



WARWICK BUSINESS SCHOOL
THE UNIVERSITY OF WARWICK

Centre for
Organising Health
and Care Research

Research Insights

April 2025



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COHCR updates

- The Centre for Organising Health and Care Research (COHCR) hosted a launch event on the 15th January 2025 where colleagues attended from across the University who are working in the health and care space. You can find more information on the following weblink: [WBS launches new research centre for health and care | News | Warwick Business School](#)
- The COHCR has also begun its monthly seminar series since February. The Centre has hosted the following speakers:
 - a. February: Giovanni Radaelli was the inaugural speaker for the month of February where he talked about his research on “Too radical for our own good: how champions of healthcare improvement edit down their proposal to avoid ‘too much success’”.
 - b. March: The Centre also hosted Marjolaine Rostain on the 12th of March 2025 who delivered a session on reconciling professional vision and AI recommendations: the role of semiotic work in enhancing decision confidence during colonoscopies.

Recent publications

Please see below a selection of recent publications in the year 2025 within the health and care domain which will make for an interesting read:

1. Supporting new ways of working for social workers through high performance work practices: Sustaining professional identity by Graeme Currie, Ila Bharatan, Sharanya Mahesh and Robin Miller
 - a. **Abstract:** In our study, we examine implementation of strength-based practice (SBP) that invokes a new way of working for social workers in England. We note two antecedent conditions to support new ways of working. First, hybrid managers, who combine professional and organizational perspectives, act as a conduit for implementation of new ways of working through supporting implementation of high performance work practices (HPWPs). Second, the financial context faced by social care providers influences whether new ways of working, and HPWPs associated with this, aim to improve productivity, or enhance capability and commitment of social workers. We identify three HPWPs that support the new way of working because they align with professional identity of social workers. First, hybrid manager jobs were designed to afford opportunity for recruitment of appropriately able social workers to enact strategic influence over SBP implementation. Second, intervention to support peer-to-peer learning enhanced the ability of social workers to deliver SBP, and also motivated social workers toward SBP implementation because they

retained professional autonomy in developing their practice. Third, performance management intervention was developmental rather than judgmental, designed to enhance ability of social workers to deliver SBP. Similar to the peer learning intervention, it remained within control of social workers, hence motivated them to engage with SBP.

- b. **Weblink:** [Supporting New Ways of Working for Social Workers Through High Performance Work Practices: Sustaining Professional Identity - Currie - Human Resource Management - Wiley Online Library](#)
2. Machine learning in the prediction of human wellbeing by Ekaterina Oparina, Caspar Kaiser, Niccolò Gentile, Alexandre Tkatchenko, Andrew E. Clark, Jan-Emmanuel De Neve and Conchita D'Ambrosio

 - a. **Abstract:** Subjective wellbeing data are increasingly used across the social sciences. Yet, despite the widespread use of such data, the predictive power of approaches commonly used to model wellbeing is only limited. In response, we here use tree-based Machine Learning (ML) algorithms to provide a better understanding of respondents' self-reported wellbeing. We analyse representative samples of more than one million respondents from Germany, the UK, and the United States, using data from 2010 to 2018. We make three contributions. First, we show that ML algorithms can indeed yield better predictive performance than standard approaches, and establish an upper bound on the predictability of wellbeing scores with survey data. Second, we use ML to identify the key drivers of evaluative wellbeing. We show that the variables emphasised in the earlier intuition- and theory-based literature also appear in ML analyses. Third, we illustrate how ML can be used to make a judgement about functional forms, including the existence of satiation points in the effects of income and the U-shaped relationship between age and wellbeing.
 - b. **Weblink:** [Machine learning in the prediction of human wellbeing | Scientific Reports](#)
3. An ethnography of General Practice inpatient discharge summary management for older patients by Rachel Spencer, Zakia Shariff, Jeremy Dale and Graeme Currie

