THE POLITICAL ECONOMY OF MANAGEMENT KNOWLEDGE: MANAGEMENT TEXTS IN ENGLISH HEALTHCARE ORGANIZATIONS

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Have generic management texts and associated knowledges now extensively diffused into public services organizations? If so, why? Our empirical study of English healthcare organizations detects an extensive presence of such texts. We argue that their ready diffusion relates to two macro-level forces: (i) the influence of the underlying political economy of public services reform and (ii) a strongly developed business school/management consulting knowledge nexus. This macro perspective theoretically complements existing explanations from the meso or middle level of analysis which examine diffusion processes within the public services field, and also more micro literature which focuses on agency from individual knowledge leaders.

INTRODUCTION

Have generic management texts and associated knowledges now extensively diffused into public services organizations? If so, why? We argue that texts from management consultants and mainly American business school academics have diffused extensively into the important setting of English healthcare organizations. We add to the well-established literature on public management reforms by considering public managers' knowledge base and how and why it shifts. We here put together two traditionally separate academic literature streams: those on public management and management knowledge.

The English healthcare sector displays sustained policy activity promoting Evidence-Based Medicine (EBM), so we had initially wondered whether this context might be receptive to the diffusion of Evidence-Based Management (EBMgt) texts. We know little about how health services managers engage with health management research (if they do), pro- viding a major gap we wanted to explore.

After reviewing relevant literatures and describing our methods, we introduce our empirical study of management texts found in English healthcare organizations (Dopson et al. 2013). We detected few EBMgt texts, but the extensive diffusion of texts from management consultants or mainly American business school academics.

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We theorize these empirical findings by considering two macro-level effects: first, how the political economy of public services reform influences preferences for management knowledge; and second, influence from a strong 'business school/management consultancy knowledge nexus'. Our macro-level analysis adds to conventional meso-level explanations of the diffusion of management knowledge in the healthcare/public services field and also more micro-level explanations focusing on agency from 'knowledge leaders'.

LITERATURE REVIEW

Healthcare management knowledge: evidence-based medicine and now evidence-based management?

The English healthcare sector displays sustained policy activity promoting EBM models (Sackett 2000; Evans 2003), designed to ensure that clinical practice is evidence based. The National Institute of Health and Care Excellence (NICE) produces many evidence-based guidelines to inform 'evidence-based' clinical practice and service delivery.

Healthcare managers' role in such arenas is, however, opaque. Previous studies have suggested that they lack the knowledge or skills to access research findings and play a marginal role in research-informed decision making arenas (Dopson and FitzGerald 2005). Health managers may seek to meet top-down targets rather than read or 'own' research (McGivern et al. 2009), preferring to access experiential knowledge from a community of like-minded colleagues (Macfarlane et al. 2011).

However, an expanding academic management literature advocates an EBMgt approach, taking EBM as a role model (Walshe and Rundall 2001; Tranfield et al. 2003; Rousseau 2006, 2007). A new non-profit organization (the Centre for Evidence-Based Management, CEBMA) acts as an international clearing house for EBMgt, providing open access to downloadable materials, including systematic reviews (see Hollingsworth 2008 on healthcare organizations) and critical appraisals. CEBMA's approach (Barends et al. 2014) is pluralist, acknowledging various forms of management evidence (http://www.cebma.org/). A summary systematic review (equivalent to NICE'S evidence-based guidelines) or critical appraisal document are possible EBMgt texts which might in principle diffuse into the healthcare management field. However, we so far lack descriptive/analytic studies of such diffusion in practice.

An alternative literature stream: business schools, management consulting and management knowledge

Healthcare managers relate not only to the EBM/EBMgt movements, but also to a growing body of private sector orientated general management knowledge (Thrift 2005). Scott et al. (2001, pp. 20–21) make an (undeveloped) observation that knowledge shifts express wider institutional changes: 'an institutional change is signalled in the health care field, for example, when hospital managers once trained in schools of hospital administration are replaced by health care executives trained in business schools'.

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This ‘business school/consulting knowledge nexus’ has porous boundaries between its different knowledge producers. Engwall (2010) explores the symbiosis of business school academic writing and consulting. Thrift (2005) suggests that this knowledge nexus displays powerful interlocking institutions, self-referential insulation and an ability to acquire ever more resources. This ‘cultural circuit of capitalism’ (Thrift 2005; Engwall 2010; Jung and Keiser 2010) produces a linked constellation of Masters of Business Administration, major business school faculty, management gurus, consulting firms, business media, journals and presses, inspirational conferences and ‘blockbusting’ management texts (e.g. Osborne and Gaebler 1992). Influential knowledge producers are often located in elite American business schools and management consultancies, with their management knowledge ‘products’ diffusing from the private to the public sector and from America to the United Kingdom/Europe.

So how can these management texts be characterized? This distinct genre has strong authorial and editorial conventions (e.g. Harvard Business School books) (Clark et al. 2010). They are closely linked to a proposed solution, are normative in tone and less theoretical than traditional academic writing. They are focused on (enhancing) organizational performance. They address ‘hot issues’ in business or public policy with bubbles of excitement (e.g. the ‘culture wave’ and 7 S model; Peters and Waterman 1982). They do not emerge from peer reviewed public science but are linked to funding from consulting firms, leading to proprietary organizational change programmes.

