# Managing the gap between policy and practice through Intermediaries for Quality Improvement

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**Abstract**

A gap exists between policymaking for quality improvement and the realization of these policies in practice. Using previous research on intermediaries, a conceptual model of an Intermediary for Quality Improvement (IQI) is developed. The model highlights the characteristics of structural positions, mediating approaches, and duration as a way to describe an IQI. The conceptual model is used to examine two cases in which Famna, the Swedish Association for Non-profit Health and Social Service Providers, has supported both policymaking and the implementation of policies at a provider level. The cases are the *national strategy for quality improvement by open comparisons in health care and social services* and a new *regulation on quality management systems in health care and social services*. Using the concept of an IQI deepens the understanding of how top-down and bottom-up perspectives may be managed to realize good quality of services.

## Introduction

Understanding how high quality can be realized in health care and social services is important, assuming that such quality is achievable through systematic quality improvement work. Various stakeholders are involved in developing the meaning and significance of high quality in the fields of health care and social services. Policymakers, professionals, researchers, patients, clients, and users represent varying interests that influence the directions of this development (Lipsky, 2010). Therefore, interventions for quality improvement may have different starting points, such as through political intervention, intervention by regulation, intervention by audit and inspection, intervention by management, and intervention by rationalizing professional practice (Bejerot & Hasselbladh, 2013). Although such interventions may be well grounded in both professional expertise and scientific evidence, they frequently fail with respect to improving quality in frontline work. For example, audit and inspection of quality management systems was described as being loosely coupled from practice (Elg et al., 2013), and rationalizing professional practice failed because of a lack of competent quality improvement methods (Neubeck et al., 2014). Independent of the type of intervention, quality improvement was acknowledged in previous research to require supportive infrastructure, organizational context, and appropriate management processes (Hackman, 1987; Kuusisto et al., 2012).

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Policy and regulations shape the conditions for quality improvement in health care and social services, and they are to be implemented within specific organizational contexts through interventions. However, policies are frequently developed without a contextual understanding of how to achieve development in provider organizations and frontline work, making policies difficult to implement. In this article, we analyze and elaborate on the role of third-party intermediary organizations with the specific aim to understand how to manage the gap between policy for and the realization of quality improvement in health care and social services. This work also provides a conceptual contribution to understanding and handling relations and translations that occur between actors at various levels of health care and social services.

Using previous research on intermediaries, we develop a conceptual model of Intermediaries for Quality Improvement (IQI). Further, we use the concept of an IQI to examine two cases in which Famna (the Swedish Association for Non-profit Health and Social Service Providers) supported policymaking and the implementation of policy at the provider level. The two cases are (1) the *national strategy for quality improvement by open comparisons in health care and social services* and (2) a new *regulation on quality management systems in health care and social services*.

## Research design and methods

The present study emerged as a result of an analytical discussion among the authors who contributed different areas of expertise to and perspectives on the central problem of how to support quality improvement in health care and social services. Although the case of Famna was a starting point for our discussions – the first and third authors were employed by Famna – we also realized that this case illustrates a more general problem for quality improvement for all health care and social services. Through the discussions, our analysis concluded that Famna seems to function as a way to bridge different needs, expectations, and decisions both at the policy level and in the practice of health care and social services. This bridging function was found to be bi-directional; that is, Famna supported the provider level in pursuing its interests at the policy level and vice versa. Thus, the analysis had a case-specific inductive takeoff but is presented in relation to more general analytical approaches. As such it enables us to claim to show a conceptual contribution on the basis of the case study.

Our abductive research process (Alvesson & Sköldberg, 2008) was structured using the intensity criterion (Miles & Huberman, 1994) to sample two information-rich cases that illustrate the intermediary function of Famna. In each case, we studied Famna's activities at both the policy level and the provider level. Famna's role as an intermediary link between these levels was at the core of both cases.

