

## Book review

# Knowledge to action? Evidence-based health care in context

*Edited by Sue Dopson and Louise Fitzgerald  
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Health care organisations often fail to implement good research findings in practice and are therefore, not able to increase efficiency and quality. The implementation gap that exists between 'knowledge' and 'action' in an evidence-based health care context is well known as such, but has in my opinion rarely been researched in depth. Dopson's and Fitzgerald's *'Knowledge to action? Evidence-based health care in context'* is an interesting book that thoroughly describes this subject. For those concerned about why it takes so long before research has been totally adopted in work practices, the book provides enough insight to understand the matter. The book is very complete and still comprehensive enough to be valuable in practice.

Even though the book covers a difficult subject, the authors have managed to write quite an understandable book with a clear structure. The authors start with defining the problem and covering relevant theories in the field. Later they add to and support these theories with the case study findings. They reach a number of clear and fresh conclusions based on both theories and findings. The chapters are very readable on their own as well, which allows the reader to simply read the conclusions or specific parts separately. The book is obviously written as an academic book, filled with references and different theories, but is still usable for professionals, managers and implementation consultants. It offers valuable data for those involved in delivering health care or in the formulation of health policy.

The beauty of the book lies in its academic theory. The theory has a strong internal and external validity, because of the many practical cases, the large amount of data and the combination of different scholars and disciplines. The authors use literature from both the US and the UK to support their conclusions; the first type of literature being more quantitative and the latter more qualitative. However, through my own experience in Dutch health care knowledge management implementations, I missed some relevant and applicable European literature.

I appreciated the tolerant attitude towards different theories; like the subject of organisational theory. The authors elaborate on three different organisational

theories before defining their own point of view. Dopson and Fitzgerald—with the help of several co-writers—have managed to combine a number of very interesting academic disciplines. They reveal the lack in current clinical literature by drawing ideas from social sciences. The authors underline important social science concepts such as the autonomy of the professional and the relevance of the complex health care organisations in the context of evidence-based health care. Furthermore, the existing evidence-based health care theories are supplemented with knowledge management theories. Not many authors are able to reveal the important role that knowledge management theories can play in a health care context. This knowledge management perspective definitely adds extra value to the text.

Based on the different academic theories the authors present research findings from a large number of case studies. The research design is very thoroughly explained and clearly defines the broad scope of evidence-based health care practices. Dealing well with methodological challenges in cross-study synthesis, the authors reveal the findings that emerged in four chapters: first the active role of context; secondly professional boundaries and the diffusion of innovation; third knowledge, credible evidence and utilization; and finally knowledge in action.

The conclusions are sharp and shine a new light on the subject, in the sense that they consider the active role of the context, culture, and the social processes of the skilled professional action of major importance. The authors argue that the gap between policy and practices is unavoidable and should be accepted, and—rather than closing it with powerful and generic (context-free) organisational interventions (that are notoriously difficult to find)—they respond with an alternative social perspective.

The authors develop an alternative social perspective taking into account the micro clinical setting by local actors (bottom-up innovation) with their different field actor perspectives and the importance of tacit evidence and supportive social processes. Doing this, the book illustrates a view of the hospital as a fragmented set of professionals, with different priorities and interpretations of evidence. A view that is recognisable for those who are familiar with the work of health care professionals.

The conclusions can even be seen in a broader perspective than evidence-based health care alone. They are useful for generic public and organisational management or in any knowledge-centered organisation, where professionals are working in a politically sensitive situation. The book bridges a large number of sciences, such as social, clinical, and organisational sciences.

The book does not cover the topic of integrated care, but its usefulness for this area is quite clear. If someone has evidence on an integrated care process, understanding the problems and pitfalls of translating such innovations into policy or practice is important. 'Knowledge to action?' will therefore, be of interest to academics, researchers, and students of organisational behaviour, public and health management, and evidence-based medicine; and also of particular interest to practitioners, clinicians, and public health managers concerned with implementing change to clinical practice.

My main impression of this book is very positive and I would rank it four out of five stars. With awareness of the complexity, the context, and the professionals, the authors manage to explain why translating

knowledge into action is such a difficult task. With so many barriers revealed, you wonder how innovation can take place at all. Nevertheless, the authors pay more attention to the analysis of the problem, than actually solving it. In fact, the authors themselves could, in my opinion, have done more to translate the knowledge in the book into action, i.e. by giving some practical guidelines. Another point of criticism is that the authors stay at a very abstract level (terms like 'evidence' are not very clearly defined). These, however, are only small remarks. Knowledge to Action is a great book for anyone interested in how innovation in health care takes place, and why so many attempts to improve health care fail.

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