Chapter 30

'Knowledge Management': A Telling Oxymoron?

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INTRODUCTION

As organisations continue to seek optimal levels of competitive advantage and innovation, the search continues for more powerful and successful ways of achieving these goals. One such is the emerging discipline of Knowledge Management (KM). This is an approach, which is becoming firmly embedded in the panoply of management methods, as noted by Scarborough et al. (1999), "Knowledge Management (and the learning organisation) represent important new approaches to the problems of competitiveness and innovation confronting organisations." These are not insignificant claims and, typically, pursuing them requires organisational investment, which is also substantial. This paper seeks to develop a critique of KM, with a view to supporting more informed theory and practice in this area. This critique is based upon recent empirical research (Sutton, 2000; Sutton and White, 2000; White and Sutton, 2000). The nature, methods, and key findings of that research are, therefore, briefly described here.

NATURE OF THE RESEARCH PROJECT

The research explored the nature of, and relationships between, knowledge, data and information in the context of clinical practice in the United Kingdom National Health Service (NHS). It focused on the nature of clinical knowledge and the large-scale statistical datasets, which are generated from healthcare ac-

tivities and decisions. These datasets are used for significant and far-reaching decisions about NHS policy.

The genesis of this research was a growing interest into what appeared to be a paradox pertaining to clinical data in the NHS. The paradox involved the fact that, while to the lay eye medicine appeared to be a discipline imbued with all the rigour and certainty of science, key elements of clinical knowledge and data seemed often to be characterised by uncertainty and vagueness, and to be opinion-laden. In short, these elements seemed to be characterised by subjectivity at least as often as they were by objectivity. Yet both objective and subjective types of data were all somehow regularly transformed into a homogeneous body of objective, statistical "facts," used by Government and various healthcare managers as the basis of significant decisions about healthcare in the NHS. Thus, this piece of research was developed and undertaken, in order to gain a better understanding of the nature of knowledge and data, and the underpinning social processes inherent in clinical care. This study sought to achieve its aim specifically by developing a better understanding of knowledge in the clinical context of the NHS and to achieve this by exploring the impact of social and organisational context, and transformation processes, on knowledge transferred between individuals and groups.

THE RESEARCH APPROACH

The research problem demanded an exploratory approach, which led, therefore, to the use of inductive methods. The key objective of the research approach was: "to describe, decode, translate or otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world." Data collection was, therefore, undertaken partly by using ethnographic methods which involved the practitioner "participating covertly or overtly in people's daily lives for a period of time, watching what happens, listening to what is said, asking questions – in fact, collecting whatever data are available to throw light on the issues that are the focus of the research" (Hammersley and Atkinson, 1983). This extensive qualitative, field-based investigation included a long period of participant observation in clinical and coding settings, and thirty semi-structured interviews with senior clinicians, healthcare data statisticians and epidemiologists, administrative workers, healthcare managers and coders. This overall approach, of complex, discovery-based research yielding rich, qualitative data, produced a deep understanding of the processes and contexts involved in the domain of clinical decision-making. Data was analysed using Grounded Theory, as described by Glaser and Strauss (1973).

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