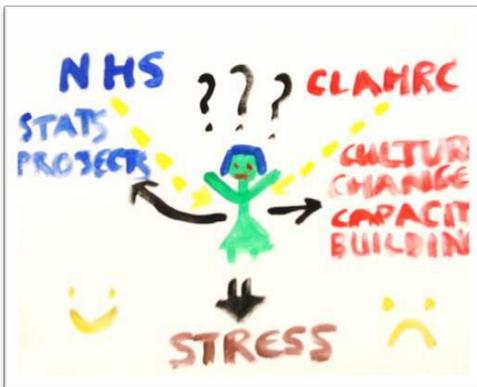


George

The images in figure 11 were composed and collected at a team-building day. Due to prior commitments, Joss did not participate in the painting session, but was present for later discussions. Jerry was newly in post. Fran elicited the pictures; the instructions were to 'paint your job'. The pictures were then used as a basis for a closed discussion amongst the intermediaries, intended to identify areas of difficulty and to develop strategies to respond to them. The meeting had been called in response to work being pursued by the core CLAHRC. The CLAHRC was producing a 'casebook' intended to make its KT work visible, and so to demonstrate its engagement with the recommendations of the EAR. The intermediaries had felt that their roles risked, potentially, not being adequately represented in these casebooks, given that much of the data used for them was to originate from the database that the CLAHRC had been using to capture its activity. The fields in the database were inspired by conventional academic metrics for example, recruitment and outputs. The database had no discrete field in which to input the intermediaries' work, perhaps reflecting the 'invisibility' of their work described in Chapter 7. This auditing system either subsumed their work into specific projects or was not able to capture it at all. Further, there were ongoing issues with the ownership of work which was a source of tension between the intermediary actors and the collaboration. A sense of this can be gained from the quote below:

> Fran: I mean there's a couple of other things that have come up but the online training is something Chris started and I always say, always makes sure Chris gets credit for starting it. I've taken it through and then I'm the one that's doing all the background work putting it all together and everything else and then the next thing 'the implementation theme have done this' and that's, I think, what frustrates me.. that I don't, I don't, I'm not saying that I want everybody to say 'Oh Fran has done this' cause it makes me uncomfortable but

> Joss: I completely agree, we all would agree

> Fran: that we would want that kind thing to have that kind of recognition but this is where we ought to say something about overlap of roles and overlap between different themes, between different roles that are funded CLAHRC and about that lack of clarity about who's doing what, because.. and a lot of people wanting, as you say, to pick up on something which they can have some success in and some ownership on so you, you tend to kind of get people crowding towards something which looks promising

and dipping a little bit into it and then saying I've had a part of it or slightly more cynically you're waiting for something to get going and then someone puts a badge on it at the end..

Chris: so you have done a lot of the hard work, you haven't necessarily got any support or help to start off with and then once it starts to look promising all of a sudden people will jump on it and say 'Oh yes CLAHRC have done this'

One of the outcomes of the intermediaries' closed meeting was a decision to compile their own 'casebook' in order to make their roles visible, and document the contribution they felt they had made. By this stage, I had become closer to the group and was invited by them to participate in their strategy meeting—largely, I was told, because it was felt that I might be able to contribute from an academic and theoretical perspective. I had recently presented some early findings at a conference and, as the work was in the public domain, I saw no reason to decline. As I discussed in Chapter 4 (methods), this was the point at which I felt I started to move from observer to participant and the study's boundaries became blurred. Further, this also represented a point in time when the actors had concluded that the collaborative field was dominated by usual academic values and that this was proving problematic for them. In light of this, the intermediaries considered it necessary to produce a document in a way that aligned, discursively, with that produced by the organisation. It would 'talk the same talk' to produce themselves as legitimate actors. Later, at the same meeting, it was decided that the 'casebook' could provide the basis for a publication. It was apparent to me that the actors were orienting to the values of the field in a bid to accrue capital.

The discussion of the paintings began with each artist describing her or his work and what it represented. I was present when this was being done, and so I was party to the participants' own analyses of the pictures. What follows is derived from both this and my own, separate, analysis of the paintings. My approach to the analysis, using Guillemin's (2004) method, is described on page 131.

In terms of how the pictures are arranged, all show the individual surrounded by representations of other relevant actors. Jerry's picture is different from the others inasmuch as there are only two other characters; ShireCLAHRC and

the NHS. This perhaps reflects that Jerry was new in post and had yet to form the more nuanced sense that the others held of the divisions between concepts and stakeholders that were perceived to be relevant to the posts.

Arrows are a commonly used device in the other pictures; these make emphatic the subjects' multiple interfaces with a diverse range of actors and ideas. For example, Chris includes funding, the NIHR, and targets. George includes a group of academics, policy makers and NHS trusts. All the key stakeholders identified in previous chapters are present and framed as having relevance to the actors and their work context. Further, Fran's image positions 'stats' and 'targets' in opposition to culture change and capacity building, thus offering a representation of the ontological boundaries discussed above. By including 'stats' and 'targets' separately, both NPM and EBP were displayed as distinct, but equally influential, concepts.

The relationships shown between the subjects and the others are of key analytical interest. As I discuss below, the intermediaries' emergent community of practice represented a strategic response to managing the demands of their posts and the need to create a 'louder' voice when dealing with the managerial core of the CLAHRC. The social cohesiveness of the CoP was perhaps quite fragile, as I discuss below, and the 'collective' identity invoked through it was contingent. There were deeply felt divisions within the group. This is hinted in a key difference between Ali's picture and the others. Ali's does not include question marks; moreover, Ali is depicted as smiling amidst what others represented as a cacophony of questioning voices. What is interesting is that this 'public' representation was at odds with much of what Ali told me in private, for example, in one-to-one interviews, and in the diaries. In these, Ali, too, told me of uncertainty and broadly painted a picture of a world and experience which was congruent with those of the other participants. In this way, Ali's picture is an example of the often contradictory nature of discourse and, an illustration of how being contradictory is often found to be rational when explored more deeply and when broader contextual factors are taken into account. For example, from that perspective, Ali's 'contradiction' can be read as an example of 'impression

management' which reflected the fragility of the apparent social cohesiveness of the intermediaries. I will discuss the fragility of the group's cohesiveness at greater length below, in the context of their CoP.

In the other images, the relationship between the subject and the others is characterised by 'uncertainty', as represented by the question marks. In three of the pictures, 'uncertainty' is presented as a characteristic of the subject, in another as a characteristic of the audience. Thus, the world of the intermediary is shown to be populated with questions. The depiction of 'spanners' invokes both the tool and the metaphor of the boundary spanner. This was indicative of a sense that there was an expectation that the roles could serve to 'tighten' the proximity of the groups that they worked between.

This sense of others' expectations is also indicated by the ways in which most of the other actors that are depicted are looking towards the subject. It is notable, though, that in George's picture the members of Aftshire University are explicitly depicted as looking away. In the later discussion, it emerged that many felt that institution to be problematic, in that it was a bounded resource that could not easily be accessed. Chris also pointed out, later, that the word 'CLAHRC' had been deliberately painted in black to emphasise that they viewed the core CLAHRC as problematic, and the origin of many of the 'mixed messages' that had proved hard to deal with. In Ali's picture, there is a table with people positioned behind it; it was explained that this also represented the core CLAHRC and symbolised Ali's sense that communication was one-sided and often seemed to have a judgmental component to it. The word 'stress' is literally writ large in three of the images, suggesting that this is intended to be read as an unambiguous description of a component of the artist's world. In this way, the images include an explicit reference to a personal effect of the roles.

Clearly, it is possible to pursue an analysis of the pictures to a much greater extent than I have here, but, hopefully, they have served to give some insight into the actor's worlds, in their own terms. Next, I present a narrative illustrating how the roles changed in response to the contingencies of their setting. Within this narrative, key commonalties associated with the roles, in

terms of experience and practice, are highlighted. These resonate with issues previously identified in the literature on intermediary roles, suggesting that taking a 'family resemblance' approach to understanding intermediary interventions has potential utility. However, although common issues can be identified, they should not be taken as inevitable properties of the roles *per se*; rather, I argue, many only became relevant in response to a mix of contextual influences.

## Beginnings

One of my earliest meetings with the intermediaries was when I went to an intermediary induction session hosted by Aftshire University. They were not yet the main focus of my study but, as my fieldwork was in its early stages, I felt it useful to attend any event that might further my understanding of ShireCLAHRC. The session sounded like a good way of getting to hear more about the mission and structure of the intervention. It was not quite what I expected, I anticipated hearing a detailed account of the mission and structure; this failed to emerge. The concept of 'knowledge brokering' was the topic of a presentation by an external speaker. This suggested to me and others, that this concept was relevant to the roles. In addition, the intermediaries introduced themselves and spoke about their roles. My early impression of the session was that it served a 'research' rather than a 'practice' function, inasmuch as the theory behind the roles was being privileged over the detail of their execution in context. When the focus of my project became centred on the intermediaries, I found that often, this session was referenced by those in the partner organisations as an example of how problems with the management of the roles had existed from the start:

> The fact that they had to do their own induction is just an absolute abomination as far as I'm concerned [Eddy, R&D manager, Aftshire. Interview 3]

> the CLAHRC [intermediaries] did their own induction in which they were told to produce various parts of it and present to the others, and I'd never heard of anything so, quite, well, ridiculous in my life really…..so they all had to produce their own little presentations and they're more or less inducting their own, you know, colleagues into working for CLAHRC, and yet it was a brand new role in CLAHRC, and you'd think at the very least they would have done a presentation about what CLAHRC's about, how we

> put the bid together, you know, what our plans are for the future
> [Sam, R&D manager, Aftshire. Interview 3]

The intermediaries described how there was a difference between the partners' approaches to introducing new staff to their roles. Formal inductions into the NHS organisations were felt to be useful in orienting them to the trust context. Many felt that this approach should also have been taken by the core CLAHRC to allow the actors to a gain a sense of where they fitted into the collaboration and what the structure of the collaboration was. In addition, at this point, there were no formal horizontal channels of communication; in the absence of this, some actors had turned to social media to connect with each other:

> I mean my first contact with CLAHRC was George on Face book, George didn't have my address, and didn't know when I was starting, then the second contact was with George via my NHS manager, I didn't actually get to CLAHRC until after I'd sort of met with you and George . That shouldn't be like that, you should, you have your NHS induction, you should have at least a meeting with CLAHRC [Ali, intermediary, Hamshire. Focus group 2]

The quote above was taken from the last focus group and illustrates how the actors continued to cite the lack of formal structures and processes for induction and communication as having been deeply problematic from the start and throughout the life of the CLAHRC. As I discussed in Chapter 2 (p.80), it is generally held that developing a professional identity is a relational process (Dornan *et al.*, 2005; Swanwick, 2005). The learning necessary for this identity to develop often occurs opportunistically and contingently (Dornan *et al*., 2005; Swanwick, 2005). Thus the formal inductions in the trusts offered the actors a means to begin that process by exposing them to contact with others in the organisations. That a similar process was absent in the collaboration can be seen to have inhibited the speed with which they could become socialised *beyond* the trusts into the wider collaborative field. It is easy, with the benefit of hindsight, to argue that some kind of formal induction process should have been put in place, but it should be recalled that ShireCLAHRC was operating in a fragmented and changeable way. As I argued in the previous chapters, a combination of strategic vagueness and theutilisation of hierarchical, didactic communication practices (e.g. the agenda-

based meeting model) entrenched this mode of practice. Thus, it would have been problematic to create a formalised induction process that could have offered insight into the specifics of strategy and structure. Given that these were in flux, it is perhaps understandable that such an approach was unviable. However, the actors continued to feel that the beginnings of their roles had been made more challenging because of this. The next section, illustrates the actors' experiences of the roles as they unfolded over time. The following quote from the later focus groups represents a précis of this narrative:

> it was a massive learning curve because I don't think CLAHRC…didn't really know what they were, so we had to learn as we go we weren't sort of set with a remit of 'this is CLAHRC', then we've had to change as CLAHRC's changed as well, so I think it's definitely built up my confidence to change as well, and take the autonomy in the job to be able to make those decisions [Fran. Focus group 2]

The content of this retrospective contrasted with much of the contemporaneous data from, for example, the solicited diaries. Most notably, there was no emotional component; rather, the early days are framed as a 'learning curve'.

