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RESEARCH ARTICLE

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Contextual factors related to the execution of knowledge strategies in intellectual disabilities organizations

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Abstract

The sharing and application of knowledge in intellectual disabilities care are vital and challenging. Therefore, organizations providing care and support for people with intellectual disabilities use strategies to stimulate these processes. To optimize these strategies, we investigated the contextual factors that influence their execution. We conducted individual, in-depth, semi-structured interviews with 11 CEOs of organizations providing care for people with intellectual disabilities in the Netherlands. A thematic data analysis was conducted in which a deductive approach was followed by a bottom-up clustering. We thus identified factors related to both the internal and the external context. The internal context involves persons within the organization and the organizational structures. The external context involves the organization's socio-political environment and collaborative partnerships. We concluded that the execution of strategies to improve the sharing and application of knowledge is influenced by contextual factors which appear to be interconnected. These contextual factors point to the key role played by care professionals.

For organizations aiming to optimize the quality of care and support for people with intellectual disabilities knowledge is an asset (Bigby & Beadle-Brown, 2018; Reinders & Schalock, 2014; Schalock et al., 2008). However, processing knowledge in this field of care is challenging. Due to the lifelong and life-wide character of intellectual disability care (IDC), professionals from multiple disciplines (e.g., direct support staff, psychologists, medics, and paramedics) are involved in these processes, together with the relatives of service users (Smulders et al., 2013). In IDC, three types of knowledge are vital: evidence-based knowledge (scientist and science-practitioners), practice-based knowledge (care professionals), and experiential knowledge (service users and their relatives). This adds to the complexity of creating and sharing knowledge (Embregts, 2017). By far, the most knowledge within IDC is not only experiential and practice-based, but also tacit in character, and these factors complicate knowledge exchange

(Farrington et al., 2015). In addition to knowledge about the diverse range of service users and the content of the care and support provided, both professionals and their organizations need to know about the legislation that governs care and support, both in general and with specific reference to people with intellectual disabilities. The explicit, evidence-based knowledge base is relatively small (Robertson et al., 2015; Zorginstituut Nederland, 2016), since interventions for the general population are often unsuitable for people with intellectual disabilities and need to be customized for use in an IDCO context (Hodes et al., 2014; Vlaskamp et al., 2007).

Another challenge faced by professionals in IDC (and their counterparts in other fields of healthcare) is the information paradox. Although ICT facilitates the availability of a wide array of knowledge sources, the overabundance of information and the decrease in its sustainability undermine the ability to find the knowledge needed

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(Nicolini et al., 2008). Since the necessity of bridging the know-do gap has been acknowledged (World Health Organization, 2006), finding ways to improve the sharing and application of knowledge in IDC has become a growing field of interest, in science (e.g., Ouelette-Kuntz et al., 2010; Timmons, 2013), in policy (e.g., Ministerie van Volksgezondheid, Welzijn en Sport, 2019; Zorginstituut Nederland, 2016), and in practice (e.g., Farrington et al., 2015; Gervais & Chagnon, 2010; Wood et al., 2014). In the Netherlands, improving the knowledge infrastructure in long-term care has become a major priority. To this end, the academic centers collaborating on care for people with intellectual disabilities, the Dutch Ministry of Health, the National Centre of Expertise for Long-term Care in the Netherlands (Vilans), and the Dutch Association of Healthcare Providers for People with Disabilities (Dutch abbreviation: VGN) recently joined forces in a coalition on knowledge. The aim of this initiative is to improve coordination and cooperation with regard to the knowledge agenda, knowledge acquisition, and knowledge sharing in the sector (<https://www.tilburguniversity.edu/nl/onderzoek/instituten-en-researchgroepen/tranzo/academischewerkplaatsen/awlvb/nieuws/kenniscoalitie>). In the United Kingdom, the National Institute for Health Research Delivery and Organisation Programme launched a study on research utilization and knowledge mobilization by healthcare managers, with a view to informing their agenda and their own strategic thinking. The report of this scoping review by Crilly et al. (2012) points to the importance of social, political, and cultural elements of knowledge mobilization. It concludes that, in addition to ICT-based knowledge management, the organization's core competences (e.g., ability to learn) need to be addressed.

With respect to sharing tacit and explicit knowledge, Nonaka et al. (2000) distinguish four SECI mechanisms: Socialization (sharing tacit knowledge), externalization (explicating tacit knowledge), combination (sharing explicit knowledge), and internalization (internalizing explicit knowledge). Of these, SECI mechanisms in intellectual disability care organizations (IDCOs), socialization, and externalization are of major importance (Kersten et al., 2022). Socialization requires the attendance of all knowledge holders involved at the same time and place during, for example, multidisciplinary meetings in the primary process and in communities of practice within the organization; this requirement proves challenging to organize in practice (Smulders et al., 2013). Likewise, externalization requires all knowledge holders to put considerable effort into explicating and storing their tacit knowledge, for example, in individual clients' support plans and (paper and/or electronic) care records, in methods and care pathways, and at an organizational level (Kersten et al., 2022). To a lesser extent, combination and internalization are involved at an organizational or system level in drafting protocols, multidisciplinary guidelines, and e-learning, as well as in applications at an individual level. The latter process relies on the storage, distribution, and updating of these documents and learning materials using an ICT system (Farrington et al., 2015; Wood et al., 2014). Although the provision of general practice care for persons with intellectual disabilities requires the exchange of explicit and tacit health information by professionals, relatives and service users, many barriers to these processes have been identified, not least in

record keeping and sharing between organizations that use different ICT systems and in dealing with health illiteracy (Mastebroek et al., 2014).

Within all healthcare organizations, including IDCOs, several contextual factors have been found to influence the success of knowledge processes. Recent reviews of the factors influencing knowledge management inside disability care (Kersten et al., 2018) and outside (Ayatollahi and Zeraatkar (2020) point to the enabling/disabling role of the organizational context (e.g., culture, information technology and structure) and the key role of management in particular. Qian et al. (2017) found contextual factors, such as lack of leadership support, while investigating implementation of the evidence-based intervention Active Support in small community residential settings for people with intellectual disabilities.