Such texts are frequently opaque in describing their methods and analysis. They seek to promote ‘big ideas’ but often do not tie their data firmly to conclusions. They promote managerial ‘fads and fashions’ (Abrahamson 1991) within the management community, hungry for the ‘next big thing’. These texts often diffuse rapidly but then burn out, succeeded by a still newer fad.

Bestselling examples include: Hammer and Champy (1993) on business process re-engineering (which diffused into National Health Service (NHS) sites; see McNulty and Ferlie 2002); Davenport and Prusak’s (1998) knowledge management text; and Kaplan and Norton’s (1996) Balanced Scorecard text (which diffused into one site in our study).

An activist political economy, public management reform and management knowledge effects

We next examine the impact of the underlying political economy on public managers’ knowledge bases. This management knowledge prism has not been fully considered in the existing literature on public management reforms.

A political economy perspective suggests that UK public agencies still face politically sponsored reform projects. The UK is a ‘high modernist state’ with recurrent top-down and politically driven reorganizations (Moran 2003; Pollitt 2013). Hill and Hupe (2009, p.89) suggest that New Public Management (NPM) reforms have created a significant knowledge shift from traditional political science/public administration towards

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organizational economics and public choice theory. However, this high-level observation requires further studies of such shifts in practice.

A narrative-based stream in public administration scholarship (Borins 2011) examines the 'stories' of public policy texts. UK public management reforms are justified in offi- cial texts (Pollitt 2013), seeking to produce persuasive narratives which mix values, facts, positive case studies and doctrines to promise a better future.

We now characterize two contrasting 'grand narratives' of UK public/health policy reform. Moments of inflection between them reflect switches of political control. The first NPM reform narrative, dominant during 'Thatcherite' Conservative governments (1979–97), sought to shrink the state and make the residual state more 'business-like' (Hood 1991), using a markets/management governance mode. This theme has now been well analysed, but NPM's influence on shifts in preferred public management knowledges is still to be explored.

We argue that pro-market NPM reforms had major management knowledge effects. First, theoretical ideas from organizational economics informed NPM public policy reforms (Niskanen 1971). Second, best-selling business school/management consulting texts moved into the pro-NPM UK public sector from the 1980s (see Peters and Waterman (1982) and Osborne and Gaebler (1992) on 'post-bureaucratic' government). These texts were often linked to management consultancy products. NPM's principles were operationalized through use of management techniques such as benchmarking, metricization, productivity enhancement and performance measurement, where best practice was imported from the private sector.

A 'post-NPM' reform narrative (advanced by 'New Labour' governments, 1997–2010) focused on 'network governance' reforms emphasizing softer themes of networks, sys- temic collaboration, organizational learning, and service quality. Some NPM ideas around performance management were retained, so the shift was partial. The network governance narrative trusts public sector professionals more and sought to re-engage them after NPM's perceived managerialist excesses, drawing on authors from politics and sociol- ogy (Newman 2001; Rhodes 2007; Osborne 2010) rather than NPM-friendly organizational economics.

We ask: are management texts that promote ideas consistent with these two high-level reform narratives (or indeed other narratives) found in our sites?

Recent English health policy reform: 'the productivity challenge' and tilt back to NPM?

The 2010 UK election brought in a Conservative/Liberal Democrat coalition, which judged that excessive public spending had fuelled the 2008 financial crisis and should be reduced. The new health policy 'narrative' (Cm 7881 2010) was pro-market, promoting diversity of provision, and anti-bureaucratic (a recurrent theme; Pollitt 2013). It was more NPM than network governance friendly, and earlier New Labour reforms were criticized. Health pol-

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icy (Cm 7881, 5.16, 5.17) now emphasized financial constraints and major productivity improvements which could release: '£15–20 billion of efficiency savings for reinvestment across the system over the next four years while driving up quality'. The QIPP (Quality, Innovation, Productivity, Prevention) initiative considered how these demanding objectives could be achieved. While QIPP was inherited from New Labour, it was now accelerated (Cm 7881, 5.17). We ask: were there local management knowledge effects from this national turn to a productivity based and NPM consistent agenda apparent in our sites?

STUDY DESIGN AND METHODS

We now outline our study questions, design and methods. Our initial research question was (Dopson et al. 2013): under what circumstances and how do healthcare managers access and use research-based management knowledge in their decision making?

The widespread absence of traditional academic texts (i.e. peer reviewed papers, academic monographs) that we found in the field reinforced the need for a broad definition of management knowledge, which included management 'guru' and management consultancy texts.

As our objectives related to interpretive 'how' and 'why' questions rather than measurement-based questions, our design was qualitative and case based (Yin 2009). We recruited six diverse organizations in English healthcare, which commentators and our study advisers considered to be leading exemplars. They were selected as promising sites with prima facie evidence of strong activity around management knowledge (e.g. research linkages with management academics; leaders using management theory in practice). Below we outline these sites (using pseudonyms and anonymized texts to preserve confidentiality) and justify their selection.

Elmhouse is a private sector management consultancy operating in healthcare. Management consultancy has been increasingly drawn upon by UK healthcare organizations to advise on major service changes, so we wanted to explore the impact of consultancy knowledge and firms.

Willowton, an NHS Primary Care Trust, was a public healthcare commissioning organization facing demands to improve primary (non-hospital-based) care while controlling costs. Primary Care Trusts commissioned a range of services across a geographical patch. Willowton, like all English Primary Care Trusts, underwent major reorganization during our fieldwork, eventually being abolished.