 - a. **Abstract:** Conclusion: General practice systems for inpatient discharge summary processing are complex and varied. New roles in general practices are being used extensively, often requiring significant input in supervision by GPs. Our findings highlight safety features of different systems and should help practices understand the advantages/limitations of models they work within
 - b. **Weblink:** [An ethnography of General Practice inpatient discharge summary management for older patients | British Journal of General Practice](#)

Upcoming events

- COHCR Seminar Series
 - **Speaker:** Professor Graeme Currie, Professor of Public Management at Entrepreneurship & Innovation Group, Warwick Business School
Academic seminar title: Low status professionals and permanent liminality: the enduring case of independent pharmacists
Date and time: Thursday, 24 April 2025, 12:00 – 13:00
Location: In-person at WBS in Room 1.003
Register: Email cohcr@wbs.ac.uk to register your place
 - **Speaker:** Helen Bevan, Professor of Practice in Health and Care Improvement, Warwick Business School
Academic and practitioner seminar title: Large scale change in health and care: what can the research community learn from leading edge practice?
Date and time: Tuesday, 13 May 2025, 13.30 – 15.00
Location: In-person at WBS in Room 2.007
Register: Email cohcr@wbs.ac.uk to register your place
 - **Speaker:** Rene Wiedner, Associate Professor of Organization Theory, Warwick Business School
Academic seminar title: Adopting an appreciative inquiry approach to support effective communication and coordination in dementia care
Date and time: Thursday, 22 May 2025, 12:00 – 13.00
Location: In-person at WBS in Room 3.007
Register: Email cohcr@wbs.ac.uk to register your place
- Warwick ECR Summer School 2025
 - **When:** Tuesday, 17th June and Wednesday, 18th June 2025
Where: In-person at Scarman, Warwick Conferences, University of Warwick, Scarman, Scarman Rd, Coventry CV4 7SH
Who Should Attend: The summer school is aimed at ECRs and PhD students who are interested in pursuing a career at a business school and are interested in health and care research or in using health and care as a context for their work.
Cost: Please note that attendance at the Summer School is free of charge. We kindly request participants to cover their own travel and accommodation costs.
 - Please visit [Warwick ECR Summer School 2025](#) for more details.
 - Please click [here](#) to apply – the application deadline is 17th April 2025.

Calls for submissions

- AMD special research forum - organizational insights in health care
 - They "invite papers that study any organizational phenomena relevant to the experience and functioning of health care (broadly defined) for this special issue. This could include “classic” topics central to organizational scholarship that are particularly visible or impactful, but still poorly understood, in health care (i.e., many of the topics listed in Table 2 of Mayo et al., 2021; see Appendix). It also includes phenomena that are particular to health care settings, but might carry important implications for all organizational environments (e.g., the study of handoffs and transitions, which are central to health care delivery settings, but are increasingly occurring in many organizations that switch to project-based work coordinated across disparate teams or units; Hilligoss & Vogus, 2015; LeBaron et al., 2016)."
 - **Deadline:** 31st October 2025
 - **Weblink:** [AMD Special Research Forum - Organizational Insights in Health Care](#)
- AMD special research spotlight - neurodiversity in management and organizations
 - **Deadline:** 30 November 2025
 - **Weblink:** [AMD Special Research Spotlight - Neurodiversity in Management and Organizations](#)

Policy and practice implications

- Article on “how to improve outcomes and employment for care leavers” by Graeme Currie in the WBS Core Magazine Issue 14 on page 44.
 - In this article, Professor Currie discusses how the social care sector often struggles with sustaining innovative interventions for teenagers leaving care, a phenomenon termed ‘pilotitis,’ where projects fade away after initial funding ends. These young people face significant challenges, including higher rates of criminal involvement, mental health issues, and difficulty in achieving academic and employment success. A study tracking local authority initiatives identified five key factors for sustaining innovation beyond pilot phases: organizational receptivity to change, co-production involving care leavers, distributed leadership among frontline professionals, meaningful outcome measurement, and continuous adaptation for long-term impact. By embedding these elements, social care innovations can be more effectively maintained and scaled, improving outcomes for care leavers.
 - **Weblink:** [Core Magazine | Warwick Business School](#)