The concept "context" is used by the American Association on Intellectual and Developmental Disabilities system (AAIDD, Schalock et al., 2010) to describe factors influencing human functioning. According to AAIDD this concerns: "the interrelated conditions within which people live their everyday lives and includes environmental factors that make up the physical, social, and attitudinal environments within which people live and conduct their lives and personal factors that include characteristics of a person such as gender, age, race, and motivation" (p. 218). In this view, the functioning of persons with intellectual disabilities is influenced by the interaction between their own personal characteristics (e.g., level of adaptive behavior and skills), their context (e.g., living in group homes and working in sheltered workshops), and their support system (e.g., support workers, relatives). Shogren et al. (2014) demonstrate the applicability of the concept context at the level of the microsystem (i.e., individual), the mesosystem (i.e., organization), and the macrosystem (i.e., system). The concept of context therefore provides an integrative framework for describing personal and environmental factors. These factors include characteristics that cannot be changed, as well as factors that can be manipulated to enhance functioning.

At the organizational level, Nonaka et al. (2000) describe the vital role that a *shared* context plays in knowledge processing in general. This shared context consists of physical space (e.g., the office), virtual space (e.g., email), and mental space (e.g., shared ideas), that is, environmental factors. Furthermore, these authors elaborate on the key role that top management plays in knowledge processes. In addition to creating a shared context, the role of top management also consists of providing a knowledge vision, developing and promoting knowledge assets, and promoting the continuous spiral of knowledge creation. These aspects reflect their leadership on knowledge processing. In examining organizational knowledge leadership in general, Lakshman (2009) found that the perceptions of CEOs are instrumental in the knowledge management of their organization, for example, by realizing customer-focused knowledge management. Ayatollahi and Zeraatkar (2020) point to the key role that leaders play in knowledge management by "encouraging employees to accept a knowledge sharing culture" (p. 12). Yukl (2012) describes various kinds of behavior that leaders in general use to influence the performance of a team, work unit, or organization: these include monitoring, problem solving,

supporting, developing, advocating change, facilitating collective learning, networking, and external monitoring.

In the field of IDC, little is known about the role played by top management in knowledge processes in general. A recent Delphi study conducted by Deveau et al. (2019) explored the broader work and activities of senior managers (including CEOs) in organizations that provide social care in community settings for people with intellectual disabilities. While studying senior management decision-making and interactions with frontline staff, they found evidence of both short-term reactive decisions and long-term strategic decisions and concluded that these need to become more integrated if organizational performance is to be improved. In order to understand senior management activities, a framework was established, which showed two sources of demand and opportunity: an intraorganizational source focused on understanding and influencing informal staff practices, experiences, and cultures, and an extra-organizational source focused on compliance with legal and regulatory demands. Furthermore, several studies focusing at the implementation of the intervention Active Support in supported accommodation services (Bigby et al., 2020a; Bigby et al., 2020b; Qian et al., 2017) provide insights in the stimulating role of senior leaders. For example by shared prioritization of practice and Active Support and by strong management support for practice leadership. The current article focuses on the contextual factors that influence the execution of knowledge strategies by CEO's.

Previously, a literature review (Kersten et al., 2018) was conducted with the aim of identifying starting points for ways to improve the sharing and application of knowledge in care and support for people with intellectual disabilities. The focus was on the enabling and disabling factors in the internal context of the organization. These organizational factors were categorized into three main clusters:

1. intervention characteristics (factors related to the tools and processes used to implement the method);
2. people (factors at both individual and group level);
3. organizational context (material factors such as office arrangements, IT systems, resources, time, and structures, and immaterial factors such as training, staffing levels, and team size).

In our current study, we used this model as a primary framework for organizing the data retrieved on the internal context of IDCOs. Since external factors are not included in this model, we also used a framework developed in the broader field of healthcare by Fleuren et al. (2004), which provides insight into the determinants of innovations (such as an evidence-based practice) within healthcare organizations. This framework, which was based on the innovation theory of Rogers (2003) among others, encompasses characteristics of the socio-political context of a care organization such as regulations and legislation. The theoretical framework of Fleuren et al. (2004), which focuses on the individual level of the care professional, is consistent with the more elaborate model used by Greenhalgh et al. (2004) to examine the organizational level. The conceptual model of Greenhalgh et al. (2004), which focuses on determinants of innovation, also

encompasses the external (interorganizational) context, including the impact of environmental variables (e.g., stability), policy incentives and mandates, and interorganizational norms and networking.

1 | METHODS

1.1 | Study setting

In the Netherlands, approximately 170 service organizations provide support to most of the 142,000 residents with intellectual disabilities. While the smallest organizations comprise fewer than 100 service users and staff, the largest organization totals over 10,000 service users and staff. Mostly their working area concerns a specific region in which several locations are scattered, which complicates knowledge sharing. The disabilities of their clients range from mild to profound, and therefore they offer a broad spectrum of services (e.g., from supported living to 24-h staffed residential care) provided by professionals from multiple disciplines such as direct care staff, psychologists, medics, and paramedics. In terms of knowledge management, several dedicated departments are often involved (e.g., with focus on talent development and expertise), as well as dedicated staff and top and middle management. In a qualitative study, we identified four main strategies used by CEOs in IDCOs to stimulate knowledge processes: (1) providing organizational conditions for effective knowledge processes (e.g., standardization and explication, facilitating external sharing of knowledge); (2) focused attention on talent development (e.g., facilitating learning and development); (3) the acknowledgement and deployment of knowledge holders (e.g., the key role of psychologists in knowledge transfer); and (4) knowledge-driven participation in collaborative partnerships (e.g., engaging with universities of applied sciences) (Kersten et al., 2022).