Oakmore, a not-for-profit hospital, is a charitable trust offering specialist clinical services. This site was changing from an old-fashioned charity to a market orientated not-for-profit organization, with new senior management applying business and management knowledge. We studied how this knowledge underpinned its organizational transformation.

Firgrove, an NHS Academic Health Sciences Centre (AHSC), was recently established to narrow the 'research translation gap' between basic and clinical sciences. It intended to

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integrate world-class research, patient care and education, offering us an opportunity to study management knowledge in a networked partnership form and elite medical setting. Beechwell, an independent Policy Unit or 'think tank', aimed to improve healthcare through health policy analysis, research and leadership development. Studying a text from its Policy Unit which explored how NHS productivity challenges might be addressed offered an opportunity to consider knowledge flows between these historically distinct functions.

Mapleshire was an NHS Collaboration for Leadership in Applied Health Research and Care (CLAHRC). It was one of nine English network-based collaborations designed to translate research findings into practice through knowledge mobilization. It sought to diffuse management knowledge about organizational change into its regional field.

Data collection

Data collection occurred over two phases. Phase 1 focused on individuals identified as interested in management knowledge, including those with further degrees or who had undertaken executive education courses, exploring careers, perspectives, motivations and ways of seeking management knowledge.

Phase 2 (reported here) explored the utilization of management knowledge in practice through studying 'tracer texts'. We asked Phase 1 respondents to nominate management 'tracer texts' informing a stream of significant organizational activity locally, and worked with these suggestions. Table 1 summarizes the tracer texts and their characteristics, along with the local organizational challenges addressed.

Theoretical framing and data triangulation

Before fieldwork, we reviewed relevant literatures, using Crilly et al.'s (2010) overview of knowledge mobilization literature in healthcare, to design semi-structured interview protocols. We secured ethical approval and collected factual data about the sites. An 'outer context' analysis (Pettigrew et al. 1992) explored sites' position in the health sector and wider economic and social system (including top-down policy change and expenditure pressures). An 'inner contextual' analysis explored the organizations' history, strategy and position, links to national policy agendas and internal knowledge management systems (if any).

We triangulated various data sources (Stake 2000), including interview-based data, organizational documents and observations of meetings. Semi-structured interviews represented our main Phase 2 data, held with various stakeholders involved with the tracer text and the knowledge mobilization activity around it. Site sponsors helped us obtain contextual data on the knowledge tracer, its use and any relevant knowledge-sharing practices (e.g. stakeholder events, work groups). Where possible, observation of events was undertaken (due to access permissions, only at two sites). We conducted 137 formal interviews: 45 in Phase 1 and 92 in Phase 2.

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The interviews lasted one to two and a half hours; all were recorded and transcribed. We also reviewed written or web-based documents relating to the tracer and the organizations' history.

Data analysis

Researchers worked in pairs in sites, interviewing jointly where possible, and discussing interview themes afterwards. A first-order analysis of informant-centric codes was performed for Phase 1 interview data using NVivo. In Phase 2, informant-centric coding was supplemented with narrative case-based descriptions and developing detailed stories (Langley 1999) of the content, utilization and (where possible) impact of the tracer text. The narrative was produced by a lead author, following paired discussions by team members assigned to the site. Each case retains strong internal validity, while enabling comparison between cases (Stake 2000). The cases were discussed at regular team meetings, encouraging deeper understanding and comparative cross-case analysis to surface conceptual themes. We were sensitive to analytic frameworks for qualitative research (Gioia et al. 2013). The case narratives and subsequent discussion produced early analysis and theory generation around major themes (Eisenhardt and Graebner 2007) such as 'knowledge leadership' and the nature of management consulting in the public sector.

We then undertook further work (tables 1 and 2) to identify cross-case patterns, discussed in regular face-to-face team meetings. These comparative tables signalled as initial core findings: (i) the absence of EBMgt texts but the presence of many business school/management consulting texts and authors; and (ii) the strong local management knowledge effects of QIPP's targets for productivity increases. Further review work accessed additional literature now highlighted as important (e.g. on management consulting), and team discussions reconsidered the initial cases.

The following questions now emerged from this initial analysis: (i) how do locally preferred management knowledges relate to the macro political economy? (ii) why are EBMgt texts less apparent than business school/management consulting texts? We returned to early descriptive cases (Dopson et al. 2013) and redrafted them, given these new guiding questions.

FINDINGS: MANAGEMENT TEXTS AND KNOWLEDGES IN THREE HEALTHCARE ORGANIZATIONS

We studied six English healthcare organizations, but here (given word constraints) concentrate on three sites where management knowledge processes were particularly interesting. We discuss the three remaining sites briefly in tabular form and in the conclusion to bench- mark findings across all six cases.

Case 1: Elmhouse Management Consultancy

We studied the impact of a project involving the Elmhouse consulting model (Anon

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2010) (2009–10), commissioned by an English Strategic Health Authority (an intermediate regional tier of the NHS) and involving a Primary Care Trust (established to purchase local health services). The consulting brief was to advise on major efficiency savings regionally to support QIPP (already described). The core text (Anon 2010) presented an in-house Elmhouse model designed to manage organizational change for high performance.

Which knowledges and texts were apparent?

