



WARWICK BUSINESS SCHOOL
THE UNIVERSITY OF WARWICK

Centre for
Organising Health
and Care Research

Research Insights

July 2025



Inside this issue

COHCR updates	3
Upcoming events	3
Recent publications	3
Calls for submissions	5
Funding opportunities	6
Policy and practice implications.....	7
Researcher spotlight	8
Contact us	12

COHCR updates

- The Centre for Organising Health and Care Research (COHCR) hosted the Warwick ECR Summer School at Warwick Business School on 17-18 June 2025 in collaboration with King's College London, Alliance Manchester Business School, and the Society for Studies in Organizing Healthcare. Over the two days, participants engaged with leading scholars and practitioners through keynote addresses, an editors' panel, a dynamic research clinic, and practice-focused table talks. Professor Amit Nigam from Bayes Business School delivered insightful perspectives on institutional change and professional dynamics, while Dr Navina Evans CBE from NHS England shared visionary approaches to workforce transformation and inclusive leadership. The research clinic provided personalised feedback from experts offering participants critical guidance on paper development. Day two bridged theory with practice as Helen Bevan facilitated discussions between attendees and frontline NHS leaders, focusing on real-world challenges in healthcare systems.

Upcoming events

Please see below a list of upcoming events:

- UN City Tour by Healthcare Management Division at AoM 2025 (Sponsored by COHCR)
 - a. The **Centre for Organising Health and Care Research** will be sponsoring a lunch during the **UN City tour** (home of the WHO Regional Office), organised by the **Healthcare Management Division** at this year's Academy of Management Conference in Copenhagen, Denmark.
 - i. The tour will include presentations and discussions with WHO staff, offering a unique opportunity to engage with global health leaders.
 - ii. **Where:** World Health Organization (WHO) Regional Office
 - iii. **When:** Friday, 25 July 2025
 - iv. **Time:** 12:00 - 2:00 PM
 - v. We look forward to welcoming all AoM 2025 attendees who have registered for the UN City tour hosted by the Healthcare Management Division.

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:

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1. Human-centric information systems research on the digital future of healthcare by Indranil Bardhan, Rajiv Kohli, Eivor Oborn, Abhay Mishra, Chuan Hoo Tan, Monica Chiarini Tremblay, and Suprateek Sarker
 - a. **Abstract:** Over the past decades, information systems (IS) scholars have explored a wide variety of healthcare research topics involving emergent challenges and the technologies to address them. The enduring characteristics of healthcare, such as its complexity, stakeholder groups with competing interests, and diversity of healthcare systems worldwide, continue to provide a rich and challenging research landscape. Being at the intersection of two dynamic industry sectors—information and communication technology (ICT) and healthcare—digital health has played a pivotal role in addressing challenges within the healthcare sector. Its importance to society’s economic prosperity, human wellness, dignity, and prosperity further underscores the significance of healthcare IS research. The rapidly evolving healthcare landscape calls for sustained attention from IS scholars as emerging technologies create unprecedented opportunities for impactful research.
 - b. **Weblink:** [Human-Centric Information Systems Research on the Digital Future of Healthcare | Information Systems Research](#)
2. Building and maintaining trust "even when things aren't going well": meta-regulation through an explicit psychological contract by Nicola Burgess, Graeme Currie, Tina Kiefer, John Richmond and Julian Hartley
 - a. **Abstract:** Hierarchical relationships between government regulators and public services providers often lead to dysfunctional behaviors that negatively impact service delivery. Meta-regulation encompassing continuous learning towards sustainable service improvement involving both parties could offer a more effective regulatory approach. Mutual trust is crucial for this approach but is often absent. Drawing on psychological contract theory and an empirical study in the English NHS, this research illustrates how an explicit psychological contract (EPC) can facilitate building and maintaining trust, even through challenging times. Our ethnographic observations reveal how a regular face-to-face meeting between regulators and hospital leaders provided a stable context through which the EPC could be operationalized to make fulfillment and breach visible, prompting responses that served to build and maintain trust. However, some breaches were deliberately kept hidden to protect trust and shared goals. We conclude the EPC is a pivotal mechanism to support a meta-regulatory approach in complex regulatory contexts.
 - b. **Weblink:** [Building and Maintaining Trust “Even When Things Aren't Going Well”: Meta-Regulation Through an Explicit Psychological Contract - Burgess - Public Administration Review - Wiley Online Library](#)