All CEOs of Dutch IDCOs pursue their own knowledge policy. In order to explore this policy and its execution extensively, we collected data through individual in-depth, semi-structured interviews. All of the participating CEOs met the following inclusion criteria: (1) active involvement in the development and application of knowledge management in their organization; (2) managing an organization with an earmarked budget for knowledge management; and (3) participating in cooperative relationships (e.g., with knowledge institutes, educational institutions, and/or other care organizations). To obtain as diverse a sample as possible, we used a purposive sampling strategy based on the demographic and professional background of the CEOs (i.e., gender, educational background, and length of time working at the current care organization) and the characteristics of the organizations they manage (i.e., size in terms of clients, employees, locations, and regional presence). With respect to all these characteristics, we used publicly available information. A national group of experts on knowledge processes assisted the researchers in the selection process. Data saturation guided the sample size (Guest et al., 2006).

1.2 | Participants

The sample consisted of 11 CEOs (6 male, 5 female) with a mix of educational backgrounds (9 care-related, 2 noncare related). Half had worked at their current organization for over 10 years, the other half for 5 years or less. They managed care organizations with a mix of experience in executing a knowledge policy (3 < 5 years; 6 > 5 years; 2 no formal knowledge policy), spread in the whole country, and providing services to people with intellectual disabilities ranging from mild to profound. The size of these organizations ranges from less than 1,000 service users and employees to more than 3,000 of both.

Following approval by the Ethical Review Board of ilburg University (EC-2017.80), 13 CEOs were contacted by email. Eleven CEOs agreed to participate and provided written informed consent. All semi-structured interviews with the CEOs were conducted by the first author (MK) between February and August 2018.

The CEOs were asked to illuminate their perceptions about factors enabling or disabling their knowledge strategies. The questions were primarily based on a previous systematic literature review of barriers to and facilitators of knowledge sharing and application in IDC (Kersten et al., 2018). A number of questions were based on literature on determinants of innovation (Fleuren et al., 2004; Greenhalgh et al., 2004) and literature on systems thinking (Best & Holmes, 2010; Naaldenberg et al., 2009). The latter authors recommend system thinking to get a better understanding of knowledge-to-action processes.

We first asked the respondents whether they considered the factors identified in our previous literature review to be enabling or disabling for their knowledge management strategies and probed them for further clarification. Next, in an open question, we asked them to name any other factors that they considered to be relevant.

1.3 | Analysis

To support the coding process, the interview transcripts were uploaded to the software package ATLAS.ti (Muhr, 2005). Two of the authors (MK and ET) independently coded the first two interviews and then discussed their coding until consensus was reached (Bowden, 1996); the other interviews were coded by the first author (MK). The second author (ET) coded 20% (Kratochwill et al., 2010) of each of these interviews to ensure reliability. Again, these two authors discussed the codes used until consensus was reached. The second author (ET) also checked all of the codes with respect to clarity and possible overlap.

At the first stage of the thematic data analysis, a deductive approach was used to apply the above-mentioned model of enabling and disabling factors of knowledge sharing and application to structure the factors related to the internal/organizational context. With regard to the external context, we followed Fleuren et al. (2004) and Greenhalgh et al. (2004), and identified factors related to external mandates (i.e., existing rules, regulations, and legislation) and inter-organizational networks. Next, relevant codes from the first part of

the interview which contained information on analysis of the motives and strategies but had not yet been included were added to these categories. This was followed by a bottom-up clustering of all the other codes that described enabling and disabling factors. All clustering and labeling were performed by the first author (MK), with the second author (ET) reviewing both processes. Disagreements were resolved by discussion between MK and ET. Throughout the analysis, the findings were also discussed with MW and PE.

2 | RESULTS

With respect to the internal context, we identified factors related to (1) *persons* (at individual and team level) and (2) *the organizational context* (both material and immaterial aspects) that influenced the CEOs' strategies for stimulating knowledge processes within their organizations. Regarding the external context, we made a distinction between (3) *the socio-political environment* and (4) *collaborative partnerships*. Figure 1 shows a graphic representation of the clusters of the factors influencing the execution of the knowledge strategies. An overview of the content of these clusters is provided in Tables 1 and 2; key insights are presented below (the numbers given to these factors refer to this table).

2.1 | Internal context: Factors related to persons (1)

2.1.1 | Factors at an individual level

At an individual level, the CEOs identified the characteristics of a variety of employees and clients as relevant factors. Firstly, they mentioned client cooperation with the implementation of good practices (e.g., phasing out psychotropics) and the severity of their clients' disabilities (and the implications for care) as factors that influence their strategies. One CEO explained that the need for knowledge increases when professionals are dealing with clients who have complex care needs:

If you realize that what you are doing or what you have to offer isn't working, then there is a need to do things differently. [...] I need to do more and what can help me? And that's when the need for knowledge increases.
(CEO 4)

With respect to direct support staff (1.1.2), the CEOs mentioned receptivity to knowledge, motivation, level of learning and reading skills, knowledge and competencies, and self-esteem as factors that enable the sharing and application of knowledge, whereas lack of these same factors disable these processes. Many CEOs specified the educational level of their direct support staff as a disabling factor with implications for the organization: "People who enter the profession from vocational education are not the most proficient readers" (CEO