Elmhouse produced management knowledge for the NHS and other clients. Elmhouse's internal knowledge management systems successfully created corporate knowledge. Its homogenous elite culture unified its consultants' thinking about the knowledge produced, reinforced by careful recruitment and retention policies. Creating a homogenized workforce enabled the partners to 'plug and play' consultants from anywhere into any project, but limited Elmhouse's openness to alternative knowledges. Elmhouse used little external research, relying instead on (sophisticated) internal knowledge management systems. An Elmhouse interviewee noted:

> We trust our own research, there is a terrible not invented here syndrome, so we are not nearly as good at tapping into academic research as we should be. We spend a lot on research (in the form of knowledge specialists and information technology systems to capture knowledge). I mean on one count the firm invests more on research in any given year than a single business school.

Elmhouse had recently established an Academic Advisory Board to secure more advice from senior business school academics. The Elmhouse 'way of thinking' was described as typically creating a logical argument with a clear structure, by breaking down problems into manageable parts.

Elmhouse's change management model was described in a book by Elmhouse partners (Anon 2010). This text argued that the research undertaken to underpin the model was more exhaustive than anything previously undertaken. The text sought to review evidence and design change models to assure high organizational performance. It drew on multiple case studies from Elmhouse's worldwide client work, surveys, a quantitative analysis of client data, and a large-scale review of books and some academic journals (most commonly the Elmhouse in-house journal and Harvard Business Review). There was evidence cited from in-depth interviews with chief executives and even a change management quasi-experiment. The text was written in a punchy style, with many summary diagrams or exhibits.

While there was evidence behind the model, some argued that the book did not fully display it, nor fully substantiate associations between variables or demonstrate how conclusions were reached.

The Elmhouse model operated as follows: (1) setting 'tough but achievable' goals; (2) assessing the current state of the organization, including underlying mind-sets; (3)(a) telling a story to convince people of the need to change, (b) establishing reinforcement mechanisms to support desired changes, (c) active role modelling from leaders. Measuring

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and evaluating performance and progress through the change process was key and this generic model was applied to both healthcare organizations and private firms. Its self-characterization as 'evidence-based' legitimated it with some NHS clients.

Knowledge in its wider context

As is often the case in management consultancy, Elmhouse attempted to standardize clients' practices. Their benchmarking suggested that if the region's Primary Care Trusts redesigned services to achieve performance reflecting the upper quartile nationally, they could meet efficiency targets. Elmhouse provided action planning, running pilots and developing prescriptions for major service redesign. Consultants ran structured conferences for senior managers, designed to persuade people about QIPP's benefits and developing skills for them to take QIPP forward. Managers were instructed to complete PowerPoint templates to propose productivity gains, discuss plans at local workshops, and report back.

Respondents in the two NHS subfields (the Strategic Health Authority and the Primary Care Trust) provided sharply varying perspectives, reflecting the different knowledges valued. Strategic Health Authority managers were positive, as the project meshed with their preferred knowledge type to provide 'evidence of delivery … that would give us a measureable change' (Strategic Health Authority respondent). Another respondent from the same organization argued:

> We were able to make good use of the Elmhouse input because … it fitted with our strong delivery focus … a very structured and focused programme where you keep the momentum going was one thing and they're very good at that … with tight timescales for each step and they get your agreement to that and then they chase you to make sure it is happening.

Local Primary Care Trust managers and clinicians, however, were critical of Elmhouse's approach as being based on abstract analysis, not reflecting local circumstances. One manager (a former clinician) argued that Elmhouse's analysis meant closing ten patient wards, risking loss of credibility with clinicians. There was scepticism about Elmhouse's PowerPoint slides, spreadsheets and prescriptions. A local manager argued that they were 'left with lots of spreadsheets' and 'creativity is crushed out by this need to turn it into bloody PowerPoints'. Some local managers felt relieved once Elmhouse had withdrawn from the assignment and pressure receded.

Overall interpretation of knowledge in use

Overall, a mixed pattern is evident. Elmhouse's internally generated knowledge production systems created a high-level standardized knowledge base and change model. This knowledge fitted epistemically with that valued by the Strategic Health Authority management, who wanted hard evidence of delivery to achieve QIPP targets. There was an epistemic clash with the local NHS field which preferred knowledge reflecting the local context and stressed the negative effects of Elmhouse's intervention. Overall, we suggest

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that Elmhouse's intervention attempted to diffuse productivity-based and NPM-style techniques into English healthcare, potentiated by QIPP and sponsored by senior management but encountering a decidedly mixed reception locally.

Case 2: Willowton Primary Care Trust

All Primary Care Trusts were abolished nationally in 2013, so Willowton was also experiencing major organizational turbulence during the study. Willowton's urban location was characterized by high levels of social deprivation and some enduring problems with poor services, despite previous interventions. Willowton faced ambitious productivity and financial targets (given QIPP), and was open to new ideas that might produce organizational change. The director of its applied research unit (Willowton Research Unit), who was also a family doctor with a senior management position, suggested new approaches to quality improvement and service change.
Our tracer was an Initiative for Integrated Care launched (2009) in a pressurized locality with a difficult legacy from poor-quality services. It tried to improve services in four complex areas (e.g. dementia). Projects were launched and stakeholder events undertaken, aimed at forging new working relations and increasing clinical engagement.

