

Healthcare Professionals Review

Researchers

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Background

There has been a growing emphasis on quality improvement in the UK NHS in the past decade, with a wide range of policy-driven initiatives in both primary and secondary care. It is widely accepted, however, that a key component of quality improvement in any organisational setting is the active involvement of employees, and recent programmes funded by the Health Foundation (in partnership with the Institute for Healthcare Improvement) have sought to engage front-line clinicians in quality and safety work. Such work builds on observations that many health care professionals are not (as yet) fully engaged in quality improvement in the NHS (Leatherman and Sutherland 2003).

In 2006 The Health Foundation commissioned a review of the existing literature on why clinicians so often do not engage with quality improvement activities. This report (Davies et al. 2007a), and an editorial derived from it (Davies et al, 2007b) have been widely cited.

Aims of the study

By drawing on the existing literature, as well as new and emerging reports, we will develop an updated narrative research review that clarifies what is already known in relation to UK healthcare professionals on a range of issues including (but not limited to) the following:

- healthcare professionals' understanding of quality and quality improvement;
- what activities healthcare professionals are involved in that they would describe as quality improvement;
- where healthcare professionals think responsibility should lie for quality and quality improvement;
- what activities healthcare professionals would like to do to improve quality and what would enable them to do them;
- what we currently know about any relationships between clinician engagement (or not) with quality issues and other clinician attributes (e.g. attitudes and beliefs);
- to what extent (if any, and if discernable from the available data) there are trends in clinician engagement, activities related to engagement, or in the underlying beliefs and attitudes that may be precursors to engagement.

Method and scope of the review

In reviewing healthcare professionals' opinions in relation to quality and quality improvement, the revised review will cover published and 'grey' literature (insofar as these can be retrieved) on UK health care (primary, secondary and tertiary care; employees and contracted staff; NHS and the independent sector) in the period 1990-2009. It will use a comprehensive range of sources including key databases, websites and journals in relevant fields (e.g. health care, organisational studies, the policy studies literature). The review will also incorporate, where appropriate, the findings of recent substantial meta-reviews related to this area (e.g. Sheaff, Schofield et al. 2003; Greenhalgh, Robert et al. 2004; and Dopson and Fitzgerald 2005).

The working definition of 'quality in health care' will be that used by the US Institute of Medicine (1990):

“the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

The working definition of 'health care professionals' will be set to include doctors and non-medical health professionals (e.g. nurses, midwives, allied health professionals, pharmacists and others) and managers (both clinicians and 'lay' managers) from all different grades and levels. Where possible, findings will be presented differentiating between these various professional groupings, though we expect that the literature will be skewed towards just a few of these groups (e.g. doctors and nurses).

The bulk of extant research in this field covers NHS care rather than private sector health care, and the review will reflect this, although both will be covered where data are available. Differentiation between the four countries in the UK will be made where such information is available. The review will focus primarily on the UK, but will as appropriate include brief observations from research in international health care where this would be particularly relevant.

Output

The key output will be an updated critical narrative summary of the relevant research-based literature. The main report will be written in user-accessible language designed to appeal to a broad range of stakeholders. It will be formatted as a 1+3+30 report, i.e. one page of headline findings; a 3-page structured executive summary; and a 30-page supporting narrative. A full list of references and supporting technical annexes will be appended.

Publications

Davies HTO, Powell AE, Rushmer RK. (2007a) Healthcare Professionals' Views on Clinician Engagement in Quality Improvement: a Literature Review. London: The Health Foundation, 2007.

Davies HTO, Powell A, Rushmer RK. (2007b) Why don't clinicians engage with quality improvement? *Journal of Health Services Research & Policy*, 2007; 12(3):129-30

Dopson, S. and L Fitzgerald, Eds. (2005). *Knowledge to action: Evidence-based health care in context*. Oxford, Oxford University Press

Greenhalgh, T., G. Robert, et al. (2004). *How to Spread Good Ideas: A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation*. London, NCCSDO

Institute of Medicine. (1990) *Medicare: a strategy for quality assurance*. Lohr KN, ed. Volumes I and II. Washington DC: National Academy Press, 1990

Leatherman, S. and K. Sutherland (2003). *The quest for quality in the NHS: A mid-term evaluation of the quality agenda*. London, The Nuffield Trust.

Roland, M. (2001). "Choosing effective strategies for quality improvement." *Quality in Health Care* 10: 66-67.

Sheaff, R., J. Schofield, et al. (2003). *Organisational factors and performance: a review of the literature*. London, NCCSDO

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For more information about this project contact [Huw Davies](#)