3. Healthcare professionals' attitudes towards digital health interventions and perspectives on digital health inequalities in cardiometabolic care: a qualitative study by Mel Ramasawmy, David Sunkersing, Lydia Poole, Ann Blandford, Paramjit Gill, Kamlesh Khunti, Shivali H Modha, Kiran Patel, Henry WW Potts, Madiha Sajid, Nushrat Khan, Amitava Banerjee
 - a. **Abstract:** Conclusion: HCPs described the complexities of delivering care to underserved communities. DHIs were identified as a potential way to improve health outcomes for some, while over-reliance risked exacerbating inequalities. Participant recommendations related to design, implementation, and engaging target populations providing practical examples to address digital health inequalities, such as working with other sectors to take a community approach.
 - b. **Weblink:** [Healthcare professionals' attitudes towards digital health interventions and perspectives on digital health inequalities in cardiometabolic care: a qualitative study | BMJ Open](#)

Calls for submissions

- BMC Medical Informatics and Decision Making – challenges in health data management
 - Calling for submissions to their collection on challenges in health data management. This collection invites researchers to submit their work on medical data management, focusing on real-world applications that enhance healthcare delivery and outcomes. They welcome contributions that showcase innovative practices, case studies, and initiatives that demonstrate the tangible benefits of effective data management in clinical settings. By spotlighting actionable insights, they aim to advance the field and improve patient-centred care through better data utilization.
 - **Deadline:** 19th September 2025
 - **Weblink:** [Call for papers - Challenges in health data management](#)
- Health Policy – The health and care workforce: how to respond to multiple crises and new health priorities?
 - This special issue aims to contribute new knowledge to develop policy solutions, foster implementation and leadership, equity, and knowledge exchange globally. Submissions are welcome on all areas of the health and care workforce, and covering single or multiple countries. Countries are struggling to prepare their health and care workforce to respond effectively to changing health priorities and multiple risks, from new pandemics and chronic diseases to growing migration flows, unregulated digital technologies, climate change, armed conflicts, and right wing populist movements, among others. This special issue aims to contribute new

knowledge to develop policy solutions, foster implementation and leadership, equity, and knowledge exchange globally. Submissions are welcome on all areas of the health and care workforce, and covering single or multiple countries.

- **Deadline:** 30th September 2025
- **Weblink:** [Health Policy | ScienceDirect.com by Elsevier - Health Policy | ScienceDirect.com by Elsevier](#)
- 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; Hillgoss & 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](#)

Funding opportunities

- UKRI funding: research and partnership hubs for a healthy society funded by Engineering and Physical Sciences Research Council (EPSRC):
 - Maximum award: £12,500,000
 - Closing date: 21 October 2025 4:00pm UK time
 - Researchers interested in this call are encouraged to get in touch with Harbeena Lalli (h.lalli@warwick.ac.uk).
 - Please find more information on the following link: [Research and partnership hub for a healthy society](#)

Policy and practice implications

- Co-production in maternal health services: creating culturally safe spaces, respecting difference and supporting collaborative solutions by Jennifer MacLellan, Carmen Byrne, Catherine Pope
 - **Conclusion:** As maternity disparities continue to widen globally, it is clear that new approaches and solutions are required. There are a growing number of examples where principles of participation and co-production have been pragmatically incorporated into traditional research and health service improvement processes. To build trust for meaningful engagement, it is essential to engage in reflective, ethical and collaborative decision-making with communities. Starting from an equal level, partners must work together to create culturally safe spaces, respecting differences and supporting collaborative solutions. Committing to the 'co' in co-production through the whole process involves significant effort but can yield significant rewards. The co-production approaches used by Aryasinghe et al open up opportunities for further learning and normalisation of this way of working.
 - **Weblink:** [Co-production in maternal health services: creating culturally safe spaces, respecting difference and supporting collaborative solutions | BMJ Quality & Safety](#)
- Electronic patient records: why the NHS urgently needs a strategy to reap the benefits by Alex Lawrence, Holly Krelle, Tim Horton, Dr Malte Gerhold
 - **Conclusion:** EPR systems are a chance to transform the way care is delivered. Simply digitising current information and processes will leave the NHS in much the same position it is now. But ensuring trusts can use EPRs effectively will allow the NHS to capitalise on their transformative potential for improving and integrating care, streamlining pathways and increasing productivity.
 - **Weblink:** [Electronic patient records: why the NHS urgently needs a strategy to reap the benefits - The Health Foundation](#)
- Workforce and patient safety: primary and community care co-ordination for people with long-term conditions
 - **Report Recommendation:** HSSIB recommends that the Department of Health and Social Care works with NHS England and other stakeholders, to develop a strategy that ensures that all diseases are given parity and that all people with a long-term condition in primary, secondary, tertiary and community or social care have their care effectively co-ordinated across multiple agencies. This is to ensure that people with long-term health conditions have co-ordinated care plans with effective communication between services and a single point of contact for concerns or questions.