This activity was strongly influenced by a single authored text on 'whole systems' published by the Research Unit Director (Anon 2006), using action research approaches. The book was informed by ideas from complexity theory, organizational learning and action research. So knowledge production came from a local author/doctor, well embedded in the local system who also held a PhD and was the author of a book addressing the same topic.

Which management knowledges and texts are apparent?

We found two increasingly conflictual knowledge streams. The tracer text's core concepts were: (i) building learning communities through learning spaces and multidisciplinary groups participating in cycles of cross-organizational working and reflection; (ii) whole-systems learning and change (juxtaposed against linear theories of change); and (iii) integration, so that different parts of the healthcare system would interact more. The text provides vivid examples and suggests exercises to help readers develop their own skills. The writers cited in the text included 'soft' business school orientated authors such as Senge (1993), Wenger (1998) and Weick (1995) – more interested in qualitative themes of organizational learning, development and culture than quantitative measurement of productivity, alongside social science authors (e.g. Lukes (2005)
on power).

A second form of financial risk and accounting knowledge was also apparent which reflected the organization's duty to observe resource limits and achieve cost savings. Its influence increased along with QIPP. Performance indicators (e.g. provider performance data, hitting operational targets) and budgetary controls created heavy data collection tasks. Interviewees referred to 'reporting upwards' and 'feeding the beast', having to 'run on outcome measures, it has to report everything it does in outcome measures' and 'a

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regime internally that keeps tabs on all of these things'.

Knowledge in its wider context

The whole systems project fostered informal spaces for knowledge exchange and learning. It did not seek control, but to stimulate inter-professional working. A knowledge clash arose between this project and the rising results orientated, performance management logic. This tension intensified given sharp financial restraint after 2010. The whole systems initiative was summarily stopped, a planned summer workshop cancelled, and email communications ceased. This followed major internal reorganization, when many staff applied for new positions or redundancy. As the supportive Chief Executive left for another senior role, the protection the project had previously enjoyed disappeared, along with operational support.

Overall interpretation of knowledge in use

The case demonstrates growing tensions – and eventually incompatibility – between the two knowledge streams. Local developments mirrored those nationally, with growing emphasis on short-term productivity improvements. The relative influence of the two management knowledges changed, associated with shifting local constellations of actors and power balances. Rising NPM-style management knowledge overwhelmed a local network governance orientated text which fitted poorly with QIPP.

Case 3: Oakmore Independent Health Care

This private charitable trust had undergone a long-term transition towards becoming a more market facing organization since the Chief Executive, a clinician, joined it in 2000. Succeeding a more traditional post-holder, the Chief Executive encouraged expansion and more business-like working, initially against clinical resistance. Oakmore's specialist services were not readily available elsewhere and, until 2008, referrals from the NHS ensured that Oakmore's finances were strong. After that date, NHS referrals to outside providers were constrained, reflecting QIPP, so the organization then reviewed its strategy, considering price revisions, cost savings and service variations.

The organization was a keen consumer of business school generated knowledge, and a well-known 'Balanced Scorecard' text (Kaplan and Norton 1996) was used as a performance management tool to focus staff on business measures.

Which knowledges and texts are apparent?

Two different knowledge domains coexisted here. The oldest established was specialist clinical knowledge, with many clinical papers published in medical journals. Following the Chief Executive's arrival, management knowledge became more important. The Chief Executive introduced management knowledge in various ways: employing senior people with a management background; introducing training and mentoring; bringing in commercial non-executive directors and funding staff to take management

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qualifications. Managerially orientated knowledge was controversial, as some clinical staff found it hard to accept that good-quality care could coexist with a profitable organization.

The senior management team expanded performance management systems internally, informed by Kaplan and Norton's 'Balanced Scorecard' (1996). This text summarizes various financial and non-financial measures, seeking to better translate the company's vision/mission statement into tools for managing the business. The text has a punchy style, with visual diagrams and short but inspiring 'success stories'.
The Balanced Scorecard has had high impact here. Initially using the original tool, the senior team later revised it after further investigating the literature. This adaptation reflected the original intention that the scorecard (Kaplan and Norton 1996) should be seen as a flexible strategic tool.

Knowledge in its wider context

The Chief Executive used personal and positional power to reshape the organization's culture through the top-down introduction of management knowledge. In a business-oriented approach, he sought to reconcile clinical and managerial/financial values. This tension was addressed in a new corporate vision referring to the purpose of Oakmore as a charitable trust with the need not just to look after current patients, but to create new business opportunities for the future.

As the market intensified with post-QIPP cuts, the scorecard was a key tool, which fitted with the new context. It was reinforced by other management knowledge sources such as the Chief Executive's links with major UK business schools which provided extensive knowledge and advice. Well-funded training programmes gave staff access to generic management development (e.g. Franklin Covey courses). Some staff took MBAs.

Overall interpretation of knowledge in use

The case revealed the coexistence of diverse clinical and managerial knowledges. However, management knowledges were assuming greater importance. The Balanced Scorecard's high impact reflected various factors. Over time, the organizational form was shifting from an 'old-fashioned' charity into a modern healthcare organization run as a profitable quasi-business. Oakmore also enjoyed greater freedom to experiment with management knowledge than the more constrained NHS sites.