The diary data, however, reveal that often, their initial time in post was characterised by uncertainty and isolation. Over several months there was something of a change and these aspects of the roles began to be re-framed as 'positives', in that they provided autonomy and opportunity —although as I later show, many issues continued to loom large over the intermediaries' everyday practice, and defied resolution.

## Being an Intermediary

The realisation of the roles was a lengthy, complex process, owing in part to problems with finding an appropriate pay grade for roles which had no clear antecedent in the NHS. The job descriptions (figure 9) included activities and responsibilities that could encompass all the components of intermediary work described in Chapter 2. The posts were filled at different times, up to 18 months

into the intervention. Towards the end of this period, a shift was occurring in the CLAHRC's focus, engendered by the EAR. This had exhorted a move away from undertaking applied research, and towards implementation and capacity building.

As will be recalled from earlier chapters, the potential scope and scale of the roles was perceived, by the applicants, to be daunting. It was felt that there were few discernible specifics and guidance about how best to enact the roles:

> There's about a million and one things that you might want to do and by the end of it can you change the culture of the NHS in three years please [Fran. Interview 1]

It is perhaps not surprising therefore, that contemporaneous data from the intermediaries' early time in the posts included accounts of their emotions; expressions of loneliness and isolation were commonplace. In contrast to other sources, the data from the diaries was a particularly rich source of emotional discourse:

> (On mixed messages) This left me feeling embarrassed (makes us look like we can't do our jobs) [Ali. Diary]

This may be because the diary, as a less 'public', expressive medium, allowed emotional content to have more legitimacy. Further, the immediacy of diary accounts to the events they describe may also have meant that such accounts were subject to less revision (Elliot, 1997; Kenten, 2010).

> Feeling very lonely this week and a little lost, I had forgotten how important just having a team to have a chat [with] and run ideas past was. [Ali. Diary]

> Sometimes it can feel pretty lonely and there isn't really anyone to use as a sounding board to just reassure myself that I am doing this right thing. [Chris. Diary]

It was clear that being isolated in the trusts, and having little contact with the core CLAHRC was particularly challenging. This situation arose from the posts having been instituted as standalone roles. As such, they were not able to draw

upon another (higher-status) role-holder's social and symbolic capital resources to enhance the intermediary role or their own position within the organisations. This suggests that this model of intermediary roles is one which should be viewed with caution in terms of its potential for causing additional stress above and beyond that normally associated with taking up a new post where precedents for enactment already exist. This is reflected in the ways the actors contrasted the new post with their experience of previous roles in organisations. For many actors, beyond the initial inductions, they had little opportunity to interact with colleagues who either shared a similar remit, or who understood the purpose of the intermediary roles:

> I sit in an office with a secretary and IT, I'm on my own and I don't fit within any structure and so I basically just have to make my way from there out into the big wide world. [George. Diary]

For some, the physical location of the posts compounded this sense of social isolation, in that the intermediary was physically distanced from their potential client base. For example, when I visited Chris, I found their office in a, soon to be closed, large mental health institution in a suburb of a major city; the majority of the staff had moved out into a new modern building some miles away. Chris told me that space in the new building had been allocated in accordance with pre-existing organisational structures and that, because it was unclear to HR where the new role fitted, any move was on hold until a decision could be made. In the meantime, Chris remained alone in a large, somewhat gloomy, office.

Isolation limited the opportunity for informal, 'water cooler' encounters with other trust personnel. Many intermediaries asserted that informal networking was invaluable as a means of opportunistically gathering intelligence about the host organisation and building the network of contacts necessary for doing effective linkage and exchange work:

> Word of mouth seems to be a massive key to this job. [Ali .Diary]

For those most isolated, the degree to which the individual could learn about and participate in the informal structures and relationships that made up the

organisations, was limited. As a corollary to this, opportunities for others in the organisations to learn about the function of the roles were also lacking. As a result, role ambiguity (Farr & Ford, 1990)[11] ensued.

The novelty of the roles impeded the establishment of a role identity, both for others within the organisations in relation to the intermediaries and for the intermediaries to develop an identity for themselves in relation to others in the organisation. In contrast to usual roles in organisations, neither party had a pre-existing frame of reference to draw upon. It was, therefore, unclear what the norms and expectations associated with the roles might be. It was recognised that remedying this was part of the intermediaries' remit, in that they had a responsibility for promoting themselves and the partnership within the trusts. However, uncertainty surrounding a strategy for action, the range of possible actions available, and the scale of the potential client base proved daunting.

The absence of pre-given norms was further consequential in that the intermediaries tended to evaluate the roles in terms of their expectations of usual organisational roles and previous work experience:

> There is little formal support provided for intermediaries in terms of introducing a new intermediary to colleagues within [ShireCLAHRC], existing work streams, standardised templates/processes for initiating contacts and progressing work. [Mo. Diary]

> You've got no idea what you're supposed to be doing; well *I* didn't. [Chris. Interview 1]

Because of these expectations, uncertainty was not easily recognised as an inherent feature of the roles. In the second quotation above, Chris adds the qualification "well *I* didn't" after the expression of uncertainty. This qualification typifies others found in the early data, and illustrates concerns that the

[11] Role ambiguity occurs when norms for a specific position are vague, unclear and ill defined.Role conflict occurs when third parties' expectations of a role conflict and competing demands arise.

uncertainty the intermediaries were experiencing might be indicative of personal shortcomings rather than a more general issue. Worries also concerned expectations about how their performance in the posts would be evaluated. Several intermediaries stated that they assumed that there would be a formal set of criteria by which their performance would be judged. They worried that they might be found wanting:

> When I first started I spent the first couple of weeks or months really, really panicking that somebody was going to come to me and say 'why haven't you done this, you haven't done this, you haven't done this' and it was because I didn't know what I was doing but I was really, really concerned. [George. Interview 1]

The management of the roles was also beset with uncertainty. While they were line-managed locally, in accordance with the principles of collaboration, the posts' activities were jointly directed by the partners in the collaboration. In addition to a manager, each intermediary also had a 'supervisor' based in Aftshire University. Approaches to management varied: some NHS managers were directive; others took a more remote stance. Some had limited contact with the core partnership and were uncertain about how best to manage the roles and what support or direction could or should be given:

> I think there needs to be clearer kind of management from CLAHRC, because they're the ones that actually pay my salary and I'm a CLAHRC [intermediary].I'm based in my trust and I want to do as much for my trust as I can, but I need to know that I'm doing what I'm supposed to be doing for CLAHRC. But I think probably they don't know either – so they don't seem to know – it changes every day what they want us to do and sometimes it feels like it's just whatever doesn't fit into the applied research project groups- the [intermediaries] can do that. [Joss. Focus group 1]

Whilst an externally driven sense of direction was, at this time, considered desirable by intermediaries, one that was unilaterally generated by their host organisation could be problematic. For a trust-based manager to be directive, they would need to independently form a strategy for realising ShireCLAHRC's aims based on their own interpretation of those aims. As discussed in earlier

chapters, the vagueness of the aims enabled differing interpretations to proliferate. Thus, the supervisors' and managers' interpretations did not always align and mixed messages resulted. For the intermediaries, role conflict often arose and concomitantly concerns over whose direction could legitimately be relied on, and whose priorities should take precedence:

> It is quite difficult having an NHS manager at one side and a CLAHRC supervisor and there's been a bit of confusion and crossed lines about having those two roles. [Chris. Diary]

> A lot of the time it feels like one is more, I won't say important, but you know one master wants more out of me than the other. [Mo. Interview 1]

In spite of this, there was consensus that maintaining equanimity was important:

> It's just about remaining everybody's friend and being neutral. [George. Diary]

In summary, the intermediaries' experiences of their early months in post was coloured by a sense of isolation: isolation from local personnel, potential clients and the active core of the partnership. Furthermore, expressions of uncertainty were commonplace and in part reflected a lack of available means with which to establish an organisational role identity. Uncertainty also centred on particular dimensions of the posts, and the ways in which these differed from other organisational roles. While some of these, such as management, integration, and evaluation, have been identified in previous research (Lightowler & Knight, 2010), the experience of these differences as problematic seems to have been exacerbated by the intermediaries' assessing these dimensions in terms of prior understandings of usual organisational roles. This made for an initial experience characterised by role ambiguity. In addition, the management structure of the roles and the competing demands of the partners, combined to create a sense of role conflict born out of attempts to simultaneously act in ways coherent with differing fields.

## Making Sense and Moving Forward

After the first few months in post, however, there was a discernible attitudinal shift. The isolation, the lack of a singular strategy for action, and the general ambiguity of their position were increasingly presented as positive aspects of the roles. For example, as Chris notes, the more distanced management facilitated independent and autonomous working:

> I manage myself. I mean most of the time there'll be days where I am − I could be in Spain, nobody would even know. [LAUGHS] I work very autonomously. [Chris. Interview 2]

The absence of a firm strategy was now viewed as advantageous in that it allowed the intermediaries the freedom to tailor their practice to their local context and to their own skills and interests:

> Because you didn't have "you must do this, you must do that" it has worked in our favour because you have been able to... well, adapt, because "my [organisation] needs this and your [organisation] needs that". [Fran, Focus group]

The early data, drawn largely from the diaries and recounted in the previous section, revealed that the intermediaries recognised that role conflict was a problem they faced and remaining neutral had been seen as an appropriate and necessary response to this. In time, however, the intermediaries started to align themselves with the needs of the organisations in which they sat, and latterly tended to speak in terms of 'my' trust. In short, it seemed that the problem of role conflict was moderated by a greater alignment of their roles in relation to the needs of the NHS organisations in which they sat.

> [The open strategy] has given us the opportunity to evolve our own roles in ways that we wouldn't have had the opportunity to do, not just for our own benefit but for the benefit of our [organisations]. That has given us a lot of freedom. [Joss. Focus group 2]

Their descriptions of their experience of the roles also reflected change:

> Something in all of us has basically changed..."well it's not going to change if we're sitting there waiting for a sense of direction": we're not getting it and it turned to "what can we do about it? [Ali. Interview 2]

Further, they considered that their proximity to practice meant that they were best placed to understand what the local needs of the NHS partner organisations were. It was also accepted that communication between the partners was limited:

> Chris: because you are based in the trust you can see what's missing more than CLAHRC can, based within the university
>
> Joss: well that's a major difference I think, between our position and other people in the CLAHRC because we are there, listening to the front line people, saying 'this is what i need on training for this'. The CLAHRC core staff are so far away from what's actually going on in the NHs they're guessing [Focus group 2]

In the absence of access to external resources, many drew upon their own skills. Interpretations of what constituted 'CLAHRC' work broadened:

> Met with a doctor to help with some analysis using SPSS which he has. A shame I have no access to it as I could be more help if I had it at work or through CLAHRC. I was able to perform some survival analysis which he appreciated [Frankie. Diary]

These acts of tailoring their work to their skills (especially if they went beyond what was perceived to be the boundaries of what might be sanctioned by the core) were often justified by producing themselves as the true arbiters of the CLAHRC ideal:

> At the moment, it feels like the intermediaries are the only CLAHRC team – everyone else is just an academic researcher [Fran. Diary]

Further, this discourse was used to legitimise broadening the search for resources beyond ShireCLAHRC. For example, Ali, below, exploited contacts within Hamshire university:

Ali: I think for me I've actually stopped er, less and less over the years since I've been with CLAHRC, I've not gone to CLAHRC for help. I've kind of sold the whole CLAHRC, as a CLAHRC I can help and I've found support from elsewhere so I've had medical students and graduates doing data analysis on projects and they see that as CLAHRC support but actually the CLAHRC, as in the core CLAHRC, has had very little to do with it and I think I've been selling as something different to probably what we sit here and talk about [as] CLAHRC and there's the interchange between what CLAHRC is I think, because also sometimes we say CLAHRC and we mean the [Aftshire] university..