Empirical data were collected through interviews, documents, and descriptions of the daily work at Famna. Respondents for the interviews were selected to provide an understanding of the activities at the provider level. The respond-

ents worked in Famna's member organizations and were all part of a well-known group of people that participated in the entity's networks and programs. In total, 16 respondents from eight organizations that constitute a broad representation of Famna's members, including large and small organizations, were interviewed and recorded for approximately 30 minutes. The first author conducted all of the interviews.

The empirical material was analyzed in three major steps: (1) coding the empirical data on the basis of its content and meaning; (2) providing a condensed description of the cases; and (3) comparing the empirically condensed material with the conceptual model.

## An intermediary in non-profit health care and social services

Non-profit providers in health care and social services in Sweden have existed for a long time in the publicly owned and organized system and are typically regulated by long-term contracts. Recent reforms in Sweden focusing on purchaser–provider models and an increase in the number of private actors (Magnussen et al., 2009) challenged non-profit providers to find a balance between economic competition and offering high-quality services.

To address these changes, non-profit providers in Sweden founded Famna (Olsson, 2009). Famna's main tasks are to participate in and influence policy processes, ensuring the visibility of non-profit providers' contribution to health care and social services and supporting the growth and development of the sector. Member organizations work in all fields of social services and in primary and specialized health care, and range in size from 10 to more than 1,000 employees (Eriksson, 2013).

In 2008, Famna's member organizations identified the quality of their services as a priority. Systematic surveys, interviews, and workshops carried out by Famna led it to adopt a quality strategy in 2009. This quality strategy aimed to improve health care and social services, and highlighted three main tasks:

- Building competence and capacity for systematic quality improvement on the basis of regulations and members' value base;
- Making visible the quality delivered by members; and,
- Participating in national processes on quality issues.

Using the quality strategy as a base, Famna started to play an active role in national development processes and reforms concerning quality in health care and social services, such as developing quality indicators, open quality comparisons, or quality management systems. The engagement involved representation in steering and working groups in Swedish government offices and different authorities, and serving as a referral body for governmental proposals.

Famna established a member network structure to bridge the gap between regulatory legislation or proposed reforms at the policy level and everyday health care and social services at the provider level. In the networks, Famna served as an information broker among different levels of the system, including between regulation and frontline work, health care and social services or differ-

ences among regions. Representatives from Famna's member organizations met at workshops, conferences, seminars, and Internet-based forums. Thus, the networks became a place for mutual learning and creating a common identity of non-profit providers in Sweden. The member networks also became the main setting in which relevant issues were identified at the provider level and then raised to the national policy level.

To develop competence and capacity for systematic quality improvements at the provider level, Famna developed the *Forum for Values* program. In the program, multidisciplinary frontline teams from participating organizations trained standard quality improvement tools and methods to improve their everyday work. The teams met in collaborative learning seminars in which they shared their experiences from their improvement efforts. Between the seminars, the teams transformed insights into measurable quality improvements in their own contexts. Every participating team included an improvement leader who received specific training in quality improvement and coaching. The improvement leader was also assigned the role of relating the project to management and organizational goals.

From 2009 to 2013, more than 1,000 participants in more than 150 teams carried out improvement projects in *Forum for Values* (Schneider & Neubeck, 2013). A qualitative evaluation of the program (Neubeck & Elg, 2012) showed that participating organizations developed their quality work within the following areas: quality management systems, quality registers, systematic evaluation of internal quality, continuous quality improvement, description and presentation of internal quality, and cooperation with other organizations on quality issues.

The evaluation also showed that the program resulted in a common language for quality development within participating organizations. Management representatives considered the participation to have legitimized changes in the organization.

In summary, Famna has played an intermediary role in health care and social services by linking and acting with various actors in both the field of policymaking and the practice of non-profit providers. The identification of this intermediary role was the starting point for our analysis and conceptualization of how to manage quality improvement at a strategic level. Therefore, in the next section, we present and elaborate on previous research on intermediaries. This overview provides us with an analytical framework that highlights the important dimensions of an intermediary in relation to quality improvement.