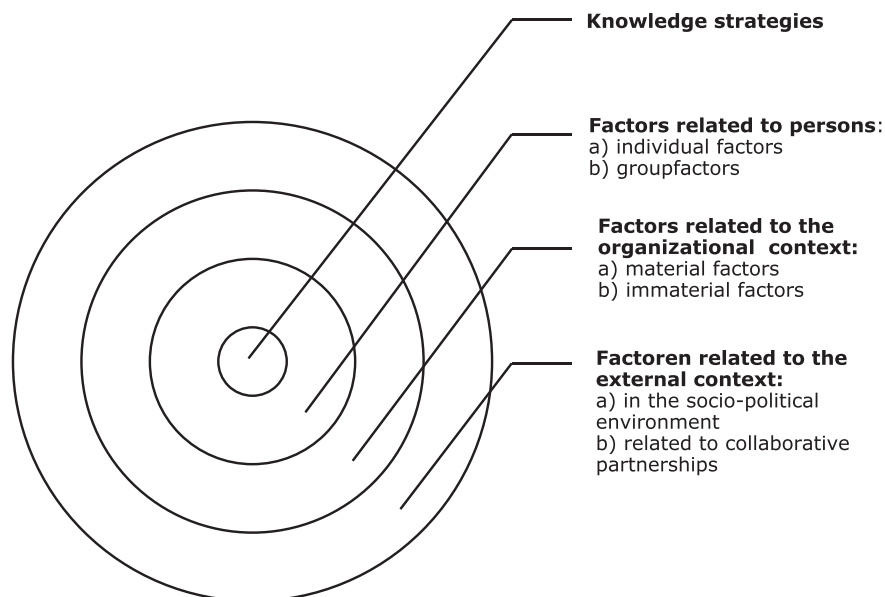


FIGURE 1 Contextual factors related to knowledge strategies

3). Another CEO stated “[Bearing this in mind] you have to think very carefully about presenting your knowledge in as practical a way as possible so that they will apply it in their daily practice” (CEO 9).

Digital learning using apps was one example given of how organizations are attuning to the learning style of incoming direct support staff and their 21st century skills (e.g., use of social media). The CEOs also pointed out the differences in motivation between incoming direct support staff and existing staff and went on to draw attention to the influence of the aging workforce on attitudes to learning: “How do you persuade people who have been working for an organization for a long time to continue to actively develop?” (CEO 8).

On a related topic, another CEO explained why implementing the organization's vision of promoting the inclusion of persons with intellectual disabilities in the community calls for an appropriate attitude and knowledge base from direct support staff, as well as a major change in approach:

Being able to participate in society is the real goal that clients have. And if you bring that into focus, then providing care is a means to facilitate participation. Yet there are still a lot of employees who say that providing care is the goal. I respect that, because that's where we've come from. But care is not the goal, the goal is participation. And then care, and the knowledge associated with care, is in fact a means to facilitate participation. (CEO 7)

Next, we established the factors in relation to psychologists (1.1.3). As with direct support staff, these factors encompass personal characteristics related to knowledge, such as motivation and competencies. The CEOs also pointed out the key position that psychologists hold in enabling knowledge processes: keeping up to date with scientific literature, being a knowledge carrier, and demonstrating practice leadership. One CEO recalled their reasons for appointing a senior psychologist rather than a junior psychologist:

[...] because at a certain point you need a senior to work on a different positioning and a training climate for those developmental psychologists. Sometimes it's really important to have a very good professional who can help develop a group or something else. A person like that can be vital. (CEO 5)

Along with direct support staff and psychologists, the CEOs mentioned managers (1.1.4), specifying their receptivity to knowledge, their possession of knowledge, and their commitment, as factors that enable knowledge processes. They also mentioned specific managerial competencies, such as management skills and practical leadership, and summed up the enabling role of management as creating a stimulating learning environment, facilitating workplace learning, showing commitment through exemplary behavior, and motivating and coaching their employees. However, their role can also be disabling, as demonstrated by the next quote, which describes a middle management proposal that undermined an organization's strategy:

Let's get the staff composition and numbers in order first, and make sure we have sufficient staffing levels before we address the issue with training and the like. And like I said: that's like giving your cattle no grass—it means they produce less. Yes, that was the [middle management's] first reflex and it wasn't helpful. (CEO 6)

Furthermore, the CEOs referred extensively to their own commitment and active involvement (1.1.5) as an enabling factor. They described fulfilling a major enabling role in the execution of their knowledge strategies. Within this overall enabling role, four aspects could be distinguished: setting preconditions, stimulating, professional, and networking. The first specific role, setting preconditions, covers the CEOs creating a support framework within the

TABLE 1 Contextual factors influencing the execution of knowledge strategies in intellectual disabilities organizations (internal context)