Fran, Chris, and Joss [affirmatives]

Ali: and I think the NHS thinks it's the university and fact it's not and...

Frankie: CLAHRC is everybody; it's the collaboration between the NHS and the universities? So is that what you're meaning by what CLAHRC should be?

Ali: yeah and that's how I've gone about it because I've tried to sort of say that CLAHRC is everybody and trying to engage people from the NHS and graduates from the unis rather than going straight to the core CLAHRC [Focus group1]

Ali produces a version of 'CLAHRC' which describes it as an inclusive collective or social movement defined by a superordinate ethos rather than a bounded intervention. In this way, autonomous acts of transgressing the boundaries delimited by ShireCLAHRC that the intermediaries were increasingly pursuing are produced as morally 'right'.

Talk of isolation and uncertainty was thus, through time, replaced by more optimistic references to 'opportunity' and 'autonomy'. What, then, accounted for this change? The intermediaries cited the importance of communication and social support among themselves as having been key. When the posts were established, no forum existed for cross-intermediary communication. Despite this, as the posts were filled, the intermediaries increasingly turned to their peers to discuss their situation and seek solutions to the problems they encountered. Thus a community of practice (CoP) developed spontaneously (Wenger, 1999).This served four functions. First, it offered a space that enabled the intermediaries to collectively develop a frame of reference for the role, and identify the limits and

scope of what could be done based on their experiences so far. Collectively, they determined that the ambiguity and conflict associated with the remit and management of the roles was a feature of the roles rather than the product of their individual deficits. They accepted that it was likely to continue, and that there was little likelihood of any externally driven change. They therefore resolved that developing a proactive and autonomous stance was legitimate if they were to move forward with enacting the CLAHRC 'ethos'. They also recognised that they were working in quite markedly different contexts and that, although there was some common ground, a large component of their work would have to be tailored to context. This new approach was supported and endorsed collectively, and came to be considered a normative feature of their practice.

Second, the CoP also acted as a learning resource in which knowledge and strategies could be exchanged and expertise shared:

> I'm not saying it's all wonderful now, but it has improved, probably because we've taken the initiative and we have got together [and] like you were saying, you've learnt from Mo and you know I've learnt a lot from the way that Ali works. [Fran. Focus group 2]

Third, it provided a space in which emotional expression was acceptable, and so the sense of frustration and the experience of stress could be acknowledged and discussed:

> I definitely think having six other people to talk to about this definitely helps and yeah I'm often 'what do you think we should do about this?' and 'or on this' or ' this stupid e-mail' and definitely, it definitely helps, so even if it's just keeping me calmer and not getting me so frustrated with things. [Chris. Focus group 2]

Fourth, the CoP allowed a collective strategy to be formed with respect to creating a common voice with which to communicate to the wider collaboration. By collectively authoring reports or articles it was felt that they could gain the legitimacy needed to participate in ShireCLAHRC dialogue.

The development of the CoP, and the attendant social support and practical resources it provided, became a valuable asset for making progress in the roles,

and seemed to ameliorate the negative experience felt by many. For example, the uncertainty and role ambiguity that had pervaded their early experience of the posts could be re-evaluated and affirmed as a characteristic of the roles rather than a personal issue. However, although the CoP existed as a resource and did bring some degree of cohesiveness between the actors, this cohesiveness was fragile. Divisions in the group were evident; talk of these was quite common when I was in the field and 'one-to-one' with the participants. It is less apparent in the interview and focus group data but some sense of these divisions could be detected in the diaries, and they regularly featured in my field- notes. Divisions were often framed in terms of unequal resource distributions and proximity. For example, those in Aftshire were perceived as having greater access to potential resources (e.g. the university) than those in Hamshire. Hamshire intermediaries resented having to travel to Aftshire for meetings and this was compounded by a negative perception of the utility of those meetings:

> Drove to Aftshire for the meetings. As usual, discuss the same things at both meetings and it makes me wonder about their worth. Decisions don't get made so we query if it is the best use of our time. Hamshire intermediaries get the short straw with the expectation that they always have to travel to Aftshire [Frankie. Diary]

However, Aftshire intermediaries felt that their proximity had meant that they were in the front line for being co-opted into core work:

> Seems to me to be a bit of tension within the intermediaries at the moment an Aftshire/Hamshire divide. In Aftshire we feel a little hard done by with only two[12] of us and four of them, yet we seem to be the ones picking up the extra CLAHRC work and them moaning more and more about their capacity [Fran. Diary]

In less public accounts it was apparent that there were deep underlying

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[12] At this point Mo had resigned and Jerry had yet to be appointed.

tensions that went beyond those that could be accounted for simply in terms of geographical distribution. Perceptions of favouritism, self-aggrandisement, better access to communication, and accessing and exploiting the capital of more engaged higher-level staff, were all mentioned at various times as sources of annoyance. It is important to state that these sources of resentment should not be ascribed to personality traits. Rather, most can be ascribed to structural failings within the collaboration. For example, as above, communication was patchy at best; missing out on information was deeply troubling to intermediaries, given that it was such a scarce resource. Many had felt marginalised by their position in the communication structures of the CLAHRC, and felt that communication practices compounded others' perceptions of their lack of status. To be privy to communication was an advantage, and sometimes perceived as indicative of social capital inequalities. To be seen to not disseminate it equitably and in a timely fashion caused friction within the group. Given these resentments, it might have been expected that participation in the CoP would lessen as their autonomy increased. However, through time, the CoP changed and became less a support group, and more similar to a political coalition.

I think it worth offering some brief commentary about methods here. My understanding of the change in the community of practice was enabled by spending time in the field and building social relationships with the participants as well as using diaries. Had I relied on other, more public forms of data, it is likely that much of this could have gone undetected. In this way, the CoP might have gone on record as a panacea for remedying the shortcomings of the collaboration's approach to institutionalising the roles. What the fieldwork demonstrated was that, although the CoP had provided a useful and timely resource for moving beyond the potential of inertia caused by vagueness of remit, it was not a 'cure'. The underlying problems persisted, and towards the end of the study the CoP had become the manufacturing site of a contingent, collective 'public' identity. In effect, this can be seen as a response to their lack of capital in that this collective 'identity' encompassed an aggregation of the limited individual capital that they possessed. In this way, the power that could be realised through this was gained at the

expense of individuality. But even after sacrificing individual capital in the collective interest, the grouping would always be unstable because of the tensions that arose between individual and collective interests.

## Unresolved and Irresolvable: Careers, Evaluation and Status

Whilst the intermediaries had adapted themselves to some aspects of the posts, other aspects remained problematic. Career pathways, evaluation and status were a constant source of concern. Latterly, the lack of work visibility and ownership that had prompted the strategy meeting from which the pictures originated had not been resolved. Whilst this was acknowledged as an inherent risk of undertaking intermediary work, they felt that it was a problem which the management of the collaboration should have sought to resolve:

> It is the kind of nature of boundary spanning that you kind of dip into things a bit, and then you set things going and then you don't in a sense have ownership of those things and so it needs to be acknowledged as part of the organisation involved that you won't have a whole list of projects to your name. [Fran. Interview 2]

This was a continuing source of frustration and impacted negatively on their sense of job satisfaction and value:

> I do think it's quite frustrating at times; it's very difficult to know when you've done a good job...Often you can have a couple of bad weeks where you think 'I'm not making any difference here'. [Chris. Interview 1]

Coupled with the sense that the organisation had failed to adequately address the means by which their work could be made public and therefore translated into capital, there was a sense that the pre-existing capital of the field of academia were entrenched within the collaboration (see Chapter 7). There was a sense that this was acting as a boundary to any possible progress within it for the intermediaries:

> Joss: yeah I think it's a shame that the university's approach to employing people with a PhD is the way that it is and it maybe explains why

the value isn't placed on us because we're seen as being in effect non- academic, non-qualified staff

Chris: that was said to us at a conference though wasn't it?

Fran: that was about our, our lack of clinical background affecting our ability to do this job so yes, similarly, you could argue that people from within academia would be like well 'you don't know what you're talking about you're not a PhD [Focus group 2]

A common concern was what the roles offered in terms of career development: no career pathway was obvious:

There's not like boundary spanner, senior boundary spanner, director of boundary spanning. You're not a specialist in this; you're not a specialist in that, so in terms of a more senior position it's difficult. [Fran, Focus group 1]

Most expected that they would return to a conventional role in an organisation. When reflecting on how their experience in an intermediary role would impact on their return, many were positive, suggesting that the varied activities they had undertaken would enhance their CVs, equipping them with transferable skills.

For most, the roles *had* provided the opportunity to acquire a wide range of transferable skills, through external training programmes and through Aftshire University:

George :I'm going to get a positive thing in before it gets too depressing, I actually acknowledge that I've got a lot of training out of this job in lots of different areas and it's one thing that they've never said no to really, whether that's because somebody appreciates that it is quite a difficult job and you do need a lot of different skills and you perhaps, it get quite frustrating and perhaps the pay off, you know, you are given quite a lot of training opportunities ,I think

Chris: definitely

George: and you know, in some cases have actively kind of sought them out, you know, so I do a lot of the training that's available through Aftshire Uni and as a sort of an associate member of staff, I can access it, it mostly for free. The fact that we've all been allowed to go on the prince 2 which is a big, a big programme well.So I think I think that's one area that's been quite good, that we've been given a lot of training, on the negative side I don't think there's any

career development opportunities within the CLAHRC

As ShireCLAHRC's five years of funding drew to a close, most of the actors were seeking jobs in other organisations. I was interested in how the actors framed their roles when interviewed. Frankie reported that although interviewers had asked about the posts, most of the talk had centred on the 'transferrable' qualifications that they had acquired. In the closing stages of the project, some actors had been told, informally, that the intermediary role would not be taken up in any successor CLAHRC in its current form, and that there was uncertainty surrounding what, if any, similar roles would be available. In summary, as new evaluation practices had failed to emerge and intermediary career advancement in the next CLAHRC was unlikely, the actors were left with little to show for the roles beyond those transferrable skills.

Earlier (Chapter 2), I argued that the question of whether, and how, stand-alone intermediary roles can be deliberately instituted was both important and little explored. Chapter 6 described how the roles were not endowed with a great deal of capital in either the domain of practice (because they were of a low managerial grade and had no control over resource allocation) or research (because the role lacked academic credentials). The intermediaries were well aware of this:

> If I was the R&D manager or the Chief Exec and I was saying some of these things I think it would be listened to a lot more or something would happen a lot more [Joss. Interview 2]

Some developed strategies to circumvent this by exploiting the capital resources of others:

> I'll direct them to my, to my manager and or you copy her in so there's some sort of authority position that's backing up what I'm saying and it's not just of sort of me saying and I'll be like "such and such said this" or " at a staff briefing a chief exec said this" rather than it sounding like it's me which tends, you know, to have a bit more clout behind it [Frankie. Focus group 2]

Others formed strategic alliances with more senior staff. Here, Ali talks

about Max (Deputy lead, KT project group) with whom they worked closely:

> So I do sort bounce ideas off Max quite a lot and do sort of work quite closely and he comes up with ideas and he sort of, recently, he suggested to me something that we should do and it does fit in with one of the aims of the CLAHRC quite well and so er we're sort of looking at developing, developing that, so Max is er kind of like my CLAHRC buddy in Hamshire.