Crucial to the high impact of this knowledge was the 'hybrid' Chief Executive who enjoyed and was committed to exploring management knowledge. He actively sought relationships with business schools to keep up to date, and attended several leadership executive education programmes. He also appointed a new team who shared his respect for management knowledge and was willing to experiment with it.

He used systems thinking and scenario methods taught by business schools to sharpen

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his view that there was now a significant challenge from QIPP. He sought out management knowledge and tools to enhance organizational performance and cost effectiveness. He and his team created a new organizational architecture that facilitated and incentivized absorption of management knowledge. Their actions increased the high impact of the Balanced Scorecard by shifting conversations away from the professional /clinical domain and towards management and business knowledge.

Oakmore is an exemplar case, highlighting the extensive and deep diffusion of a generic management text and associated knowledge into a healthcare organization.

FIRST-ORDER ANALYSIS: SUBSTANTIVE FINDINGS ACROSS THE CASES

Finding 1: No EBMgt texts but many business school/management consulting orientated texts

We plotted the management texts found (tables 1 and 2) across all six sites, finding no EBMgt texts. Research monographs and academic articles were also absent. However, these organizations were not 'management knowledge free' zones. Alternative business school/management consulting texts were present in five sites, either directly or indirectly. Such texts included Kaplan and Norton (1996) and the Elmhouse in-house text (Anon 2010). Key American business school authors had important indirect influence too: Firgrove's internal Organizational Development consulting unit used Schein's process consultation texts. The Willowton text cited well-known authors such as Senge, Schon and Argyris, while the Mapleshire text cited Wenger and Brown and Duguid. We conclude that business school/management consulting texts have diffused into English healthcare organizations – mainly from authors in American leading business schools or management consultancies – more so than EBMgt texts.

It might be thought unrealistic to expect healthcare managers to read full EBMgt systematic reviews (if any existed). An EBMgt perspective would, however, suggest that managers should move beyond this default position and be prepared to critically review the available evidence, even in a relatively pragmatic fashion. Can EBMgt 'products' also be made more inviting for managers to read? The CEBMA website is now making 'user friendly' EBMgt-related resources available (e.g. presentation slides, teaching resources, a critical appraisal guide and a discussion forum). While our study was too early to track their impact, this theme should be investigated in future work.

Finding 2: Knowledge leaders provide agency

Thornton et al. (2012) explore how embedded agency can trigger organizational change. Some actors are organizationally well embedded, skilled and powerful and can use their formal role position, informal networks and local knowledge to effect organizational change (Smets et al. 2012).

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Our three major cases all demonstrate the role for knowledge leadership and agency as well as structural or contextual factors. In Oakmore, the new Chief Executive team made what was a changing organization even more receptive to the Balanced Scorecard. Both the Elmhouse and Willowton cases suggest that senior and well-embedded authors of texts can mobilize management knowledge, although the Willowton case suggests that the author's formal role power was politically fragile.

What do the other three cases add? In Firgrove, the knowledge champion (with an internally sponsored PhD in the same field) utilized Schein's texts (e.g. Schein 1987) which fitted well with the clinical culture there. Weak knowledge leadership was an important negative factor in two cases (Beechwell and Mapleshire).

Finding 3: Macro-level shifts in the political economy exert local management knowledge effects

We thirdly conclude that recent shifts in the political economy (the 2010 change of government, budgetary austerity and QIPP) produced local management knowledge effects in several sites. Specifically, QIPP raised the profile of management consultants (i.e. Elmhouse), who advised on performance improvement (also important in Willowton), it strengthened the Balanced Scorecard in Oakmore, and intensified conflict between pre- and post-QIPP epistemes in Willowton, with the 'hard' productivity episteme dominating. Such shifts also helped showcase the economics/productivity text studied in Beechwell. However, we did not detect political economic effects on management knowledge bases in either Firgrove or Mapleshire.

SECOND-ORDER ANALYSIS AND CONCULDING DISCUSSION

We now advance three propositions to comment more theoretically on our first-order findings.

Proposition 1: Studies of the diffusion of management texts and knowledge in public services organizations should consider macro-level forces

How can our study develop academic literature on the diffusion of management knowledge within public services organizations? An institutionalist framing is influential in studying the diffusion of management knowledge (Kipping and Wright 2010). However, such analyses have often focused on management knowledge flows in private firms and associated organizational fields, where government has little influence.

Institutionalist theory argues that organizational fields readily converge on strong 'fads and fashions', emanating from high-status knowledge producers. Organizations are driven more by a search for legitimacy than efficiency. These conditions produce 'isomorphic' convergence, copying and mimicry (DiMaggio and Powell 1991).

Institutionalism highlights the fashion-like character of management knowledge, spread by global knowledge diffusion agents. A key unit of analysis is the middle range or meso

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level of the organizational field – in our case, the field of healthcare organizations. Such fields may include an international element which encourages cross-national diffusion of management knowledge.
Thrift (2005) analyses the international (but not inter-sectoral) diffusion of American private sector based management knowledge through a 'cultural circuit of capitalism' to receptive states, such as Singapore. Many components (e.g. international consulting firms, 'blockbuster' management texts and elite American business schools) of this circuit are present in our cases.

There is some literature on the diffusion of public management reforms (Sahlin-Andersson and Engwall 2002a, 2002b) which sees NPM reforms as spread internationally by global diffusion agents including the Organization for Economic Co-operation and Development (not so in our sites). However, an international management consulting firm was important in one site, operating on a globalized basis and, we later discovered, undertaking project and leadership development work in a second NHS site in the study, alongside management consultancy competitors.