1. FACTORS RELATED TO PERSONS		2. FACTORS RELATED TO THE ORGANIZATIONAL CONTEXT
<p>1.1 Individual factors</p> <p>1.1.1 CLIENTS</p> <ul style="list-style-type: none"> • Cooperation with implementation • Severity of the problems <p>1.1.2 DIRECT SUPPORT STAFF AND NEW EMPLOYEES*</p> <p>Knowledge-related personal characteristics of direct support staff:</p> <ul style="list-style-type: none"> • Receptivity to knowledge • Motivation* • Ability to learn and read • Knowledge and competencies • Leadership* • Self-esteem/professional pride <p>Knowledge-related personal characteristics of the new employees:</p> <ul style="list-style-type: none"> • Background/motivation/competencies • Reading skills <p>Learning style of staff and new employees</p> <p>1.1.3 PSYCHOLOGISTS</p> <p>Knowledge-related personal characteristics:</p> <ul style="list-style-type: none"> • Motivation and competences • Roles: <ul style="list-style-type: none"> ◦ Keeping up to date with literature ◦ Knowledge carrier ◦ Professional leadership <p>1.1.4 MANAGEMENT*</p> <p>Knowledge-related personal characteristics:</p> <ul style="list-style-type: none"> • Professional background: Having sufficient knowledge, management skills • Practice leadership • Receptivity to knowledge • Roles: <ul style="list-style-type: none"> ◦ Creating a learning environment (stimulating) ◦ Creating conditions (facilitating) ◦ Showing commitment through exemplary behavior (role model) ◦ Motivating ◦ Coaching ◦ Prioritizing educational activities ◦ Lack of penalizing and rewarding <p>1.1.5 CEO</p> <ul style="list-style-type: none"> • Roles: <ul style="list-style-type: none"> ◦ Setting preconditions (e.g., generating support, creating conditions) ◦ Stimulating/empowering (e.g., exemplary behavior, monitoring) ◦ Professionally: Researcher/developer/teacher ◦ Networker: Interface/influencer 	<p>1.1.6 OTHERS</p> <ul style="list-style-type: none"> • Administrative staff: Facilitating the planning of meetings and rooms* • IT staff: Availability • Knowledge specialist: Availability <p>1.2 Group factors</p> <p>1.2.1 TEAMS OF PROFESSIONALS*</p> <ul style="list-style-type: none"> • Functioning and composition of team • Attitude: Support, eagerness • Managing teams: The position of senior staff <p>1.2.2 MANAGEMENT TEAM</p> <ul style="list-style-type: none"> • Having and conveying a collective vision regarding knowledge • CEO promotes the collective vision in management team <p>1.2.3 SUPERVISORY BOARD</p> <ul style="list-style-type: none"> • Support <p>1.2.4 RELATIVES</p> <ul style="list-style-type: none"> • Motivation • Accessibility of knowledge 	<p>2.1 Material factors</p> <p>2.1.1 OFFICE ARRANGEMENTS AND ICT SYSTEM*</p> <ul style="list-style-type: none"> • Availability of knowledge storage, sharing and learning (e-learning)* • User-friendly • Content is up to date • Incentive for learning <p>2.1.2 SIZE OF ORGANIZATION*</p> <ul style="list-style-type: none"> • Size (budget)* • Lack of complexity <p>2.1.3 STRUCTURE OF ORGANIZATION*</p> <ul style="list-style-type: none"> • Small number of locations • Integrated services within organization • Integration of regional operations • Positioning of knowledge, that is, through organization of specializations • Specific departmental responsibility for knowledge policy • Limited geographical spread • Short distance from universities • Available facilities for sharing knowledge <p>2.1.4 OTHERS</p> <ul style="list-style-type: none"> • Stability of the organization • Enough time* • Enough scope for knowledge development • Workload is in balance (no understaffing) • Available budget* <p>2.2 Immaterial factors</p> <p>2.2.1 POLICY</p> <ul style="list-style-type: none"> • Vision regarding learning • Corporate policy • Internal communication policy • Knowledge policy is the responsibility of board and management <p>2.2.2 CULTURE*</p> <ul style="list-style-type: none"> • Presence of knowledge culture* • Professional pride • Self-awareness • Open • Demand-driven use of knowledge • Open team culture • Not a purely practice-oriented team culture <p>2.2.3 OTHER</p> <ul style="list-style-type: none"> • Availability of knowledge resources* • Availability of training* • Availability staff* • Image (positive)

Note: * These headings are taken from Kersten et al. (2018).

organization, for example, among management. In their own view, this is key to successful knowledge management. One CEO pointed out the importance of consistently communicating your vision:

[You need to] share a vision with a number of people in your organization, stick to it, and then share it with your employees time and again. But you shouldn't think you

need widespread support before you initiate a development like that. (CEO 10)

In talking about stimulating their employees as an enabling role, the CEOs reported using exemplary behavior and monitoring, for instance by attending conferences, participating in walkarounds, and encouraging staff to learn from incidents and successes. One CEO explained how she fulfilled this role in a change project in order to obtain and maintain the commitment of the employees:

What was good enough a few years ago is no longer good enough because the world has changed. Showing that and making sure people understand it is very important. And what I've also done is celebrate and be proud of all the steps along the way. So, you have to do it together, because you can't just say: we have to achieve this one thing. Dividing it into small steps gives you something to celebrate every time, and you can mark those successes. (CEO 5)

Only a few CEOs reported taking on a professional role as a researcher, developer, or teacher in line with their professional background. For instance, one CEO, alongside managing his organization, was also actively involved in research. A fourth specific role, only mentioned by female CEOs, involved networking and acting as an interface by sharing knowledge from the outside world within their own organization:

But when it comes to innovation or ideas, or bringing things in from outside, I am sensitive to that, so that's what I do. I also see it at other companies, but, well, it should be happening more. And has to do with your personality. I am curious by nature. (CEO 8)

Finally, with regard to auxiliary services, most of the participating CEOs did not see support by administrative staff (1.1.6) as playing a role in enabling knowledge sharing. However, the availability of IT staff (1.1.6) and availability of a knowledge specialist, appointing a knowledge specialist (such as a trainer, a strategic advisor, or a policymaker), or having knowledge policy explicitly covered within the organization's board or management (2.2.1) were all mentioned as enabling factors.

2.1.2 | Factors at group level

Factors at group level were identified with respect to teams of professionals (1.2.1), management teams (1.2.2), the supervisory board (1.2.3), and relatives (1.2.4). As to the teams of professionals, their functioning and composition were mentioned as enabling or disabling the sharing and application of knowledge. With respect to a team's composition, the introduction of a senior support worker was perceived as enabling: "We have built that coaching role into our team. So you could say it's a feature of our team and that's how you get to

learn in practice" (CEO 2). Another CEO specifically mentioned the functional variety among teams in her organization:

[...] and at first-hand I've experienced a huge diversity in the level at which teams function, but also in how they function. For example, the degree to which they are adaptive to outside knowledge varies from team to team. And that means we always have to look at how we can align ourselves to a particular team. (CEO 9)

According to the CEOs, having an attitude of reflection, wonder, and eagerness in a team of professionals is an enabling factor.