- **Weblink:** [Workforce and patient safety: primary and community care co-ordination for people with long-term conditions](#)

Researcher spotlight

Transforming Dementia Care: A Conversation with Dr Rene Wiedner

Introduction

In this feature, we spotlight the work of Dr Rene Wiedner, who brings deep insight into the challenges of healthcare transformation, especially in the context of dementia care. With a background in studying large-scale healthcare reforms and a commitment to stakeholder engagement, Dr Wiedner speaks candidly about the complexity of implementing meaningful change in the health and social care system, and the need for communication-driven innovation.



From NHS Reforms to Dementia Care

Farrukh Rana: Can you tell us about your earlier work and how you transitioned into researching dementia care?

Dr Rene Wiedner: My early research focused on the NHS reforms around 2010, specifically on the White Paper titled *Liberating the NHS*. It was a sweeping and ambitious reform effort, and I chose to study one aspect: the impact of giving doctors budgetary responsibilities. That work revealed unexpected results linked to broader policy shifts. But the pace of policy change was so rapid that continuing in that domain would have consumed all my time just staying up to date. Instead, I pivoted to a more targeted and impactful project – supporting people living with dementia and their carers.

Farrukh Rana: And from there, how did your focus shift toward dementia care?

Dr Rene Wiedner: This shift came through a connection with a clinical psychologist who was passionate about reducing the confusion that carers and patients face. Often, when someone is diagnosed with dementia, it's unclear what the next steps are. People struggle to find out what services are available, who they should talk to, and how to manage the evolving journey. The burden falls disproportionately on carers, who are often already overwhelmed and emotionally distressed.

Early Vision: Mapping the Dementia Journey

Farrukh Rana: You mentioned that the initial idea was to create a visual map of the care system. What did you discover when you began exploring that concept with stakeholders?

Dr Rene Wiedner: The psychologist I collaborated with initially proposed a visual map that could help patients and carers navigate the dementia care system. Conceptually, it seemed promising—simplifying complexity through visual clarity. But once we consulted with stakeholders, it became clear that a static map wouldn't be a long-term solution.

The reactions we received were mixed. Some stakeholders thought it might be helpful. Others were sceptical, asking critical questions: Who will maintain this? Will it still be accurate in six months? What about regional variations? They pointed out that a map would need constant updating, given how frequently services and structures change. That raises questions: who maintains it? Is it sustainable? It became evident that even if such a map existed, it wouldn't necessarily resolve the underlying confusion or improve access to services. A pilot project alone wouldn't make a meaningful impact unless it was embedded within the system.

This led to a realisation: information alone isn't enough. Fragmentation within the healthcare system isn't just a logistical problem – it's a communication and collaboration challenge. If stakeholders don't communicate well or align in their approach, no tool – no matter how well designed – can fill that gap.

Farrukh Rana: And so stakeholder involvement became key to moving forward?

Dr Rene Wiedner: Exactly. You can have a great idea, but without buy-in from key players, it won't go anywhere. I've spent a lot of time engaging stakeholders – people from across health and social care. Dementia care especially sits at the intersection of both systems, and each profession – psychologists, psychiatrists, social workers – has its own view and hierarchy.

It's not just about "what's in it for them." It's also how they've been trained to see things. For example, many still operate under a medically-led model, where the doctor is seen as the primary authority. That perception limits the effectiveness of any model that relies on someone else – say, a care coordinator – as the main contact point.

Farrukh Rana: That sounds like a significant barrier to systemic change.

Dr Rene Wiedner: It is. If people still expect to speak only to a doctor, then they may dismiss other roles that could support them effectively. To shift that, we need not just service innovation but also a change in expectations and perceptions.

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This is part of what I'm trying to address with the pilot project. Honestly, the content of the pilot is secondary. The main goal is to involve multiple stakeholders, so they can gain insight into each other's roles and perspectives. That cross-professional communication is where real change might begin.