Yet, a lack of status was not always problematic, and one such exception to the rule was evident in this extract which describes the mental health awards (see, p.161):

> It's quite interesting as an intermediary, because it worked -, it can be quite annoying because sometimes you get seen as a little [intermediary] and you can be quite patronised but in that instance, it actually worked in my favour because they were almost they didn't want to upset me and it worked in my favour, but sometimes it can work against but, yeah, it wasn't the nicest couple of months. [Chris. Focus group1]

In that context, other actors' perception of the intermediary's lack of status enabled them to salvage their personal credibility within the trust. Animosity about the allocation of the awards was deflected towards the strategic core of the CLAHRC. The means by which the results had been communicated to the applicants were also a cause for concern amongst the intermediaries. George included a standard 'results' letter with a diary entry. This contained the criteria against which the bids were judged and a list of the winning bids, naming the successful PIs. Because the successful bids were those led by established academic actors with high capital, the intermediaries assumed, rightly, that the unsuccessful applicants would want more information on how the decisions had been made. However, the intermediaries were not *officially* informed of the outcomes of the bids prior to the standard letters being sent out. A member of the core administration staff, it emerged, had decided to alert the intermediaries of the result when it crossed *their* desk. As George commented:

> This e mail was only sent to us because [administration staff member] decided it was important that we should know. If it wasn't

for them we would have found out from others-very embarrassing

The standard protocol followed meant the intermediaries felt ill-equipped to mediate in the information process, despite having been cited as a point of contact for information in the letters. This was seen to be an instance of how their credibility amongst their 'client base' was being damaged by taken-for-granted adherence to standardised working practices by the CLAHRC, but, as above, this could be ameliorated, somewhat, by exploiting their lack of status. On that occasion, being perceived to be 'powerless' was useful, but it certainly undermined the degree to which they felt able to go on with 'selling' the idea of CLAHRC as a new democratic research process.

*Evaluation*

Finally, I turn to the issue of evaluation. The quote below was elicited later in the study, and reflects ShireCLAHRC at that point in time. Ash was the operations manager of the CLAHRC and as such was clearly invested in the delivery of the CLAHRC intervention. From Ash's perspective, in usual organisational terms, instituting a set of roles without a transparent statement of their purpose would be problematic. This is evident in this interview extract when Ash (strategic core manager) was asked to give an account of them:

> Well, I don't know that the job description has changed but then their job description says a lot and nothing. So it talks about them being brokers, facilitators, very kind of open-ended words that gives them the longest of examples of what they could be doing, but not what they should be doing or will be judged against. And I think they found that incredibly difficult and to an extent still do. I guess, I mean in my mind they were really put into the organisation as a resource for the organisation and also as a point of contact for the CLAHRC to those organisations to disseminate information, and they can do that perfectly well. So from but they, I think, when they went into work in the morning and sat at their desks, there was nothing, it was never obvious how they should spend their day. A lot of them found that a very uncomfortable position….

Ash acknowledged the strategic vagueness of the job descriptions (it 'says a lot and nothing') and reflected on how a lack of a mandated remit created problems for the actors concerned. But, by offering an alternative account of the

posts' function predicated on a unidirectional model of KT ('in my mind they were really put into the organisation as a resource for the organisation and also as a point of contact for the CLAHRC to those organisations to disseminate information, and they can do that perfectly well'), this problem was managed. Further, this alternative formulation served to distance Ash from the 'problem' by showing the conceptual complexity of the roles to be something relevant to others, not Ash. The idea of 'distance' is further emphasised when Ash described them going to work in the morning and there being 'nothing'. This formulation situates the 'problem of direction' as a 'local', site problem. It would not be possible to do this had ShireCLAHRC realised a dialogical closeness with its partners. My point here is not to bring in a moral argument about Ash's responsibility; rather it is to show how the context of ShireCLAHRC had enabled Ash to produce such an account. That Ash was able to do this is contingent upon other versions of KT still having currency in ShireCLAHRC, and further, the existence of shared understandings of the non-realisation of a new collaborative organisational form. Ash reflected on the problem of evaluating the roles, and how not knowing how that might be achieved had been a continuing source of difficulty for the actors. Ash commented that 'a number of them have got involved in projects', offering this as an available solution to remedy the problems caused by working to the vague remit and the issues of evaluation.

> One thing that has changed is a number of them have got involved in projects. Again I just mean the term project in a sort of fixed time co- ordinated activity sense. [Ash, manager, strategic core. Interview 2]

This solution was not available to all. Further, the form this new involvement had taken can be read as a move into the field of normative research production.

## What They Did

I have shown that the forms of work undertaken by the actors varied considerably across the course of the study period. Although the roles offered an opportunity for the actors to 'create their own job descriptions', this freedom was limited by constraints posed by the context in which the roles were enacted.

Major constraints were the lack of capital attached to the roles and the recycling of practices from pre-existing fields. Broadly speaking, the work undertaken by the actors moved from that intended to facilitate new collaborative research production amongst the partners to work more concentrated within the trusts, designed to build capacity, for evidence usage. In effect, I see this shift in work as reflecting a wider abandonment of collaborative/'Mode 2' principles and a revision to a linear model in which intervention is situated at the 'user end' of a research/practice continuum. In the course of this shift, the actors' work reflected all the facets of intermediary work identified in the literature, and it would be remiss to not document this here. Figure 12 'Summary of intermediaries' work: illustrating how it aligned to the functions of intermediary work described in Chapter 2' below, illustrates this:

Figure 12 'Summary of intermediaries' work: illustrating how it aligned to the functions of intermediary work described in Chapter 2'

| Capacity development | Knowledge Management | Linkage and exchange | Advocacy |
|---|---|---|---|
| •Identify training needs for staff<br>•Support specific trusts R&D strategy<br>•Devising project specific workshops<br>•Devising new ways of learning<br>•Planning, developing and facilitating/moderating online courses<br>•Personal development workshops and events<br>•Devising new ways of learning | •Trying to tailor research projects to local needs.<br>•Stats/data analysis and support<br>•Supporting local bid applications for external funding<br>•Resource creation<br>•Providing evaluation support and advice<br>•Identifying potential fundable projects<br>•Project specific evaluation workshops<br>•Producing evaluation resources. E.g. a toolkit | • Forming internal networks<br>•Networking and linking with NHS and academics<br>•Developing own roles<br>•Bringing academics and NHS staff together to discuss research and promote involvement in research projects<br>•Signposting staff<br>•Study support<br>•Mediation<br>•Information gathering and sharing, who's who, organisational news, developments, data, communications and access within the Trusts<br>•Facilitation of forums and groups | •Marketing and promoting CLAHRC and research evidence<br>•Attending conferences, seminars, and networking<br>•Producing posters and information for NHS staff<br>•Providing training courses<br>•Obtaining positions on key NHS groups<br>•Review of NHS services and provision<br>•Business case development |

## Summary and Discussion

In this chapter I have described the intermediaries' perspectives of their own roles. I have illustrated that issues derived from differing ontologies and the interplay of varied capital systems were relevant to the mundane practice of their work and the roles' potential as a translational intervention. Next, I address my remaining research questions. I begin with Question 5, 'How do the actors manage to develop a credible working identity that helps to achieve the effects that the roles are intended to facilitate?'

In terms of the evidence derived from this study, the key to developing a credible working identity seems to lie in imbuing intermediary roles with sufficient capital to facilitate this. In the case of the roles in this study, they lacked symbolic and social capital. In addition they also lacked control of economic capital. The roles straddled two fields loosely demarcated as 'research' and 'practice'; each field recognised differing forms of symbolic capital, but from the outset the roles were imbued with little by the organisation. The actors themselves brought their own capital to the roles, but for most this was not sufficient to make a significant difference to their credibility in the fields in which they were attempting to engender change. Standalone roles meant that capital, symbolic and social, could not be 'carried forward' from a pre-existing role. Furthermore, a lack of control over economic capital had two consequences. Firstly it meant a lack of resource, which was constraining in itself. Secondly, and perhaps more saliently to the issue of credibility, it was symbolic of a lack of power and could be interpreted as indicative of a lack of endorsement of, and investment in, the roles by the strategic core of the collaboration. My findings suggest that, in order to instantiate intermediary roles as translational aids (setting aside issues of problem definition for the time being) there can be a significant advantage in having a clear understanding of the capital fields in which they are to be instituted and imbuing them with sufficient capital in order that they have the credibility needed to enact their mission. If entrenched practices and structures in a field are to change, then the actors charged with realising changes need sufficient capital resources available to them. The specific forms of capital needed can be seen to depend on both the

context of the desired change, i.e. the relevant fields, and the plans by which that change is intended to occur, e.g. social engineering, incentivisation , penalising or a mix of all three. My study suggests that standalone roles are vulnerable to problems associated with capital, and there is a critical need to address these early on in any intervention.

Question 6 asked 'How might the experience of this form of work differ from normative organisational roles, and what impact might this have on the actor undertaking such work? In this chapter I showed that in the absence of cues for action from the CLAHRC and its partners, the actors drew on their past experiences of working in other public sector organisations. As I argued in Chapter 1, public sector organisational practice is influenced by the discourses of EBP and NPM management. As such, evaluation, targets and outcomes are part and parcel of organisational life. For the actors in this study, the assumption that their work would be subject to some form of evaluation caused a good deal of, perhaps unnecessary, stress, especially in the early phases of the posts. More generally, the remit of the roles was unusually vague and this initially created a sense of paralysis on the part of the actors whilst they waited for some external direction. Thus, with respect to question 7, 'How do individual actors experience their roles? Are there psychological and emotional demands that are specific to, or exacerbated by, this new form of work?' My findings strengthen the argument that there are context-independent challenges associated with intermediary work. In Chapter 2 I drew upon literatures that have been somewhat neglected in considering knowledge-brokering roles in healthcare (e.g. Lightowler and Knight, 2010; Needleman & Needleman, 1974, Stamper & Johlke, 2003). In applying some of the insights from these in this analysis, I have shown how some of these challenges potentially arise from generic features of intermediary work. To this extent, my findings are pessimistic in that they suggest that negative personal consequences can result from the intermediary role regardless of context, but especially if they are instituted in a normative organisational setting. The experience of isolation and uncertainty seen in this study is not unexpected, given what is already known of the contingent and context-dependant nature of intermediary work (Jackson Bowers *et al.*, 2008;

Meyer, 2010; Ward *et al*.; 2009).The lack of definition and structure that distinguishes such work from usual organisational roles, and enables its flexibility and contingency, creates a working environment in which expected points of reference and a clear direction for action are absent. There were clear emotional and psychological demands attached to these forms of intermediary roles, inasmuch as the lack of clarity associated with them placed the actors in a position where although there was apparent freedom and autonomy for action, there was little indication of what the 'right' course of action might be. In this climate, all action could be construed as having some kind of risk attached to it but, equally, given that many were conscious that an investment of public money had been made in them, inaction was known to be unviable and, perhaps more importantly, unacceptable.

Thus, as above, these conditions can make for a negative work experience in that they can engender, through role conflict and role ambiguity, role stress (Farr & Ford, 1990). It was evident that this experience was exacerbated, and therefore made more consequential, in these full-time intermediary posts. In these, the entirety of one's role (and thus one's social location and professional identity) was defined by intermediary status. In these cases, the absence of available norms and understandings of such roles can serve to inhibit the building of both the situational definitions of the roles within the organisations, and the self-definitions of the actors in the roles (Ashforth & Mael, 1989). However, role tensions could, through time, be reconciled, though this did seem to mean aligning more with one partner than the other. What was also revealed was that the generation of a role identity came at a cost in terms of maintaining neutrality. The site of intermediary work may be legitimately described as a distinctive and liminal space, but this space may, more often than not, be contested, unstable, and shaped by institutional and psycho-social pressures. The need of the actors to moderate role ambiguity demanded greater role definition. This definition was, in part, achieved by a greater alignment with the needs and agendas of the organisations in which the roles were enacted, reflecting the findings of studies carried out in other contexts such as academia (Lightowler & Knight, 2010) and community planning departments

(Needleman & Needleman, 1974).