In terms of the management team, having and conveying a collective vision on knowledge is mentioned as an enabling factor. One CEO also described support from the supervisory board as enabling:

At one point I thought, I really want to have a heavy-weight in this subject on my Supervisory Board. Because I thought, I know a lot about this but I want to hear what a member of the Supervisory Board thinks. (CEO 3)

Lastly in this section, CEOs mention relatives as a motivator for knowledge sharing and an enabling factor in terms of being able to learn from them about their child with intellectual disabilities. But although this experiential knowledge is a very rich knowledge source, the organization's difficulties in accessing this knowledge turns out to be a disabling factor:

There is also a lot of experiential knowledge to be gained from parents. In fact, in this line of work you should also see knowledge in the network as a partnership for how things can be done in healthcare. Yet incredibly little use is made of it. And it's often organized at an individual level, so of course you don't see a lot of organized knowledge among relatives and it's often with one client, only one client, $n = 1$, and not at the level of a department or a group of like-minded professionals. (CEO 8)

2.2 | Internal context: Factors related to the organizational context (2)

2.2.1 | Material factors

The CEOs highlighted a broad spectrum of material factors. Firstly, they recognized the enabling and disabling potential of aspects of the office arrangements and IT system (2.1.1). The availability of an intranet for knowledge storage, knowledge sharing, and (e-)learning is seen as enabling the knowledge processes of professionals. To this end, a variety of resources are used: digital learning communities, e-learning, knowledge databases, electronic client files, and online tools to support training and development. In addition to the availability of these resources, the participants also stated the importance of specific

characteristics. If applications are not user friendly or their content is out of date, they can end up being an obstacle to the sharing and application of knowledge. However, if they are user friendly or provide an incentive to learning, applications can facilitate these processes, as in the following example:

And we have [...] found a system that not only allows you to report the incident, but also gives you the tools to analyze multiple incidents of the same kind, so it really prompts you to devise and implement improvements. That makes it a much more appealing system than simply saying 'I've reported it.' [...] Now we can make sure people can do something about it themselves. (CEO 11)

Secondly, the size (2.1.2), structure (2.1.3), and stability (2.1.4) of the organization appear to influence knowledge processing. The CEOs indicated that working for a larger organization can be enabling because the availability of a larger budget offers greater opportunities for knowledge management. However, the complex structure and geographical spread of larger organizations also appear to disable knowledge processes, as illustrated by the next quote:

Traditionally, organization X is an organization for assisted living, with 180 to 190 locations. And people primarily identify with the location where they work, which is good. Look, if you are working on a large site where there are forty groups, it's easier to say 'You know what? Let's do a little exchange with the neighbors.' So physically it's just a bit more difficult to organize. (CEO 9)

Several CEOs recalled how a change in the organizational structure improved knowledge sharing, for example, by positioning knowledge through specialization or integrating operations at regional level. Another CEO pointed out the importance of managing these processes:

[...] there has been a lot of talk about professionals being able to do this themselves, driven by customer demand. In practice, however, that doesn't happen. So although it sounds backward, hierarchy and management turn out to be a very important mechanism—albeit a very old-fashioned mechanism—for exchanging knowledge more easily. (CEO 7)

Another enabling factor identified was making a specific department responsible for knowledge policy (e.g., the clinical department or the department concerned with talent development). However, this entails a further step as one CEO explained, as it would actually involve connecting departments.

Stability within the organization is mentioned as an enabling factor, meaning continuity of direct support staff, minimal deployment of temporary workers, and lack of conflicts. Turbulence is regarded as

disabling, as in the case of a reorganization that causes experts to leave.

Thirdly, the CEOs pointed to the availability of time (2.1.4) and budget (2.1.4). An education budget in line with the collective labour agreement was cited as being an enabling factor.

Lack of time, however, was mentioned as a major disabling factor. This appears to be related to funding from healthcare insurers, absenteeism, heavy workloads, and a shortage on the labour market, all of which have considerable consequences for knowledge processes, as one CEO described in the following quote:

Well, we have had to conclude, as I said, that some of our employees do not yet have basic training. Though often they have acquired other competencies. And we still attach importance to the fact that everyone is trained, fully trained. So that requires people to make themselves available and get things started. But if your team is short-staffed, then that gives you a good reason to say 'Well, I'll wait for a bit,' and until now we have approached this on a voluntary basis. So the tight labour market doesn't make it easy for people to find room to do that. (CEO 9)

2.2.2 | Immaterial factors

In addition to these material factors, the CEOs also mentioned immaterial factors that influence the sharing and application of knowledge in their organizations. Both the availability of knowledge resources, such as literature and e-learning (2.2.3), and availability of suitably designed training (2.2.3) were perceived as enabling. Staff shortages (2.2.3) not only disable educational activities by discouraging attendance, as mentioned above, but also affect mobility policy. “And at the same time that is complicated by the current labour market because for some components you are happy to have anyone at all. So there's no point trying to encourage people to move around the organization” (CEO 4).

As to policy (2.2.1), the CEOs regarded a corporate vision on learning and a corporate policy on knowledge as enabling. One CEO illustrated how the lack of an internal communication policy appeared to hold back knowledge sharing: “I mean, it's about sharing knowledge. And ‘sharing’ is a communication verb, right? So if you don't realize how important communication is, you will never share anything” (CEO 11).

All of the CEOs mentioned the culture within an organization (2.2.2) as influencing the sharing and application of knowledge. One CEO defined his view of a knowledge culture as “receptivity to knowledge, openness to knowledge, discussion with each other. Curiosity, that is the culture we are building” (CEO 3). The presence of a knowledge culture appeared to be enabling, whereas its absence was perceived as disabling. However, CEOs found it difficult to say whether or not they had a knowledge culture that encompassed their whole organization: for example, while the better educated professionals in an organization inspire each other with reference to evidence-based knowledge from outside, direct support staff are

reluctant to implement that knowledge and tend to stick to practice-based knowledge.

Several CEOs elaborated on yet another aspect of culture: power relations and the level of openness to knowledge that comes from outsiders. These power relations manifest themselves between professionals from different educational backgrounds or between the various divisions of an organization: "Then knowledge is used as power, as an aspect of prestige, and not as a force that connects you" (CEO 6). Moreover, the level of openness to new knowledge ("not invented here"), reactivity, and a supply-driven use of knowledge appear to be disabling. According to one CEO, "[...] the cultural shift from supply-oriented [knowledge] to demand is, I think, a big change for organization X" (CEO 7).