Sahlin-Andersson and Engwall (2002b) also suggest that conventional institutionalist assumptions of passive diffusion of management knowledge across the public management field should be complemented by different theories. They highlight social movement theory, professionalization theory and actor network theory as potentially useful prisms.

We also focused on developing literature (Garud et al. 2007; Thornton et al. 2012) which highlights 'embedded' agency. This micro-level perspective explores the presence of skilled 'knowledge leaders' within organizations and fields: such leaders were indeed evident in some cases.

We add to these existing literatures by considering two macro forces which influence the diffusion of generic management texts and knowledges into public services organizations: (i) an NPM-friendly underlying regime type; and (ii) a well-developed business school and management consulting knowledge production nexus.

Proposition 2: There is a 'double effect' between New Public Management regimes and preferred management texts in public services organizations

Comparativist public management scholars (Painter and Peters 2010; Pollitt and Bouckaert 2011) distinguish between different public management families, placing England in the Anglo-Saxon group with strong NPM doctrines. These governments are management, market and performance orientated, open to advice from new actors, including management consultants and business advisers. An underlying NPM regime type directs public managers' attention to preferred management texts and knowledges from private sector orientated authors.

Management knowledge effects of NPM reforms are a gap in an otherwise well-developed NPM literature. We argue that there was a breakpoint in the 1980s in the

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UK public sector when traditional public administration based knowledge gave way to imported generic management texts (Hill and Hupe 2009). Successive 'blockbuster' management texts (e.g. Peters and Waterman (1982) was the first; Osborne and Gaebler (1992) is also important) now came into English public services organizations.

There is a double effect: an underlying NPM regime type provides a receptive macro context for these texts; but the texts themselves further articulate NPM based reforms, work practices and new thinking. They reconstitute organizational and personal knowledge bases and encourage public services organizations to change, to become more business-like and performance minded. Thus the organizational transformation at Oakmore was aided by a high-impact business school text, adopted as a corporate change tool.

Network governance management texts appear to represent only a minor and incremental change: for example, the Willowton network governance text cited 'softer' American business school authors (exploring organizational development, systems learning and culture), but the underlying pattern of generic management knowledge diffusion into English healthcare organizations continued.

Proposition 3: A well-developed business school/management consulting knowledge nexus exerts a second macro effect

A second, important, macro force evident is the business school/management consulting knowledge production nexus (Thrift 2005; Engwall 2010), originally American but now international or even global (e.g. Elmhouse). It is a linked ensemble of blue chip management consulting firms, major business school faculty and authors, high-profile management texts, along with business media (Engwall 2010). It appears to be influential in its knowledge production activity within our English healthcare sites.

The UK management consultancy sector emerged early and developed strongly, when compared to other European countries (McKenna 2006), soon attracting major public sector clients (including the NHS) as well as private firms. UK business schools were being created from the mid-1960s onwards (Starkey and Tiratsoo 2007), with a dramatic expansion and MBA boom in the 1980s. Saint Martin (1998, 2004) suggests that management consulting firms have more influence on the UK than the French government, the latter being more NPM-averse and looking internally to civil servants for advice. This UK business school/management consultancy nexus was further strengthened by NPM reforms from the 1980s as the UK government became more receptive to advice from 'business-like' outsiders (Saint Martin 2004).

It is unsurprising that the prevailing political, ideological and policy climate affects knowledge utilization patterns, as Weiss's (1995) analysis of American educational reforms suggested. What is more surprising is the concentrated use of business school texts and management consultancies as preferred management knowledge sources. Other NPM-friendly knowledge producers appear to be absent: market orientated economists might have produced short pamphlets on (say) building healthcare markets and their

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regulation (see Enthoven 1985). Yet this alternative tradition appears to be weak in most of our sites.

CONCLUSIONS, LIMITATIONS AND FUTURE RESEARCH

Overall conclusions

Empirically, we investigated which management texts and associated knowledges have diffused into English healthcare organizations. We found no EBMgt texts but many business school/management consulting texts, often from elite American business schools and management consultancies.

We theoretically argued that two macro forces (the underlying political economy of public services reform and an extensive business school/management consulting nexus) influenced the extensive diffusion of such management texts and knowledges.

While the developing institutional entrepreneurship literature connects conventional meso-level institutionalist analysis (here the diffusion of management knowledge within the healthcare management field) down to micro-level agency, we connect it up to the macro level. We add to the substantial literature on public management reforms, which has not so far considered management knowledge implications. We add to the wider literature on the diffusion of management knowledges – mostly focused on private firms – by analysing management knowledge flows in public services settings. Our macro-level perspective is a longer term and more structural interpretation than the management 'fads and fashions' view consistent with some institutionalist theory (Abrahamson 1991).

Limitations, reflections and future research agenda

The study has several limitations. First, while this was a large-scale study, we accessed only six organizations (with only three presented here in detail) and only in healthcare. Furthermore, the sites had a prima facie reputation for using management knowledge, so may be atypical. Further work in additional sites is indicated. The study may be limited in its time period, too. Will novel EBMgt orientated texts (e.g. guides to critical appraisal) now being produced by such bodies as CEBMA develop more influence in the future?