This foreshadows Question 8, 'What does the intermediary 'space' look like in 'practice'; can it be considered stable?' Here, the liminality of the roles eventually proved an advantage, since it meant that, once initial uncertainties and doubts were overcome, the actors could be creative and autonomous in their work. However, there was little evidence that the roles could offer much in terms of engendering a move towards a genuinely new form of collaborative working. The actors, like many others involved, espoused the need for new research practices that could engender a 'Mode 2' style of working in which the users and producers of research worked symbiotically and democratically. But the failure of the CLAHRC to move beyond a superficial consensus for change, to a specific strategy for action based on a collective understanding of what the nature of that change should be meant that the roles were somewhat cast adrift. In effect, the story of the collaboration can be understood as one in which usual research practices were retained and the intermediary role was constrained by this.

If such roles are used as an intervention that requires equanimity to be maintained, then I suggest that this demands that attention be paid to the workings of the fields relevant to the roles. The roles in this study were insufficiently endowed with capital to engender change, and insufficiently endowed with the capital needed to resist becoming assimilated into existing fields. Both driving and resisting change requires a good deal of power. I suggest that creating intermediary roles as a bottom -up catalyst for change in organisations should be treated with caution. The need to understand the capital relationships in the context in which they are to be instituted cannot be understated.

I argue that what could be construed as the 'success' of the roles in this study was contingent on: (a) the existence of a plurality of organisational aims with which to align (b) a degree of acceptance that, at least in the short-term, these roles could not readily be delimited or assessed against clear criteria of value, i.e. that they necessitated taking risks and undertaking a range of pursuits, not all of which would pay off; and (c) collective forums (the CoP) in which to share

concerns, ideas and opportunities, pool creativity, and form a collective identity by which to positively define the group and defend its interests. However, this 'success' could be argued to have little impact on the realisation of a new collaborative field. What came to be framed as 'success' in the actors' terms was seemingly more their having managed to carve out some activity that could be construed as giving value for public money.

Furthermore, the wider institutional context in which the roles were enacted put pressure on the actors to align with one or other of the capital fields. There was no clear career path for an intermediary, and the forms that the roles took aligned with the notion of the boundaryless or portfolio career (Currie *et al.*, 2010). Intermediary work is not institutionalised in terms of certification and regulation. The result is that the intermediaries were understandably attracted back to the greater security and prospects of a normal, recognisable organisational role, embedded within conventional hierarchies, structures and reward systems. Although many felt that intermediary work had provided the opportunity to gain transferable skills, it was not felt to fit well within a career pathway, or to be readily understood or valued as an occupation by other employers. Thus the viability of intermediary work as an on-going career choice, and thus the sustainability of full-time intermediary roles in particular, seems questionable (Currie *et al.*, 2010).

In Chapter 9, I leave behind the specifics of the roles in context and consider how my findings align with and add to wider theoretical and methodological debates both within and beyond the context of intermediary roles.

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# CHAPTER 9: REFLECTIONS, FURTHER DIRECTIONS AND CONCLUSIONS

> *Intractable is the problem of identifying the actions that might narrow the gap between what is and what ought to be (Rittel and Webber, 1973, p.159).*

As I have shown, the story of ShireCLAHRC, the intermediary roles and their inter-relationship was complex. Prior to beginning my discussion, I give a brief précis of that story.

The inspiration for CLAHRCs can be traced to UK policy initiatives concerned with reducing research 'wastage' and improving health outcomes and perhaps, more widely, resonates with the theory that appeared in both policy and research that research should be co-produced, collaboratively in a problem- centred fashion (Nutley *et al.,* 2007, Strauss *et al.,* 2009). A key tenet of this problem-driven or 'Mode 2' approach was involving stakeholders in research so that 'real-world' problems could be more readily identified and responded to. Consequently, a new collaborative field would emerge with revised, inclusive value systems. In effect, change would result from doing. Collaborative and co-productive interventions such as CLAHRCs were instituted. How these aspects of the CLAHRCs should be delivered in practice was left to the collaborations themselves; different approaches were taken. Several CLAHRCs adopted the idea of using intermediary roles to mediate anticipated boundaries between stakeholders, and to aid KT. In ShireCLAHRC, the intermediary role was ill-defined. Amidst competing ideas about the purpose of the roles, the intermediary actors worked to invent and specify the form and function of their roles. The roles came to be generalist intermediary roles and their work was always context-dependent and responsive. Rather than working to translate a specific body of knowledge, where success could potentially be determined and measured through observed changes to specific practice or outcomes. Their activities centred on more process- oriented

constructs such as 'capacity building', 'evidence advocacy' and 'linkage and exchange'. These constructs were less amenable to measurement. Latterly, the roles and the actors became more orientated towards the partner trusts and were not able to maintain a 'liminal' position.

In ShireCLAHRC, defining the 'how' and 'why' of collaboration remained a thorny issue. Consequently, a shared vision on which action could be predicated was never realised. A broad consensus for action did not coalesce into a concrete plan based on a shared conceptualisation of the 'problem' it was seeking to address. As I have argued, a number of internal and external factors contributed to this. A lack of a unified problem definition meant that the intermediary roles' function and value remained uncertain to many involved in ShireCLAHRC. Finally, because the roles had been instantiated with little capital attached to them, even had there been a discrete plan for action, it is likely that the roles would have had limited utility.

As I move through this chapter, I relate my findings to the material in Chapters 1, 2 and 3.and align my findings with wider theoretical and methodological debates both within, and beyond, the context of intermediary roles. Thus I aim to contribute to a more nuanced understanding of the intermediary role as a translational intervention in the context of contemporary healthcare services that takes optimal advantage of theoretical insights from within and beyond the field.

I argue that the issues that arise from ontological assumptions are salient to the field of knowledge translation at *all* levels, and that these are consequential if the problem of translation is to be overcome. In accordance with other authors (e.g. Greenhalgh *et al.,* 2011), I endorse the argument that the consideration of these issues should be brought to the fore and not relegated to corduroy and claret-fuelled, 'academic' rumination. As I have documented, the assumptions that predicate action are important and consequential to collaboration and KT in *practice*. Consideration of these should be included, early on, in any translational undertaking.

It will be recalled that my research questions centred on three interrelated, mutually constitutive themes; 'context', 'enactment' and 'experience'. Here, I

draw these together to illustrate the importance of using a methodological approach which takes into account all levels of social phenomena, and their interrelationships, if they are to be better understood:

> We have been learning to see social processes as the links tying open systems into large and interconnected networks of systems. In that framework it has become less apparent where the problem centres lie and less apparent where and how we should intervene even if we do happen to know what aims we seek (Rittel and Webber, 1973, p.159).

Later, I reflect on how social science theory has informed my research and the value that this has added. I make suggestions for further research directions, I then reflect on some limitations and I end the chapter with a brief conclusion which reiterates my key findings.

## Revisiting Collaboration in Theory and Practice

It is apparent from the material contained in Chapter 6, and the précis above, that there was little sense that an especially new collaborative field had materialised. Rather, the fields of research and practice continued relatively undisturbed and the new collaborative and co-productive field that might have emerged failed to do so. Seeking a deeper understanding of why this might have come about is clearly important, given that a move towards new collaborative working practices was a key principle that had underpinned the establishment of the intervention and that 'Mode 2' principles continue to be a feature of research policy. If the interest in enacting networked and relational forms of research production and translation continues, it is likely that intermediary roles will continue to be components of such interventions. For example, it is known that some of the next CLAHRCs will, again, be using intermediary roles. It is important to emphasise at this point that, given that I have often been critical of many of the practices of ShireCLAHRC, these criticisms are only relevant to the 'change' component of the intervention. The primary focus of my research was the intermediary role and its function in the context of collaboration and co- production, not an evaluation of whether ShireCLAHRC was a 'success'. A good deal of high-quality and important research was produced by ShireCLAHRC and it is far from my intention

to dismiss this achievement or question its merit. In terms of normative research metrics, e.g. recruitment, completion and publication, success was incontestable. However, my interest was the degree to which it embraced the 'new ways of working' espoused in its aims; identifying success in *those* terms was a much more contentious and problematic proposition and would have required recourse to qualitative forms of expression. The material in the empirical chapters suggests that priority was given to constructs that were amenable to quantification because this was the form of expression that was perceived to be desired by the relevant audiences. This resonates with the notion (see Chapter 1) that the influence of the hegemony of quantification should not be underestimated in the context of health services research and translation.

## Revisiting the Pursuit of Knowledge

Ideally, at this point in the thesis, it would be welcome to be able to offer an answer that comprehensively addresses the problem of effecting a democratic, 'Mode 2' form of collaboration that solves the translational problem. My sense gained from undertaking this research is that, to seek such an answer implies a flawed understanding of the problem.

To wit, many problems associated with translation have been well documented. The move from conceptualising the problem as a singular one to which a systems based solution can apply, to conceptualising it as a problem which resides within, and is dispersed throughout, complex social fields is gaining ground in policy, and amongst theorists in the translational field. A wicked problem has multiple and distributed causes. The choice of explanation determines the nature of the problem's resolution (Rittel & Webber, 1973).The ideas embedded in the original call for CLAHRC is indicative that this understanding of the problem of translation as dispersed throughout complex social fields is taking hold. But, as Keasey *et al.* (2009) have observed, the NHS tends to revert to linear solutions for all problems, and over-simplifies complex issues reflecting, perhaps, the influences of NPM and EBP. In effect, the health services research landscape is one in which systems-based approaches dominate, and therefore it is likely to be less receptive and amenable to alternative solutions. Many boundaries that impede

translation are known to be social in the broad sense, be they cultural, professional or political. My findings align with other researchers in the field who hypothesised that the CLAHRCs would bring into play new and problematic social boundaries (Currie *et al.*, 2010). What was evident from my research is that that these multiple and often novel boundaries were invoked in an unpredictable and contextual fashion. Thus boundaries that demarcated communities were not always stable, and neither was community membership. Contemporary social theory shows that the self is plural and individuals are members of more than one 'community' at any given time; so it was in ShireCLAHRC. 'Community membership' was more often fluid, and invoked for strategic purposes by individuals rather than being, as some exponents of the two communities hypothesis suggest, a static, and, therefore, vaguely deterministic, form of status.

Further, boundaries were often facilitated by organisational systems which themselves originated from, and replicated, specific ontologies, and this encouraged social behaviours such as boundary invocation. Such boundary invocation had strategic value, as it allowed access to the capital imbued in the hierarchies of particular social fields. Given this, at the ontological level, and with the insight provided by the work of Bourdieu, my findings suggest that the 'two communities' hypothesis does have explanatory value. But, I contend that this value resides in Snow's original proposition of 'two cultures'. As above, this postulated that the communities were defined by differing ontological and epistemological assumptions: e.g. positivism and relativism. The hypothesis has been overused and extended, and now is often found as a clichéd referent used to describe dyads of opposed formal roles e.g. 'doctors and managers'(see for example, Martin *et al.*,2011) .Thus, its utility has been somewhat discredited. However, by reviving the original theory, and considering it purely a theory of culture, its utility becomes more evident. As with Bourdieu's fields the communities are not innate properties of actors, rather they are distributed throughout all levels of society. They are discernible in the behaviour of actors but these behaviours are responses to context and *boundaries*.