The Real Challenge: Engaging Stakeholders in a Fragmented System

Farrukh Rana: What did you find most difficult about engaging stakeholders?

Dr Rene Wiedner: We quickly learned that meaningful change isn't possible without bringing the right voices to the table. That includes not just organisational leaders but also occupational stakeholders – those embedded in professional cultures such as psychology, psychiatry, nursing, and social work.

Each profession brings a different lens. Psychiatrists might focus more on medication, while social workers are concerned with day-to-day support. These differing priorities make it difficult to reach consensus. There's also the challenge of hierarchy—some voices carry more weight than others.

We also encountered strong public perceptions. People often assume that care must be led by a doctor. So when other professionals like dementia advisors or social workers take the lead, it's sometimes met with resistance. Changing this mindset is crucial, especially because some of the most effective coordination doesn't necessarily come from the traditional medical roles.

One of our goals now is to help shift public understanding and professional expectations about who can and should play key roles in dementia care coordination. If we want real transformation, these entrenched norms must evolve.

Pilot Project: From Mapping to Communication

Farrukh Rana: How did the pilot project evolve from those early ideas?

Dr Rene Wiedner: After reevaluating the limitations of the mapping idea, we decided to focus on something both more manageable and potentially more impactful: communication practices. Our central research question became: How can communication between professionals, carers, and patients be improved to make the dementia journey less disjointed?

Dementia care looks very different across regions. Warwickshire might have services that don't exist in London or Cambridgeshire. Even when a dementia advisor role exists, its scope and effectiveness can vary drastically. Sometimes the role is under-resourced or not local enough to provide meaningful guidance.

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The pilot project, therefore, is focused on understanding communication touchpoints: What are patients and carers told at the point of diagnosis? How do dementia advisors introduce themselves? Do professionals clearly signpost one another's services? We aren't evaluating these interactions in a judgemental way. Instead, we're trying to hold up a mirror so that practitioners can reflect and see what's working and what might be improved.

This approach allows us to foster learning without defensiveness. We aren't coming in to audit; we're facilitating shared reflection.

Farrukh Rana: That's fascinating. Often we overlook communication as a simple human ability, but in this context, it's incredibly nuanced.

Dr Rene Wiedner: Absolutely. We tend to assume communication is straightforward, but when multiple actors are involved, each with their own lens and priorities, it becomes much more complicated.

I was inspired by a similar project presented years ago by someone from the Netherlands, which demonstrated how important this kind of reflective communication work can be. That's what I'm aiming for with this pilot—creating space for different stakeholders to learn from each other.

The Value of a Reflexive, Open Approach

Farrukh Rana: It sounds like you're aiming for a co-creative process. How are you maintaining that flexibility with stakeholders?

Dr Rene Wiedner: Yes, absolutely. We're not imposing a model or set of solutions. Instead, we're engaging stakeholders in a conversation and asking: What do you think is useful? What are your communication challenges? And what do you think can realistically be changed?

This project is as much about process as it is about outcomes. By creating a safe space for different professionals to share their perspectives, we're fostering mutual respect. For example, when psychologists and social workers engage in the same discussion about patient care, they begin to appreciate each other's roles in new ways.

Even if the project doesn't lead to policy shifts immediately, I believe the act of coming together, reflecting, and sharing practice has its own value. That cultural shift—where people see themselves as collaborators rather than siloed specialists—is a long-term benefit.

Next Steps and Ethical Considerations

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Farrukh Rana: What stage is the pilot at now, and what are the next steps?

Dr Rene Wiedner: We have secured participation from one dementia service and are close to confirming a second. Our aim is to observe at least two interaction points – spanning organisations and spanning occupations – to see how communication unfolds in practice.

The next big milestone is obtaining ethical approval. Because we're dealing with highly sensitive interactions – particularly how diagnoses are delivered – we need to go through full research ethics approval. That's a lengthy process, expected to take at least six months.

This is an important message for early-career researchers: healthcare research involves many layers of governance and ethics, especially when human participants are involved. Planning ahead is vital, because delays are inevitable.

Closing Reflections

Farrukh Rana: Thank you, Rene, for your honest and thoughtful reflections. Your amazing work underscores how seemingly simple issues – like communication – can hold the key to systemic improvement.

Dr Rene Wiedner: Thank you. I wouldn't call it amazing work just yet – we'll see. But I do hope it contributes to positive change.

Contact us

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