2.2.3 | External context: Factors related to the socio-political environment (3)

The participants also described factors in the socio-political environment of IDCOs as influencing their strategies for stimulating the

TABLE 2 Contextual factors influencing the execution of knowledge strategies in intellectual disabilities organizations (external context)

3. FACTORS RELATED TO THE SOCIO-POLITICAL ENVIRONMENT	4. FACTORS RELATED TO COLLABORATIVE PARTNERSHIPS**
<p>3.1 NATIONAL POLICY**</p> <ul style="list-style-type: none"> • Laws and regulations** • Level of the rates • National quality framework and grant programmes** <p>3.2 ROLE OF BRANCH</p> <ul style="list-style-type: none"> • Presence of national direction • Increased interest in knowledge <p>3.3 ROLE OF PROFESSIONAL GROUPS:</p> <ul style="list-style-type: none"> • Absence of conflicts between schools of thought within special education • Presence of a professional association • Presence of ownership <p>3.4 OTHERS</p> <ul style="list-style-type: none"> • Role of other organizations providing care and support (e.g., open to knowledge) • Role of vocational education (no gap of knowledge) • Strong explicit knowledge base • Culture in the field of care and support (appreciation of knowledge) • Ample labour market 	<p>4.1 POLICY ON ENGAGING IN COLLABORATIONS</p> <ul style="list-style-type: none"> • Presence of a policy • Small amount of collaborative partners <p>4.2 OTHERS</p> <ul style="list-style-type: none"> • Policy of the collaborative partnership focuses on knowledge sharing • Culture of the collaborative partnership focuses on knowledge sharing

Note: ** These headings are distracted from Fleuren et al. (2004) and Greenhalgh et al. (2004).

sharing and application of knowledge. As to central government policy (3.1), the CEOs acknowledged the enabling role of research grant programs. However, one CEO perceived lack of national direction as a disabling factor: "Within disability care, I see no control over the creation, innovation, and dissemination of knowledge. There is no control" (CEO 3).

The role played by other IDCOs (3.3) was also seen as disabling because of their reluctance to apply shared knowledge:

It is not automatically the case that something that works well in one organization will be adopted by others too. That's what I have found. I don't have an opinion about it, but that's what I see [...] I see it in my own organization, I see it between organizations. You can't count on that happening. (CEO 10)

Furthermore, CEOs attributed a disabling role to the level of vocational education (3.4) and professional associations (3.3):

If there's one thing a professional uses to protect their own position it's knowledge. So that's what you use to stand up for your group. We use the term "support staff." I mean, how general can you be? Nor do we have a professional association for support staff within disability care. So the real knowledge professionals are the behavioural scientists, the developmental psychologists. There is knowledge among the intellectual disability physicians. But that's pretty thin. (CEO 9)

Another disabling factor mentioned by the CEOs is the limited explicit knowledge base in IDC, especially with regard to evidence-based knowledge (3.4): "I think that much of the knowledge about treatment and coaching methods is not very well validated. There is not much evidence available in our sector. That makes things difficult" (CEO 2). While the culture (3.4) is perceived by some CEOs to be enabling, according to another it is disabling due to the "not invented here" syndrome which "seems even more persistent in healthcare than in other sectors" (CEO 10). Lastly, the CEOs named the tight labour market (3.4) as a factor that hinders the sharing and application of knowledge because "the number of fully qualified and ready available staff is really not enough to do all work"(CEO 9).

2.3 | External context: Factors related to collaborative partnerships (4)

With respect to engaging in collaborative partnerships, the participating CEOs described factors related to policy and to culture, both within their own organization (4.1) and within a collaborative partnership itself (4.2). For example, lack of an organization-wide knowledge policy on reasons to engage in specific collaborative partnership(s) was cited as disabling by one CEO:

Until a year and a half or two years ago, it was more or less accidental whether we participated in an academic collaborative partnership: either there were contacts, the goal seemed similar to our target group, or we were invited, sometimes by colleagues, to become a member. And yes, we attended meetings when it suited us—quite useful actually—we had discussions, someone was part of an administrative consortium. But none of this was anchored in a real knowledge agenda. (CEO 7)

Another CEO, explaining her organization's preference for engaging in partnerships with only one other organization, emphasized the enabling factor:

You know, the simple fact that two parties are involved ensures that you're not only looking for a solution within your own context but that you also have to understand what the other party's context is like. And doing something like that with the two of us works well, you know, it's manageable. (CEO 9)

The policy of collaborative partnerships (4.2) was also perceived as enabling or disabling. For instance, an academic collaborative partnership with the aim of improving the sharing of knowledge by introducing learning communities and connecting to postgraduate education was considered to be enabling. However, in another partnership, a CEO (CEO 5) perceived the policy of shared IT services as an obstacle to organizational development and local profiling.

As to the culture of collaborative partnerships (4.2), the CEOs described different experiences of transparency (or the lack of it) in knowledge sharing. Whereas CEOs were positive about the general willingness to share knowledge, one CEO pointed out that this does not apply to sharing knowledge on difficulties or incidents: "Maybe [we] aren't ready to open up and say, 'Look, we find this difficult or complicated.' In those situations, people are still more likely to cover things up. Successes are easier to share than vulnerabilities, insecurities and inadequacies" (CEO 4).

3 | DISCUSSION

When processing knowledge, organizations that provide care and support for people with intellectual disabilities, like other healthcare organizations, have developed ways to bridge the "know-do gap" in order to improve their quality of care. In this article, we have explored the influence of contextual factors on the execution of knowledge strategies to stimulate knowledge processes in IDCOs.

Qualitative analysis resulted in four clusters of contextual factors: two related to the internal context of care organizations (persons and the organizational context) and two to their external context (the socio-political environment and collaborative partnerships).