- Research report on the “lessons for changing the mix of professions in NHS services” by William Palmer, Nadia Crellin and Cyril Lobont published by Nuffield Trust
 - The authors have concluded that the NHS aims to expand its workforce by introducing new and emerging roles, though the overall impact on the balance of professions is expected to be limited. Reshaping the workforce presents challenges, requiring coordination and integration efforts. Lessons from European studies on advanced practice nurses suggest that successful implementation requires collaboration among service managers, practitioners, and educators, with the process potentially taking 15 to 20 years. Responsibility for workforce redesign is shared among national, regional, and local bodies, requiring clear role definitions, proper educational capacity, financial support, and regulation. Central bodies like NHS England play a crucial role in setting the agenda and promoting new roles, but past introductions of emerging roles have often overlooked key issues. A proactive approach is needed to address workforce challenges, ensuring patient care, staff wellbeing, and productivity are not negatively affected.
 - **Weblink:** [In the balance](#)

Researcher spotlight

Innovating Health and Care: An Interview with Professor Eivor Oborn

Introduction

In this insightful discussion, Professor Eivor Oborn, an expert in health and care innovation and digital transformation, shares her perspectives on how hospitals can evolve into integrated ecosystems, the challenges of digital health and care adoption in the UK, and the role of AI in shaping the future of medical services. She also provides valuable advice for early-career researchers (ECRs) navigating the complexities of health and care research.



Building collaborative health and care networks

Farrukh Rana: To start, could you give an overview of your current research projects in the health and care context?

Professor Eivor Oborn: My research in health and care spans multiple themes, but I have a consistent focus on innovation and digital technologies. I am currently engaged in several projects at different stages—some are in data collection, while others are in analysis. I'll highlight two significant projects.

The first project examines how hospitals are evolving beyond their traditional structures to become platforms for an ecosystem-based approach to health and care delivery. Often, when we talk about innovation in health and care, we focus on adopting specific technologies. However, my research shifts the focus to understanding how hospitals can serve as innovation hubs, integrating various stakeholders such as tech firms, policy entities, venture capitalists, and telecom providers to create more value in health and care. Working across boundaries is the way to go to make health and care smarter!

For example, rather than merely deploying a new AI diagnostic tool within a hospital, we need to consider how different organizations collaborate to enhance patient care. This means breaking out of the conventional hospital-centric model and looking at value creation from a systemic perspective.

This project is based in Northern Norway, where hospitals are trying to tackle the unique challenge of delivering health and care across vast geographical areas with severe weather conditions. Due to difficult winters and unreliable transport, there is a pressing need for digital health and care solutions that don't rely on traditional in-person visits.

The second project is based in London where a hospital is moving sites to a new building. In doing so, they are trying to rethink how services might be delivered by adopting AI technologies and integrating these technologies to develop an ecosystem which creates value.

Farrukh Rana: That sounds fascinating. In the Norway project, how are they using digital tools to bridge these challenges? Are they relying on virtual care through apps and monitoring devices?

Professor Eivor Oborn: Yes, they are developing a digital ecosystem designed to meet both strategic and operational needs. At a high level, they want a fully integrated system that combines different health and care applications. The challenge is that currently, different companies provide separate solutions—one app might focus on mental health, another on cancer care. These aren't from the same provider, so interoperability becomes a major issue.

The key research question we are exploring is: how do you get third-party integration to work effectively? How can hospitals ensure that different digital solutions interact seamlessly and that electronic patient records are accessible across platforms?

For instance, patients are being encouraged to collect and manage their own health data. AI-powered tools then analyse these inputs and provide feedback. If a patient's metrics

suggest they are entering a borderline health state, the system will recommend an appropriate intervention—whether that means scheduling a visit, having a nurse check on them, or adjusting medication. This adaptive care model is key to addressing health and care challenges in remote regions.