Second, England may be unusual in its centralized political institutions, ideological politics and NPM bias, facilitating top-down public service reforms (Moran 2003) and open to management knowledges from outside (Pollitt and Bouckeart 2011). Yet England is not unique: similar jurisdictions include Alberta in Canada (Reay and Hinings 2005). Lodge and Gill (2011) suggest that NPM reforms in New Zealand endure. Pollitt and Bouckeart

(2011) place Australia and New Zealand in a 'core NPM' group, and suggest that Sweden and the Netherlands show NPM features.

These limitations suggest a future research agenda. Further work on preferred manage- ment knowledges in other 'NPM heavy' jurisdictions internationally is needed. Initially we

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drew a dichotomy between two ideal types of management knowledge: EBMgt and business school/management consulting knowledge. While such ideal types aid conceptual clarity, are they too crude? Do hybrid spaces and texts blend different knowledges?

While the Elmhouse text is written differently from traditional academic texts, it draws on extensive (internal) research and presents itself as evidence based. The Willowton text cited major American business school academics and broader social science theories. Do we need more reflection on these 'knowledge hybrids'?

Finally, while evidence-based management texts are absent, do healthcare managers still develop a rhetoric around evidence-based management to create legitimacy for their decision making? Zbaracki (1998), for example, discussed how managers used Total Quality Management rhetoric for their own purposes. There were similar legitimating references in Elmhouse so we should examine further any similar managerial rhetoric.

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TABLE 1 *Tracer texts and local issues or puzzles*

	Oakmore Health Care	**Elmhouse Consultancy**	**Firgrove AHSC**	**Willowton PCT**	**Beechwell Think Tank**	**Mapleshire CLAHRC**
Tracer texts	The Balanced Scorecard, Kaplan and Norton (1996)	Elmhouse text: in-house book on productivity and change management	Internal PhD using Schein's model of process consulting	Clinical director's book showcasing whole systems and learning ideas in primary healthcare	Internally authored policy pamphlet focus on health economics and productivity	Theoretically based on communities of practice and situated learning ideas
Characteristics	Best-selling and accessible business school book; Develops performance metrics; extensive cases and normative argument; Linked to Harvard Business School/ Harvard Business Review; well cited in Google Scholar; Study funded by consulting firm; Joint authors: consultant and academic.	Lengthy but accessible book on performance; eminent academic advisers; Clear takeaway messages and visual diagrams; focus on performance; Lively examples; chapter on the 'science'.	Accessible academic text; clear action implications; Reflections on extensive personal consulting activity; Extensive case material; Author from MIT; Well cited in Google Scholar; Normative and empirical argumentation.	Published by academic publisher; Strong on ideas but also experience. Discusses major ideas, whole systems change; learning communities) applied to primary care; Strong action orientation, e.g. practical techniques; suggested exercises.	Short and accessible policy pamphlet; Addresses a key policy issue – a 'funding gap'; Scenario building; Based on health economics thinking; Uses simple macro financial data but related to policy issues; No econometrics.	Conventional academic text; Links organizational behaviour texts to health services.
Issue/Puzzle	Organizational transformation as key to commercial success.	In Elmhouse, how to maintain reputation and credibility; In NHS, how to make big productivity gains.	Organizational development and learning in a new confederation; Helping develop new management.	Systemic fragmentation and enduring pockets of poor services.	The Board's concern that different departments were not working together.	Top-down and instrumental opportunity to obtain funding; How to get research into practice?

TABLE 2 ***Summary findings from the six cases***

	Knowledges and texts apparent	**Knowledge in its wider context**	**Overall interpretation of knowledge in use and its impact**
Oakmore	Traditionally clinical knowledge. Increasingly financial and managerial knowledge (Balanced Scorecard; extensive training programmes).	Transition to new organizational form with more commercial logic. Strong knowledge leadership from long standing CEO. Governance – new non-executives with business expertise; Bigger NHS market for specialist services.	High impact of Balanced Scorecard. Facilitates organizational transformation to more business-like form. Clinician/CEO as a strong knowledge leader. More freedoms than other sites.
Elmhouse	Internal change model – a homogeneous approach to knowledge production internally. Benchmarking techniques plus active change management.	Major consultingfirm, advising on achieving major productivity gains (QIPP). Some clinical resistance locally.	Mixed impact of the change model. Homogenous knowledge production internally. Supported by NHS senior management; resistance by the local/clinical NHSfield.
Firgrove	Core of psychiatric knowledge. Managerial 'fads and fashions'. Continuing work around OD/process consultation.	Relatively weak; insulated elite status. Managerial subsystem became more important but without severe conflict. Generally cooperative relations internally.	Medium. Series of short-term fads and fashions. OD/process consultation workfits well and has staying power.
Willowton	Two knowledge bases: soft knowledge around whole systems learning; hard knowledge around performance management.	Strong links to the changing macro political economy (QIPP).	Mixed/low. Sustained local activity around whole systems learning but overwhelmed.
Beechwell	Four knowledge bases: policy, leadership, healthcare improvement; communications.	Strong profile of economics/productivity related knowledge (QIPP).	Low. Moving knowledge across departmental boundaries fails.
Mapleshire CLAHRC	Clinical (psychiatric) knowledge. Business school abstract knowledge. Tacit and practical managerial knowledge.	Funded to meet national policy objectives.	Low: research/practice gap is difficult to cross.