

Explaining Health Managers Information Behaviour and Use

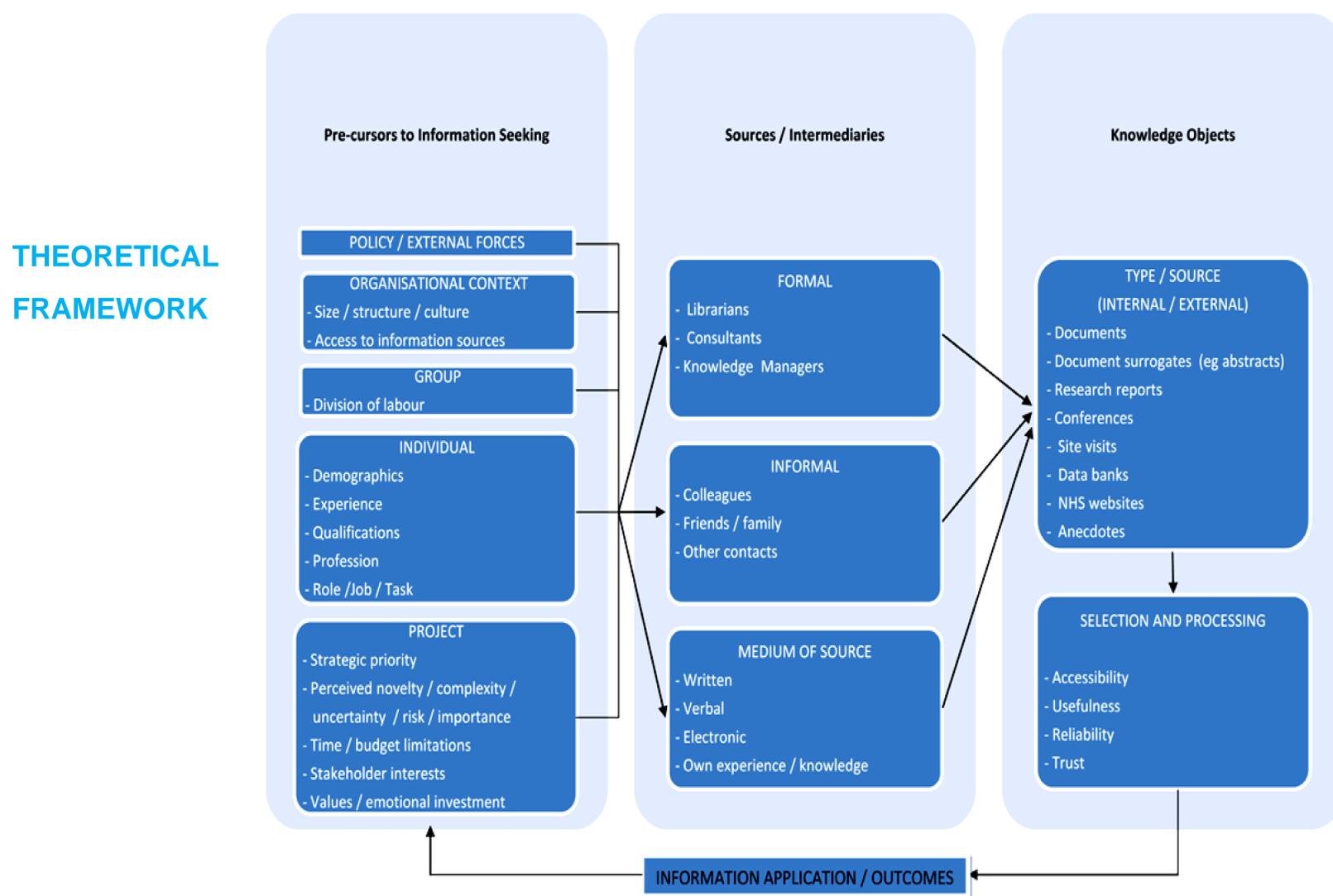
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CONTEXT AND AIMS

While there are studies of managers information behaviour generally and of clinical professionals in the health service, health managers information behaviour needs appear to have been overlooked. This project aims to:

1. To analyse health service managers' decision-making information use in selected contexts in order to identify the barriers to and facilitators of information use.
2. To develop a method for evaluating managers' information use more widely.
3. To propose practice guidelines for improving managers' use of evidence in decision-making.

Theoretical Framework: Explaining Health Managers Information Behaviour and Use



METHODS

The study employs a mixed methodology. Phase One comprises of 80 in-depth interviews and Q-method sorts in five case study NHS trusts (mental health, acute and primary) covering a range of trust investment in information use resources. These will focus on information behaviour in relation to innovative management change projects in order to provide rich descriptive evidence, to discover operant categories of perspectives on information behaviour, and to inform Phase Two.

Phase Two comprises of two national surveys, one of managers (n=500), and one of information intermediaries (n=50). These will allow us to operationalise attitudinal categories derived from the Q-study and generalise about health managers information behaviour.

IMPLICATIONS AND IMPACT

Managers' information behaviour will clearly impact on their use of evidence in decision-making, and thus their potential for making high quality judgments that should improve organizational efficiency and effectiveness. This project will contribute to improved knowledge of how and why health managers use information and develop guidelines for improving practice.

There is user/participant input at the design and analysis stages of each phase in order to draw on their expertise and ensure authenticity of the results. Relevance to policy and practice is also ensured through the secondment of an NHS manager (Chris Smith) to the project.

Results will be disseminated via a report to the funding body (NIHR SDO) and feedback to participating trusts.