Digital innovation in Norway vs. the UK

Farrukh Rana: That's a complex but incredibly promising approach. Looking at the UK's health and care system, would you say it is behind Norway in terms of digital innovation?

Professor Eivor Oborn: The UK is certainly making progress, and most health and care systems are moving in this direction. However, when you look at global rankings of smart hospitals—such as those published by *Newsweek*—I don't think the UK features among the top leaders. Countries like Sweden, Israel, Singapore, and the US are ahead in implementing smart hospital systems.

One reason for this is the UK's approach to digital innovation. UK hospitals tend to implement digital tools in a siloed manner, focusing on adoption within individual institutions rather than across ecosystems. So, the adoption would depend on the vision of individual clinical champions within separate hospitals. Instead of seeing hospitals as part of an integrated network, having co-innovation and co-adoption strategies, they often treat them as isolated entities. This fragmented approach limits the potential benefits of digital transformation. It's all about understanding where the value lies within the system and how to leverage this value by bringing in different stakeholders.

Overcoming health and care silos: a systemic approach

Farrukh Rana: Given these challenges in the UK, do you think health and care transformation should be driven from the top down or the bottom up?

Professor Eivor Oborn: It requires both. Policy frameworks are essential, but grassroots innovation, which includes clinical champions, is equally important. The issue in the UK is that policies shift rapidly due to political changes, making long-term planning difficult. Health and care reorganization happens everywhere, but continuity is often lacking.

At the grassroots level, clinical champions play a crucial role. These individuals—often chief medical officers, also carrying the hat of chief innovation officer—drive change because they understand both the clinical pain points and the potential of new technologies. It doesn't work from the outside, such as the tech companies, as they do not have the pain points in medicine. It is ideal if you can get doctors to become entrepreneurs (*doctor-preneurs*) who can think creatively about solutions that require technology as they are best positioned to identify practical applications for technology.

A compelling example comes from Bodø, Norway, where a non-university hospital has emerged as an innovation leader. Despite not having the prestige of a major research hospital, they have attracted attention from larger institutions and even the government, simply because of their “can-do” attitude. They refuse to accept bureaucratic barriers as immovable and instead find ways to make innovation happen. This entrepreneurial spirit is what drives meaningful change.

Future of AI in health and care

Farrukh Rana: Do you see AI playing an increasingly significant role in UK health and care?

Professor Eivor Oborn: Absolutely. AI has vast potential, particularly in reducing waiting times and optimizing diagnostics. One promising example is at Moorfields Eye Hospital in London, where they are working with Google DeepMind to develop AI-powered solutions for eye diseases such as diabetic retinopathy and macular degeneration. They are also using synthetic datasets to reduce algorithmic bias.

However, a significant challenge remains: the UK’s tendency to operate in silos. Unlike other nations that are integrating AI into health and care ecosystems, many UK hospitals still see technology adoption as an internal affair. If they don’t look beyond their immediate environment, they risk missing out on the broader benefits of AI-driven health and care.

Advice for early career researchers

Farrukh Rana: What advice would you give to early-career researchers (ECRs) trying to establish themselves in health and care research?

Professor Eivor Oborn: First, it’s important to clarify your research identity. Do you want to be a management scholar studying health and care as a context, or do you want to be a health and care services researcher? The distinction matters because the career paths differ significantly.

Second, don’t rush into data collection simply because an opportunity presents itself. Too often, researchers end up studying well-documented topics, making it difficult to contribute new insights. Instead, focus on what’s truly novel. Identify the 20% of the field that remains unexplored, rather than reiterating the 80% we already understand.

Also, I think it is important to be clear with your intent about a project based in health and care. You will have to learn the space as health and care research takes time due to ethical approvals, institutional buy-in, and stakeholder engagement.

Closing Thoughts

Farrukh Rana: This has been a truly enlightening conversation. Thank you for sharing your insights.

Professor Eivor Oborn: Thank you, Farrukh. It's been a pleasure. I look forward to seeing how your research and network evolve.

Contact us

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