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This is the publisher's version of an article published in *HLA NEWS*. The original publication is available at:

<https://www.alia.org.au/enewsletters/alia-health-libraries-australia-news>

Please cite this article as:

Tieman, J. (2006). Knowledge, knowledge management and knowledge networks. *HLA News*, October pp. 11-12.

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Knowledge, knowledge management and KNOWLEDGE NETWORKS



Aimed at providing food for thought, Left Field invites authors from outside the field of library and information science to deliver their views on a range of topics of potential interest to HLA members.



JENNIFER TIEMAN has recently been appointed as Director of the Australian Palliative Care Knowledge Network project. This project is developing a web based set of resources that will support the palliative care community within Australia. The project is based at Flinders University. Jennifer was previously involved in the development of the CareSearch website and with research on search strategies and knowledge translation as well as the management of several systematic reviews.

Knowledge is a precursor for decision making in health care but access to information does not simply translate to knowledge that can be applied. In this article, Jennifer discusses the important role knowledge networks can play in promoting knowledge sharing, facilitating communication and fostering a culture of change and development, and how the palliative care community is building its own knowledge network.

In 1959, renowned management thinker, Peter Drucker coined the term “knowledge worker”¹ to describe those who work primarily with information and who develop and use knowledge in the workplace. This idea has spawned new conceptualisations around work and systems including the idea of a knowledge economy where technological capabilities have not only developed new industries but have also changed the way that we view knowledge as both an asset and a commodity. Equally importantly, the knowledge economy differs from previous conceptualisations of an economy as it suffers from abundance rather than scarcity and is a resource that grows rather than diminishes. Those who work in librarianship are all too familiar with the problems and benefits that this abundance brings with one estimate of 2000 Scientific, Technical and Medical publishers producing over 1.2 million peer-reviewed articles each year.²

Knowledge Management focuses on facilitating how knowledge is created, distributed and applied in the organisations and services. This process recognizes that knowledge is not the same thing as a knowledge worker. Individuals acquire and use knowledge at different rates and in different ways. Knowledge that exists in a knowledge management system will not equal that used by an individual knowledge worker nor a community of knowledge workers. Explicit knowledge can remain with a company or a system but tacit knowledge remains the property of the knowledge worker.

Within the health system, knowledge is the building block of decision-making that affects

both services and patients. The application of knowledge that has been acquired and incorporated into a clinician’s practice is an enduring area of interest for health researchers and managers. How individuals acquire and apply knowledge is dependent on many factors. Access to information alone is not sufficient to create knowledge that can be applied. However, it is a necessary precursor step. Management of information systems and bibliographic databases that enable clinicians to track information and evidence are one well known knowledge management strategy but access does not imply automatic utilisation of this information. Increasingly, attention has been given to the social context and its effect on information uptake and knowledge translation. As a result the role of networks and communities of practice in supporting knowledge development and exchange has become a topic of increasing study and investigation.

Knowledge networks bring together the concepts of knowledge with network concepts. Networks can be described as a group of individuals or organisations who interact with each other for agreed purposes. They can promote knowledge sharing, facilitate communication and foster a culture of change and development. Networks can also facilitate exchange across organisational and service boundaries enabling an extended access and communication. Especially as people move beyond routine processes, into more complex challenges they rely more heavily on their networks as their primary

[Continues on p12...](#)

Left field column continues from p11.

knowledge source or reference point for appropriate sources.

Building a Knowledge Network in palliative care

What then are the opportunities and challenges in creating a knowledge network within the health system?

A new project has just begun that is looking at developing a knowledge network in palliative care³. In palliative care where interdisciplinary care is fundamental to optimal care, a knowledge network can be a powerful integrating device bringing together the relevant information and resources from the contributing disciplines. The concept of a community of practice that builds mutual trust and fosters the exchange of not only explicit knowledge that is easily codified in documents such as guidelines but tacit knowledge, which prompts the individual to reflect upon and share their practice, has great resonance in an area of health that exemplifies a team approach to care.

The initial phase of work involves identifying the types of resources and functions that would be useful for the palliative care community. A wide variety of resources has already been suggested. The first set of possible materials relate to specialist information repositories as well as mechanisms to access the formal literature and evidence databases efficiently and effectively. This could include collections of grey literature, summaries of current research activities, online training in database selection and use, prewritten search strategies on topics of recurring interest to palliative clinicians and links to evaluated sites and sources of evidence and information. It could also include a library of existing tools and templates that clinicians and services could use to prevent duplication of effort. For an emerging field of study and practice such as palliative care, consolidation of the best available evidence from both the published and grey literature and current

practice provides particular end user benefits.

Secondly, a knowledge network could support the development of the evidence by supporting and enabling research with tools that assist in grant searching, project development and management, research data collection and analysis, and research dissemination. Thirdly, there is the chance to encourage exchange between those working in the field by providing tools and facilities that enable online communication and sharing. Bulletin boards, chat rooms, virtual learning suites and shared document holding are just some of the functions that could contribute to the sense of community and team that can build and complete new initiatives in palliative care. Supporting lifelong learning and building workforce capacity is a fourth area of potential content for a knowledge network. Again consolidating information about education and training courses is one aspect. Other aspects could include journal clubs, online learning modules or training activities for continuing professional education.

Finally, informing and empowering consumers is a vital new role for knowledge networks. Building consumer understanding of disease and disease management, of treatment choices and of health and community resources are all areas that can be addressed within a knowledge network. Creating packages of information that reflect the information and support needs of particular groups could be an important role for a knowledge network that assists care providers in tailoring patient specific material.

While many of the individual elements discussed above are not new, coordinating and consolidating the information and resources for a defined health community is still unusual. This approach does have many things to recommend it. It offers a single point of entry for information and resource needs for all members of the palliative care community. It assesses inclusion against a

core set of quality and relevance considerations and brokers to resources that have been reviewed and evaluated. It provides mechanisms for creating networks of groups and individuals and for developing packages of information tailored to groups or individuals. It would also be available 24 hours a day seven day a week, whenever clinicians or consumers need it.

Building such a Knowledge Network does face many challenges. Locating unpublished literature and research in a diffuse field where authors themselves may not recognize the relevance of their work to palliative care requires sophisticated searching and extensive communication with members of the field. Designing processes, tools and databases that are user friendly and intuitive will be needed to encourage beginning users and to enable rapid and direct access to the needed resource. Ensuring that products and services add value to palliative care clinicians and consumers is a significant issue given the diversity of providers of care and settings of care. Finally, there will be a great deal of investigation required to establish an evaluation plan that tracks both the use and usefulness of an evolving Knowledge Network.

The learning and experience that is gained in developing this Knowledge Network will support other work in knowledge management and knowledge translation which remain core considerations of health services and systems.

Jennifer Tieman

Jennifer.Tieman@rgh.sa.gov.au

FOOTNOTES

- 1 Peter Drucker, *Landmarks of Tomorrow: A Report on the New 'Post Modern' World* (New York: Harper & Bros., 1959)
- 2 Elsevier's comments on evolutions in scientific, technical and medical publishing and reflections on possible implications of Open Access: February 2004. http://www.elsevier.com/authoried_news/corporate/images/UKST1Elsevier_position_paper_on_stm_in_UK.pdf
- 3 An Australian Knowledge Network in palliative care. Details available at www.caresearch.com.au