Clearly, the problem of translation is also distributed, but my finding

suggests that ontological and epistemological incongruity is perhaps a more significant part of the problem than has been supposed. For example, I showed in Chapter 6 how the enactment of collaboration and the ideal of 'Mode two' was constrained by the philosophies and capital values of pre-existing fields which were delineated in accordance with 'Mode 1' practice. However, as I argue in this thesis, framing the problem as a disjuncture between 'Mode 2' values and 'Mode 1' practice is not an approach which is widely adopted and oriented to within the context of health services research and practice. A contribution which this thesis makes, therefore, is to bring this point to the fore and illustrate how differing understandings, and the philosophical assumptions beneath them, constrained the potential of a 'Mode 2'style solution. The revision of normative academic research practices that formed the rationale for the intermediary roles was not realised. The assumptions and divergent understandings of 'knowledge' which were manifest in the discourse of actors as they sought to gain legitimacy in the organisation were also *importantly* embedded in organisational practices and processes. As discussed in Chapter 3, it is known that organisational practices and processes act as boundaries which demarcate that behaviour which is legitimate and that which is not, thus, they also play a role in reinforcing and replicating modes of practice. Given that the recycling of process and practices was a significant component feature of the way ShireCLAHRC was structured it is, perhaps not surprising that 'business as usual' resulted.

As my research suggests, parallel paradigms, as evidenced by the situated articulation of both 'Mode 1 ' and 'Mode 2' based ontologies by actors in the field, do exist in the field of health services research. There was often a pragmatic and contingent usage of these to satisfy some or other local need; actors exploited these available discourses as *resources*. From this perspective, the incommensurability of the ontologies that underpin 'Mode 1' and 'Mode 2' was not always problematic in practice, given the advantage that being able to move between these positions could give. Often, it allowed actors to manage and negotiate the paradoxical demands of enacting a 'Mode 2' style intervention in a 'Mode 1' context. The vagueness of the aims was sufficient to accommodate both

viewpoints.

This reinforces the critiques of Kuhn which question the degree to which paradigms shift organically in a linear and evolutionary fashion (cf. Power, 2004) In accordance with this, my empirical work suggests that such shifts may often be less inevitable than might hitherto be generally suggested by the theory. The degree to which existing social process and practices mediate such shifts can be underestimated. It is perhaps *as* fruitful to consider the degree to which paradigms are commensurable or incommensurable with existing social and capital fields and their processes rather than with each other, in order to ascertain the likelihood of a 'shift'. In this way it can be seen that shifts are contingent on more than the realisations of new knowledge: they are also contingent on the degree to which the 'old' knowledge is embedded and thereby reproduced in institutions and social practices. In short, an uncomfortable accommodation between two apparently incompatible paradigms may be easier to sustain than the replacement of one by another in a wholesale, revolutionary, Kuhnian paradigm shift. I suggest that this applies beyond the macro context and may well have a bearing on smaller-scale local translational initiatives.

To summarise, in the case of ShireCLAHRC adherence to 'Mode 1' practice was largely sustained as a logical form of behaviour by the systems which existed to organise support and incentivise it. Because these had been derived from, and in response to, positivist ideas about knowledge production they could not readily make space for knowledge that could not be made to fit, other than in relatively superficial ways. In the next section, I reflect more on the positivist paradigm and go some way to question the 'taken-for-granted' legitimacy that it is routinely held to have. I also reflect and speculate upon how alternatives might fare in the context of research in the English healthcare system.

## The Architecture of the New Knowledge Jerusalem: the 'Right' Foundations?

A shift to a 'new way' of working, aligned to the premises of 'Mode 2',

could embody a scale and breadth of change involving entire systems and a revision of the logic that underpins them. An example of this is the 'specifiable consensus' and 'reflexivity' seen to be critical to enacting 'Mode 2', which theoretically give rise to collectively wrought solutions:

> whose quality can be assessed by a broader and more heterogeneous set of actors both from those close to the research and those in wider society (Gibbons *et al.* 1994,p.4).

When seen in the context of health service research, this has profound and perhaps unpalatable consequences, given that the principles which drive health services embody those emblematic discourses of the modern age, science, technology and progress. Such a change would necessarily encompass significant revisions of what constitutes legitimacy in terms of expertise, method and practice. In health care, which is dominated by the principles of EPB and highly sensitive to public and governmental censure and scrutiny, far reaching change could be seen to be potentially alarming by many who are concerned with maintaining the sense of security afforded by the idea of rationalism and positivist enquiry. A promulgation of the awareness of uncertainty and bias within the process of scientific knowledge production that relativists routinely acknowledge, would not easily align to the needs of policy makers and, for that matter, service users in the current climate. Put simply, 'uncertainty' is too hard a sell, and perhaps, too bitter a pill to swallow.

Determining 'what works' and putting it into practice is, of course, an incontestable aim; but realising this is contingent upon the means being available for such a determination. My concern is that the means by which judgements are made about what constitutes best practice are often based upon methodological decisions that reflect positivist principles, which exhort that facts should be evident, observable and measurable. For example, many proponents of the EBP movement urge widening the use of RCTs and consider them to be the gold standard for generating the knowledge that underpins judgments about what works. While this is not the place to attempt to map the full range of views expressed by all those in health services research, there is no doubt that the notion of evidence hierarchies can serve to construct opinion of the worth of qualitative research.

For example, Bryant *et al.,* 2014 (in an article published in *Implementation Science* concerned with EBP and knowledge translation in the context of breast cancer care) state:

> Only 9% of publications were reviews, commentaries, or summaries of the existing evidence base. This is an encouraging finding….. However, further examination revealed that 94% of data-based publications were *descriptive* studies' (p.7, my emphasis)

They continue:

> Intervention studies also require multi-disciplinary collaboration and a specific repertoire of research skills, *while descriptive research requires relatively less time and fewer resources* (p.7, my emphasis)

The authors argue that 'descriptive' studies have utility as precursors to trials and that research design can be seen as a measure of progression of research effort. In other words, the 'descriptive' study's place is at the lower reaches of the hierarchy. I concede that qualitative studies can indeed be useful precursors to trials. However, I suggest that the fact that it remains *legitimate* in the domain of KT research to aggregate qualitative research into a 'catch all' category of 'descriptive' research studies suggests that there is a need for a more widespread recognition that qualitative research can stand alone. Further, that the 'descriptive' study is not a cheap and easy alternative, and that mere 'description' does not adequately describe how qualitative research can contribute to the analytical armoury, given that it can accommodate the study of enacted social constructs and processes without the need to reconstruct them into forms that better fit with particular modes of enquiry.

The positivist assumptions embedded in the ideal of EPB also potentially constrain the identification and understanding of the relationship of tacit knowledge to explicit knowledge by promulgating an evidence hierarchy which casts qualitative research as a poor, less credible relation to quantitative work. This stratification of method also, therefore, serves to stratify types of knowledge—and therefore provides a basis for challenging and undermining and marginalising the knowledge of particular groups, for example that of the intermediaries in this study. For example, as above, first described as a separate

category of knowledge, tacit knowledge is increasingly recognised as an integral component of the application of explicit knowledge (cf. Gabbay, 2004; Kothari, *et al*. 2012). Nonaka and Takeuchi (1991) have defined tacit knowledge as the:

> personal knowledge embedded in individual experience [that] involves intangible factors such as personal belief, perspective and value system (p. vii)

In Chapter 2, I showed how, often, the intermediary role is theorised to be concerned with acquiring and exploiting local and sometimes tacit knowledge in order to facilitate the enactment of explicit knowledge. Tacit knowledge is recognised as multidimensional and context specific (e.g. Tsoukas, 2003).The study of tacit knowledge is challenging; a number of authors have suggested various methodological approaches, all of which are *qualitative* (Kothari *et al.,* 2012, p.4). I contend that there is a danger that the understanding and recognition of the value of tacit knowledge can be marginalised in contexts where evidence is accorded status and legitimacy on account of the method by which it is produced.

In the case of the intermediary roles in this study, there was concern from the role-holders that their work was not being recognised, and further that the *tacit* knowledge they had acquired was going to be lost when they left the collaboration. I suggest that this, again, is in part related to higher-level value judgements made about the worth of their knowledge in a field influenced by positivism and the challenges of documenting it.

## Broader implications for Health Service Research

Although my research was not focused specifically on the nature of knowledge, these debates did seem to have relevance to my setting. For example, in the field, I often faced question along the lines of 'do intermediary roles work' and I would explain that that was not a question that I was attempting to answer. In time, I began to realise that my standard explanation for what I was doing included an argument for the value of qualitative research. This caused me to reflect more on this issue. I concluded that quantification and positivism were the standards against which research was routinely judged. I reflected that there were two likely reasons for this, the first was related to the EBP imperative and the second, perhaps, reflected a more

general societal preference for quantification. I became more interested in, and attuned, to thinking about how pervasive positivism seemed to be. I sometimes felt that the knowledge I was attempting to realise would not fit well with the context in which I was working. Further, after spending time reading a good deal of literature I concluded that, in the field of translational research, the importance of researching qualitative constructs is well understood; but the practice of qualitative health research often reflects the orientation to the knowledge-stratification system of EBM discussed above. I began to concur with Barbour (2001) who has reflected that often the limitations of many qualitative articles read more as apologies for the *relative* shortcomings of qualitative methods. I found that the glossary of quantification was often used in qualitative research aimed at healthcare audiences. My sense is that this practice potentially reinforces the notion that qualitative research is somehow inferior or lacking in value. My time in the field highlighted how there is a need to promulgate more nuanced understandings of evidence in order to make, where appropriate, the evidence on which practice is based as comprehensive as possible.

Clearly, in the fields of medicine and bioscience quantitative research predicated on positivism will represent the vast majority of research. Further, I am not suggesting that this research is anything but valid and necessary. But, as more research is concerned with the social systems relevant to the delivery of healthcare then more qualitative research and evidence is being produced. A question arises as to whether the challenges of getting evidence into practice are compounded when that evidence is qualitative. I suggest that there is a need to explore in more depth how evidence and knowledge are understood in the context of healthcare organisations so that this potential problem can be addressed.

My study showed that there were significant consequences to prioritising quantification. For example in the context of the intermediary career, the unquantifiable nature of many aspects of such work suggests that the standards needed to underpin formal and recognisable qualifications that could help assimilate them into many public sector organisations are likely to be unrealisable. Attempts to 'standardise' will risk distorting, or eliminating, the subjective,

contingent and nuanced aspects of this form of work. Regarding the roles in this study, the process-oriented, aspects of the work, such as the relational work involved, remained invisible, and fell foul of the inability of the local auditing system to adequately capture it in a way that could align it to other, more readily quantifiable outcomes, such as publications, trial recruitment and so on.

To summarise, in my research setting there was often a discernible preference for quantified knowledge, this preference could be problematic as illustrated by the problems that arose when the intermediary roles were instituted. I suggest that a means by which this can be addressed lies not in a paradigm shift but in *paradigm tolerance*. This idea, of course, is not new:

> I am more ecumenical than before—that, for instance, I can hold a rational and conflict-theoretic paradigm together in my head and build both into the study at hand. In that respect, and unlike many of my European colleagues, I am on the lookout for areas of intersection between the two paradigms that are conceptually consonant and do not assume, on kneejerk epistemological grounds, that there are no such areas (Miles & Huberman, p. 12-13).

It would seem, then, that the way forward depends on developing a greater collective understanding of the equal merits of different forms of research practice and challenging taken-for- granted assumptions.

However, as has been evident from the empirical chapters, more than one factor affected the viability of a 'Mode 2' style solution. As I argue in the next section, the 'nature' of the problem itself also contributed to the failure of the collaborative solution to take hold.