Our findings indicate that the organizational factors enabling or disabling the sharing and application of knowledge by professionals

retrieved in a previously conducted systematic review (Kersten et al., 2018) also appear to influence the execution of the strategies designed to stimulate these processes. These factors are identical (see the factors marked with * in Table 1) and relate to individuals and groups and to material and immaterial aspects. However, only a few CEOs mentioned "factors related to administrative staff"; in most cases, they called this factor irrelevant. In addition, the CEOs identified factors related to the external context, which is consistent with the reviews of Fleuren et al. (2004) and Greenhalgh et al. (2004), which also identified factors related to the socio-political environment and interorganizational networks (the factors marked with ** in Table 2).

As the other headings and subheadings in Tables 1 and 2 show, this study has identified additional factors to those in the three above-mentioned reviews, offering both a wider range and greater specificity. This is especially true with respect to the category "direct support staff," who play a key role in care and support and hence in the sharing and application of knowledge (Kersten et al., 2022). The CEOs in this study specified the role of new employees and identified additional knowledge-related personal characteristics of both direct support staff and new employees and their respective learning styles. Some of the additional factors related to the internal context appear to be similar to the determinants of innovation in general healthcare established by Greenhalgh et al. (2004), including adopter characteristics such as learning style, motivation, and skills and system antecedents for innovation (e.g., pre-existing knowledge/skills base and leadership and vision). We found that the majority of the factors identified related to the internal context. Whether CEOs do in fact perceive the influence of the external context on the execution of their organizations' knowledge strategies to be less important is a subject worth exploring further.

The CEOs in this study emphasized their own active role in the execution of the strategies and categorized this role as setting preconditions, stimulating, professional, and networking. This role is consistent with the role of top management in knowledge processes described by Nonaka et al. (2000), in the implementation of Active Support (Bigby et al., 2020a, 2020b; Qian et al., 2017), the leadership behavior presented by Yukl (2012), and the study by Deveau et al. (2019) on senior management decision-making.

The overall analyses of our results point to similarities and connections between personal and environmental-contextual factors. For instance, knowledge-related personal characteristics such as receptivity to knowledge, which are mentioned with regard to direct support staff, psychologists, and management, are coherent with the presence or absence of a knowledge culture within the organization, as well as the knowledge-sharing culture (or the lack of one) in the socio-political environment. We also observe cohesion between the knowledge and competencies of direct support staff and new employees, the availability of suitably designed training within the organization, and the role of vocational education in the socio-political environment. Finally, the shortage of staff within the organization is contingent on a tight labour market in the wider socio-political environment.

With respect to the terminology used in this article, we asked ourselves whether it would be suitable to refer to the retrieved

factors as “determinants,” a term used to indicate a determining relationship between the object (the factor) and the subject. A number of previous studies use this term, for example, for factors that facilitate or impede actual change (Fleuren et al., 2004, p. 108); that produce (or fail to produce) the outcome of interest in a particular context (Greenhalgh et al., 2004, p. 615); or that prevent or enable improvements (Flottorp et al., 2013, p. 2).

Although these authors also make it clear that a simple causal relationship is unlikely in these cases, we wanted to avoid this association altogether and therefore considered “factors” to be preferable to “determinants.” Hence in our study “contextual factors” has been adopted as a more suitable term, including as it does both factors within the organization (the internal context) and in its environment (the external context), which is in line with the AAIDD definition of context (Schalock et al., 2010). Moreover, this definition was shown applicable at the levels of the micro- meso- and macrosystem (Shogren et al., 2014). This is relevant since these systems interact. However, each specific context will demand a specific mix of enabling factors.

Furthermore, our results with respect to the properties of the factors we have established are also consistent with Shogren et al. (2014). As mentioned in the introduction, these include both variables that are not mutable (e.g., age and learning style) and variables that can be manipulated (e.g., competencies and policies). Awareness of the nature of these factors is essential when designing and executing strategies to optimize knowledge processes. Given the key role that professionals fulfill in providing care and support for persons with intellectual disabilities, their role with respect to knowledge processes needs further examination in future research. If organizations are to improve their strategies for stimulating the sharing and application of knowledge, it is crucial to learn more about the professionals' own perspective. Research focused on incoming professionals is particularly recommended. From the perspective of talent development, they would appear to offer more opportunities for change than existing employees, whose ways of working are more deeply embedded in existing practices.

Although this study provides insights into the contextual factors that influence the execution of strategies for stimulating the sharing and application of knowledge in care and support for persons with intellectual disabilities, the findings cannot easily be generalized. However, we do not perceive this as a limitation, in light of the qualitative exploratory nature of the study. A purposive sampling strategy was applied in order to include as many different perspectives as possible. Although the validity of data based on individual interviews may be jeopardized by the participants' desire to give socially desirable answers, precautions were taken to avoid this, most notably by emphasizing the confidential nature of the interviews to the CEOs. We have no indications that our study has been unduly influenced by this tendency.

3.1 | Implications for practice

For organizations providing care and support for people with intellectual disabilities and aiming to achieve quality improvement and

innovations, the sharing and application of knowledge are vital but challenging processes. Therefore, strategies are used by CEOs to stimulate these knowledge processes. An overview of the contextual factors that influence the execution of these strategies is now available. These factors, despite their sensitizing nature, are intended to be used by all actors involved in improving knowledge processes, from CEOs and middle management to knowledge specialists and policymakers. This study provides key ingredients for optimizing these knowledge processes.

4 | CONCLUSION

To our knowledge, this is the first study which identified contextual factors influencing the execution of strategies of CEOs to stimulate the sharing and application of knowledge by professionals. It became clear that both the internal (organizational) and external (socio-political) context play an en/disabling role. Within the internal context, the role of care professionals seems to be a key factor, while in the external context the role of professional groups and a tight labour market are disabling factors. Furthermore, factors relating to the internal and external context appear to be interconnected.

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CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions

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