## Wicked Problems and Wicked Solutions

Embracing 'Mode 2' might look like a solution to the perceived problems of 'Mode 1 ', but only if one understands the problem in terms of 'Mode 1' being problematic. As in Chapter 5, actors offered varied accounts of where the problem lay. These tended to be 'centralised' rather than 'distributed'; rarely was the problem seen as a complex one with causes throughout the field. Problems and solutions,

like questions and answers, are known to be co-constitutive—or, as Rittel and Webber (1973, p. 161) would have it:

Problem understanding and problem resolution are concomitant to each other.

It would not be unexpected, therefore, for problems and solutions to share characteristics; 'wicked problems' may well predicate 'wicked solutions'. My empirical work has suggested that the orientation to 'Mode 2' practices, embedded in the ideals of co-production and collaboration espoused at the level of policy and found in the ethos and raison d'être of the CLAHRCs, as a solution to the wicked problem of the translational gap when enacted, itself, exhibited elements of wickedness.

ShireCLAHRC, a research-practice collaboration, intended to alleviate a wicked problem, embodied certain wicked elements. In effect, then, the problematic features of the problem were replicated in the posited solution. As discussed in Chapter 5, the original ShireCLAHRC bid was constructed by an existing network of high-status actors, many of whom had had previous working relationships in health research. The application of Bourdieu's theories illustrated that pre-existing capital relationships and statuses were retained. There was little evidence of a move towards the new collaborative 'Mode 2' way of working which some had posited as the ideal that had interested them in the CLAHRC in the first place. It was evident that motives for participating in the CLAHRC were not congruent across the field and that the CLAHRC represented different things to different people, i.e. a different form of solution for different actors. The 'vagueness', strategic or otherwise, which was a feature of the aims was, perhaps, key in having facilitated the lack of congruence and enabled its continuation.

As I argued in Chapter 6, the move towards a new way of working cannot be viewed as having simply been smothered by those in high-status positions annexing the capital resources available in the CLAHRC to satisfy their own pre-existing agendas. Rather, power inequalities were reproduced through the adherence to pre-existing working practices which then made it logical and legitimate-perhaps even inevitable—for those with pre-existing capital to lead the agenda.

The operating, communication, and evaluation systems which were put in place had not been designed specifically to support the needs of a new collaborative form of working; instead they functioned to reinforce pre-existing hierarchies and practices. For example, the evaluation of success of the CLAHRC was usually measured in terms of recruitment to trials, adherence to protocols and peer-reviewed publications: in other words, normative 'Mode 1' practice and normative 'Mode 1' goals. The legitimacy of this form of evaluation was also reinforced by the perceived demands of funders, inasmuch as it evidenced success in a form which was timely, and accessible and auditable.

To do otherwise would have been deeply problematic, inasmuch as it would have required a great deal of investment in developing new forms of evaluation and or changing the expectations of those to whom the CLAHRC was accountable. The recourse to established and institutionalised forms of practice is also understandable when considered in the context of the ambition of the CLAHRC aims and the degree to which these contained 'wicked' elements that resulted in a wicked non-solution that reproduced so many of the elements that constituted the problem in the first place.

## Summary

As I argued above, the putative solution to the wicked problem the CLAHRC was designed to address itself exhibited wicked elements. Critically, therefore, the context in which the intermediary roles were instituted was one which lacked a universal common goal and sense of purpose. As stated, there were many factors which were complicatedly interrelated and which contributed to this. As is symptomatic of wickedness, addressing these could require wholesale change and revision to large organisations, deeply embedded working practices and philosophical understandings of the nature of knowledge. That is not say that more small-scale change might not be achievable, but my research suggests that the organic approach to change advocated by some in the CLAHRC is unviable and liable to flounder. Change often equates to risk (particularly in the context of health services where resources and the imperatives surrounding value, efficiency and patient outcomes are paramount) therefore, a clearly demarcated plan for

change and achievable, understandable goals are necessary to mitigate risk perceptions that inhibit change. The context of health services is not one where it is likely that individuals are likely to embrace change simply for the sake of it, or for putative benefits of questionable value, especially given a climate of financial uncertainty, the ethos of EBM, and broader socio-political pressures. Similarly, those in academia might be equally change-averse given that the capital values of the current research field are structured in accordance with normative 'Mode 1 'research practices. The kinds of change assumed by the collaborative discourse are not simply a *matter of hearts and minds* but of organising practices, capital values and philosophies. The translational problem is distributed within structures, and therefore agency, alone, is not enough.

## Improving the Enactment and Experience of the Intermediary Role

In the next part of this chapter I move to a more specific focus on the intermediary roles and the actors that inhabited them. My last two research questions (Chapter 3) concerned the 'enactment and experience' of the roles in practice. These were, Question 9; can roles which are characterised by liminality be formalised into normative organisational structures and hierarchies or is this representative of an irresolvable paradox?' and Question 10; Can new forms of evaluation be realised that accommodate, and make visible, the sphere of intermediary work?

As stated, there was little sense from my data that pre-existing working practices and structures underwent much in the way of change. Nevertheless, the intermediary roles instituted on a premise that new collaborative working practices would emerge went ahead. Without this wholesale revision of working practices it was understandably difficult for many of the actors to see the new roles as having either relevance, or value to their practice.

That there was some change in the perceptions of the value of the intermediary roles, in evidence later in the study period, was perhaps due to some intermediaries finding opportunities to participate in standard research project

roles. This adds further weight to my inference from the insights of the limited wider literatures that standalone intermediary roles might be unstable and unsustainable. It is one thing to be in a responsive role, but the ability to respond is contingent on having sufficient capital resources (social, symbolic or economic) to respond with. Without these, it is hard to see what can be achieved. Equally, to be in a position to respond to something depends on successful problem definition: that there is a recognisable problem that is seen to be in need of a response. If something is not considered to be broken then there is nothing to be gained by attempting to fix it. Thus, the shift in perception of some actors towards the utility of the roles perhaps reflects more an abandonment of the collaborative ethos as the defining characteristic of their roles on the part of the intermediaries, and a return to participating in normative forms of work, for the sake of salvaging personal credibility and finding a contribution that seemed worthwhile and was not plagued by role- conflict.

Clearly, the development of new forms of evaluation for intermediary work, needed if such a work form is to emerge as a viable career, failed to materialise. As it was, the intermediaries, who, initially at least, did anticipate some kind of new collaborative working (which *they* interpreted as being on the agenda, Chapter 6), did undertake some work which aligned to the forms of intermediary work identified in Chapter 2, e.g. capacity building, linkage and exchange and knowledge management (see figure 9, Chapter 8). In so doing, another problem related to evaluation emerged. This centred on issues of ownership and visibility which revealed a more subtle tension between the ideal of collaborative working and the needs of the individual worker.

For example, some guides and toolkits, which morphed into ShireCLAHRC outputs, had originated from local knowledge of certain trusts' practices gained by the intermediaries. The initial ideas and the early work done were examples of responsive, problem-driven, intermediary work. As these developed they became subsumed into the general work of ShireCLAHRC and, as such, ownership and perceived credit for their development devolved from the intermediaries.

This illustrates another problem with the potential of the intermediary as a

standalone role (rather than as an adjunct forming a part of a larger, more established/normative role), inasmuch as it is unclear to what extent the individual worker's ability to undertake intermediary work as an adjunct to other roles is bolstered by the status and capital attached to the main role. That is to say, if the worker's main role is sufficiently endowed with status and capital, then the intermediary work can be undertaken without the pressing need to extract credibility from it, as it does not form the whole of one's work. It is likely that the uncertainty about 'pay off' becomes less relevant, pressing and immediate when intermediary work is done as an adjunct to existing organisational roles. A better understanding of the dynamics of both the standalone and the adjunctive form of the intermediary role in relation to the capital and organisational fields they inhabit could prove a useful future research direction. Understandings from such research could help future intermediary interventions to be given the best chance of success. What was evident was that was that the lack of capital of the roles in this study imposed limitations on their potential.

It is not possible to gain any sense of how the roles might have worked to contribute to the development of new collaborative working practices, but even if new forms of practice had emerged, I surmise that intermediaries' lack of status may well have proved problematic in that event as well, and their contribution may have been limited. As a number of authors suggest (cf. Huxham 1996, Leavy, 2012 the realisation and sustainability of successful collaborations demands significant planning, negotiation and management; to expect the powerless to contribute effectively to such a complex process seems optimistic.

As per Chapter 8 the intermediaries attempted to resolve the evaluation and visibility problem for themselves by developing a document which gave an account of their work. There was a sense that the work outlined in this document, and the document itself, were not afforded the same value as others which described the work of research projects. This perceived inequality led to the intermediaries deciding to collectively author a journal article in order to disseminate their experience.

The failure of new forms of evaluative practices to emerge meant that the

intermediaries reverted to using those forms which had existed before. To preserve the knowledge which they had acquired, it was necessary to codify it, and reconstruct it in a form that subscribed to the conventions of the academic field. It was hoped that this would bring that knowledge into the domain of normative academic knowledge, thereby gaining legitimacy for it and giving it the best chance of being used to inform future practice.

## Intermediary Interventions: What Can be Learned?

Intermediary work is likely to be a useful tool to deliver change that it acknowledges, in principle, the existence and importance of boundaries and their relationship to knowledge translation, and also the importance of different forms of knowledge. But my findings suggest that it must be enabled by a form of capital endowment which facilitates legitimate participation in the fields that the work concerns. Problems can arise if agents are not properly informed of, or equipped to participate in 'the field'.

So what might be done to better realise the potential of such roles? Using Bourdieusian theories of capital has enabled some explanation of why the ShireCLAHRC roles floundered. Drawing on this, I conclude that there are three approaches to ameliorating the problem of capital if the potential of the role as translational intervention is to be realised. Firstly, the fields in which the roles are to be enacted should be examined. Common capital forms that hold across the entire context should be identified and the roles should be imbued with those. Secondly, using hybrid professionals who have worked in both sectors should be considered. In effect, this is a variant form of the adjunctive intermediary role, but in this case capital is drawn from previous roles rather than an existing role. Thirdly, from a 'Mode 2' perspective, the problem of capital might be resolved if a new field emerges which has a revised system of capital—though in such a case, issues of parity with other fields would need to be addressed, if the novel capital system is to provide a basis for exchange with established fields.

Clearly, there is a need for greater awareness and recognition of the potential problems intermediaries' face, in order to attract and retain the creative,

innovative, and self-motivated personnel that are necessary for such roles to be effective. As above, embedding this awareness into tailored forms of social support and making this available to intermediaries is critical (cf. Lightowler and Knight 2010; Tang and Chang 2010).Further, organisations should ensure that intermediaries are made more aware of, and better prepared for, these potential problems before they undertake their roles, thus facilitating an easier and more efficient transition into such work. The novelty of such roles can mean that a good deal of the intermediary's initial time in post is taken up in explaining the purpose and function of the role to others. This could be reduced by concentrated efforts by management to identify and better publicise the roles to their potential client base early on in the intervention. In addition, given that many forms of intermediary work are dependent on social contact; practical consideration should be given to the best physical location for such roles. I have shown that being isolated physically as well as socially is problematic and can impact negatively both on the individual and the potential efficacy of the intervention. The issue of physical location and attendant questions of where best to locate intermediaries in relation to the groups they work with have been little considered; my findings suggest that these are potentially consequential and merit further exploration.

How best to structure the management of such roles remains unclear. The joint management approach taken by ShireCLAHRC brought an additional dimension of role conflict, over and above that which might have been expected from satisfying the competing demands of the groups they were working between, as it sometimes produced conflicting directives which had to be managed. Being managed by one or other partner in the collaboration would perhaps have moderated this, but it might have been at the expense of creating an increased pressure to orient to the interests of that partner.

The problem of adequately capturing the effectiveness of intermediary work remains. Again, there is no easy means by which this can be addressed, although a greater awareness that the problem exists for intermediaries would be helpful to the individual and to their prospects of finding an appropriate role. I acknowledge that the roles considered here were novel for the organisations in

which they were enacted. In this case, no career pathway emerged, but this was in part due to the timescale of the intervention. In other contexts, developing a career pathway may be contingent on viable and appropriate progression, development and accreditation processes being developed so that the roles can be seen to have demonstrable value. It may also be that instituting some form of formalised certification would go some way to alleviating the career-risk that such roles were felt to carry by bringing them into the institutional occupational mainstream. Should this be the case, a balance needs to be struck between role definition and specification and the lack of constraint such roles need in order to retain their flexibility and responsiveness. However, the appeal of a 'less- bounded' career, as Currie *et al.* (2010) term it, such as intermediary work, is unlikely to be sufficient to attract any but the least risk-averse individuals, as long as professional institutions and organisational structures fail to make room for such skill sets with clear career paths and opportunities. While doing 'intermediary work' as part of a wider, more conventional role might offer an attractive and distinctive transferable skill set, a full-time 'intermediary role' risks casting the role-holder adrift between institutions and occupational fields

## Limitations

There is clearly a tension between the holistic approach that I have used and deeper analyses of smaller aspects of topics. Even the most wide-ranging analysis cannot hope to cover everything comprehensively but, equally, I was anxious to approach this study in a way that could illustrate the wider context of the roles and the influences of this that impacted on them.

As might be expected from the material contained in this and preceding chapters, I am keen to avoid the fulsomely apologetic stance, and so I will not be commenting on sample size, replication and researcher bias. Rather, I reflect on my research in terms of how it has satisfied the purpose of ethnography which seeks:

> to describe and analyse all or part of a culture or community by describing the beliefs and practices of the group studied, and showing how the various parts contribute to the culture as a unified, consistent whole (Jacob, 1987, p. 10).

My research centred on the intermediary roles, the actors who inhabited them, and the structures that inhibited them. I attempted to examine the co-constitutive relationship of these roles to the context in which they were enacted. To seek to provide a holistic account of this was problematic, inasmuch as context is limitless in terms of scale and complexity. That is to say, any research has limitations as to what can be included, and thus it is arguable that important omissions might have been made. The knowledge offered in this thesis represents my interpretation of a 'context', artificially delineated to align to the limitations of time and scale imposed by the PhD research process. In accordance with this, my research has been less about fact production and more about the generation and documentation of insight into the phenomena of interest. As I have argued, the validity of research does not reside in method but rather in the practice of the researcher. Thus rather than speak of methodological limitations I reflect on, and own, my limitations as a research practitioner. As I mentioned previously, I was attracted to the research by my own interest in ambiguity. Given that my own experience of this has not always been positive, I was predisposed towards the negative consequences and experiences associated with an ambiguous position. With this in mind, I perhaps over-compensated for this and acted within self-imposed limits in terms of the degree to which I felt I could be critical. Related to this was the fact that, over the three-year course of the study, I developed friendships with the participants over and above formal research encounters. The boundaries between researching and socialising became difficult to maintain. As such, I was often party to the participants' informal assessments and interpretations of events. My concern is not that I was behaving in a manner which unduly *influenced* the participants, as to interact is to influence. Rather, my concern stems from the sense that my own need to treat all the actors' voices in the research with equanimity, again, perhaps limited the degree to which I felt I could include more contentious material in the research. This was because the degree to which these were expressed related to the degree of closeness I had to the participant. This reflects a wider problem with the temporally contracted form of ethnography that is usually carried out today, inasmuch as it is not possible to enjoy lengthy

time in the field in order to create the kind of immersion that was seen to be critical by anthropologists such as Malinowski, and the early sociological exponents of the method. Further, as above, the problems posed by anonymity in this project also constrained the degree to which I felt I could document especially contentious material.

## Conclusion

During my study, I became interested in the question of what counted as evidence in my research setting. Clearly, this question has become a theme that has run through my thesis. I concluded that there was a preference for quantified knowledge. As I have discussed, this preference was probably not the result of one single factor, rather a number of influences converged in the setting that made realising and dealing with quantified knowledge a more attractive proposition than managing qualitative knowledge. It is clear that qualitative social science research has much to contribute to the understanding of the delivery of health services and is becoming more mainstream. But, I suggest that there is a need to more actively promote understandings of it and show how it can be useful. I feel that programmes that are designed to promote evidence usage in health service contexts should also contain a component that enables evidence users to critically examine what constitutes evidence. Care should be taken to avoid positioning qualitative research as inferior to quantitative research. Further, the potential of social theory to contribute to understandings of how interventions work or don't work in practice should be more widely advocated.

For example, in the case of my research, my recourse to social theory enabled analytical purchase on the roles-in-context. The application of Bourdieusian and discourse analytic theory enabled the dynamics of the relevant fields to be better understood. Thus, although the intermediary roles had no *measurable* effect on the realisation of a new way of working or the transfer of knowledge into practice, these theories made it possible to understand some of the reasons for this. I intend, therefore, to disseminate my research in ways that prioritise the contribution that theoretically based qualitative research can make and show how it has given rise to 'practical' ideas for improving intermediary work at the level of practice, enhancing

intermediary interventions generally, and at the macro level, offering some knowledge that might help the realisation of collaborative 'Mode 2' style research.

In my research setting it was clear that, although the ideal of collaboration was espoused at a policy level as a possible solution to the problem of evidence use, there was little practical guidance readily available on how to manage academic/ practice collaboratives in practice. Of course, those responsible for the instantiation of ShireCLAHRC could have more actively sought this knowledge out by turning to the literature. But, perhaps the NIHR could have provided more support by, for example, signposting the successful CLAHRCS to the literature or providing a more structured vision of how the collaborations should be managed. It is well known that growing a successful collaboration demands intensive management. It is unsurprising that the organic approach favoured by ShireCLAHRC did not result in an equitable partnership.

There were a number of factors that contributed to this, these have been documented by other authors in other collaborative contexts (see for example, Leavey). Had some time been invested in mining the literature on collaboratives by those involved in instituting ShireCLAHRC, it is likely that it might have functioned as a collaborative rather than the 'mini MRC' some came to describe it as.

In practical terms, many authors cite the importance of establishing communication forums in which new power relationships and working practices can be negotiated both before a collaborative comes into to being, and as it continues. It is known that collaboration does not happen in a vacuum , if all voices are to be given equal value in such negotiations, it is essential that 'capital' is left at the door. Simple strategies for assisting with this can include, abandoning the use of titles and using first names. But, I suggest that it should be recognised that the responsibility for not drawing on pre-existing capital rests with the individuals involved. Further, being willing to relinquish power is contingent on the individual's investment in achieving collaboration. In ShireCLAHRC there was little sense that collaborative working between the trust and the university was the goal of the intervention. This was because the problem that the CLAHRC was seeking to address was never well defined, and, therefore, individuals retained different ideas of what the CLAHRC

could achieve. Many were simply not behind attaining a Mode 2 style research/ practice collaboration. This situation could have been avoided or at least moderated by putting more time into, and emphasis on, achieving a clearly defined goal and setting out the terms of reference for the collaboration.

It should be noted that there was felt to be a pressure to act in ShireCLAHRC in order to meet the deadline for the next round of funding. Had this pressure been less acutely felt, it may have been that more attention and time could have been allocated to structuring and managing the collaboration in innovative ways that would support new collaborative working practices. I suggest that future collaborative initiatives should build in sufficient lead time for planning and consensus building.

For example, as my research has shown, time should be taken to critically scrutinise whether existing systems and modes of practice are for purpose. For example, ShireCLAHRC used existing systems and ways of working that sustained the university's dominant position in the collaborative. A case in point was the process by which the mental health grants were awarded, this inevitably privileged those with experience in the field of academia.

Further, I conclude that, in terms of realising equitable academic/ practice collaboration or Mode 2 research, the scale of change needed is probably routinely underestimated, and the relatively short timescales and size of investment in the CLAHRCs exemplifies this. Rather depressingly, I have come to view the CLAHRCs as an intervention that is unlikely to engender change in practice. This is because they represent a systems-based approach to change. If, as is likely, the wider translational problem is wicked and distributed through time, space, then, as Rittel and Weber (1973) postulate, small-scale local solutions are likely to have limited effects. Political concern with 'what works' is problematic, as it may encourage systems-based approaches to the solution of 'wicked problems'. Clearly, collaborative working, that engages all stakeholders, does seem to offer the best potential for tackling wicked problems. But I suggest that normalising collaborative working represents a challenge and that significant investment in research is needed to understand how best to manage future collaborative relationships between health

research and practice. In theory, intermediary roles have the potential to make a valuable contribution to collaborative interventions but it is important that the roles are designed to be fit for purpose. This was not the case in ShireCLAHRC.

I have shown that *those* roles occupied an invidious position. I argue that these serve as a salutatory lesson on the pitfalls of using such roles, whether as a systems-style intervention to bridge a gap or as agents for change in a networked, collaborative intervention. It is fair to say that occupying ShireCLAHRC's intermediary roles made for an often negative and frustrating working experience. The spontaneous development of a community of practice provided the means to mitigate the personal effects of role ambiguity by enabling collective sense making, and the collective construction of a role identity. But designing CoP s to remedy the pitfall of intermediary working may not be straightforward. As noted on page 56, manufacturing a community of practice is challenging. However creating more optimal conditions to enable one to grow should be considered. For example, the intermediaries in this study .would have benefited from being given some dedicated time to come together and share ideas about their roles from the outset.

As my study suggests the consequences for individuals occupying such roles have implications for the very feasibility of intermediary roles, particularly as full-time posts where individuals lack access to social support structures and have expectations of usual organisational roles that can exacerbate role tension and ambiguity.

In Chapter 8, I offered some suggestions for how such challenges can be mitigated, though note that, to some extent, it might mean 'diluting' the characteristics that make the roles distinctive in the first place, such as their equanimity. Furthermore, I suggest that structural issues around professional boundaries, organisational norms and career pathways may make such roles difficult to sustain in the long-term, and these seem much less amenable to intervention. In all, the study suggests that, despite the intuitive appeal of intermediary roles as a knowledge-translation solution, organisations should think carefully about how best to realise them if they are to achieve their potential in a sustainable manner. This has implications for such roles themselves in that, in practice, certain conditions of

intermediary work which are sources of role conflict (e.g. managing competing agendas, and operating between differing world views and cultures) create an environment which exerts a destabilising 'push/pull' pressure on the intermediary as they strive for a neutral position. This raises questions about the extent to which exposure to such conditions can, or should, be expected and tolerated. Further, how effective might long-term intermediary roles in practice be, given the challenge of serving two masters and the potential this creates for such roles to be assimilated into one or another agenda? .

These caveats aside, I suggest that intermediary roles have potential for encouraging and enabling 'Mode 2' style research to take hold in health services. What is needed is for such roles to be endowed with sufficient capital to give them the power and legitimacy needed to change practice. For example, in my research setting it was clear that although many of the intermediaries were advocates of the need for collaborative research they simply did not have sufficient 'clout'. I suggest that the way forward is initially to use intermediaries who are established professionals, ideally, individuals who have experience of working in both research and practice. It may be that programmes could be designed to identify those in health services who have the potential to act as intermediaries. In terms of further developing an intermediary project it may worth considering an 'apprentice' model whereby would-be intermediaries learn the 'tradecraft' of such roles alongside a more established actor, already embedded in a particular setting. This model would enable new intermediaries to gain legitimacy from the established intermediary and, further, to more quickly develop a nuanced understanding of the context in which they work.

Inevitably, more investment needs to be made in intermediary roles, to fund further research into how best to support them and how best to organise them. In addition, attracting the right professionals to the roles will mean that organisations should be prepared to offer remuneration commensurate with the potential demands of the roles.

I wish to end by thanking the participants in this study, especially the intermediaries. I wish them every success in their new careers.

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