## Previous research on intermediaries

Intermediaries represent an umbrella term that may cover a broad range of organizational arrangements. The concept of an intermediary refers to an entity that supports and enables collaboration between different actors through the application of various processes. As will be argued, the intermediary facilitates processes using structural arrangements, mediating approaches, and time spent for mediation (in other words, duration). The results of such an intermediation

depend on the skills and competence of the intermediary for as instance the use of context-specific knowledge to support several agents within its network.

Intermediaries have been described in several contexts for different purposes, such as cluster initiatives, (Laur et al., 2012), policy entrepreneurship (Wihlborg, 2014), human resource development (Kock & Wallo, 2013), consulting (Bessant & Rush, 1995), innovation processes (Zaltman et al., 1973, Howells, 2006, Stewart & Hyysalo, 2008), business support (Andersson, 2010), and labor markets (Benner, 2003; Bäckström, 2006). In this section, we present findings from some of these studies that discuss different concepts of an intermediary. Our intention is not to provide an exhaustive presentation but to emphasize the central characteristics that are important for the conceptual model subsequently presented.

In a study on intermediaries in cluster initiatives, Laur et al. (2012) described an intermediary as an entity that could "provide resources such as knowledge, business information and shared infrastructure" through its specific structural position. Thus, an intermediary may be characterized by its *structural positions* (Kock et al., 2012) through which it functions as a mediator of relationships between parties (Van der Meulen et al., 2005).

Bessant and Rush (1995) described the mediation of relationships in a study on the various roles of consultants. They defined four different roles of a consultant: (1) direct transfer of specialized expert knowledge; (2) experience sharing; (3) marriage broker; and (4) diagnostic. By playing one or several of these roles, the consultant bridges the activities between a user and his or her needs and the supply side. For instance, the consultant mediates a user's need for knowledge about new technology by locating key sources of new knowledge. The consultant shares best practices that result from experiences developed elsewhere. Similarly, Kazis (1998) and Osterman (1999) proposed a way to distinguish between different types of intermediaries in innovation processes on the basis of the extent to which they accept as given supply and demand in their domain of interest versus attempting to change the supply and/or the demand side. Another example of agents playing an active role in providing job placement services and promoting career mobility is described as labor market intermediaries (LMI) (Benner, 2003). Bonet et al. (2013) stated how "LMIs mediate between individual workers and the organizations that need work done, shaping how workers are matched to organizations, how tasks are performed, and how conflicts are resolved." Thus, passive and more active *mediating approaches* may be distinguished, or a passive approach only in terms of passing information from supply to demand and active in the sense that the approach translates the very meaning of things being mediated (Wihlborg & Söderholm, 2013).

Intermediaries were also acknowledged in several studies on innovation. In a study on technological innovation, Stewart and Hyysalo (2008) granted the intermediary a role as an actor "who create spaces and opportunities for appropriation and generation of emerging technical or cultural products by others who might be described as developers and users."

Howells (2006) explored the various roles of an intermediary in innovation activity. He argued that the roles vary in different phases of the innovation process, which is the process from initiation to realization and usage (commercialization) of innovative ideas. Howells (2006) showed that an intermediary might play several roles through both active and passive approaches. This notion is also supported by Grepperud and Thomsen (2001), who described a learning center as playing several different roles, such as meeting place, broker, and engine; thus, an intermediary for development may simultaneously play both passive and active roles (Callerstig et al., 2010).

In some types of intermediation previously described, the duration is relatively short. For instance, in technological innovation, the intermediary's role may be to connect different parties and serve as a catalyst in a process. Alternatively, the intermediary may also play a role during the entire episode from initiation to implementation. Zaltman et al. (1973) separated the early phases into the innovation process (initiation) and the later implementation process. They concluded that these two phases require very different types of skills and competencies. The initiation process is characterized by creative, innovative efforts to create awareness and to form attitudes, in contrast to the implementation phase in which utilization of innovative ideas and routinization occurs. These two phases may emphasize the importance of *duration* and may be used to explain how an intermediary becomes involved in various phases of a process.

In the brief overview of intermediaries from different fields, as previously presented, we identified three main characteristics: *structural positions*, *mediating approaches*, and the *duration* of mediation. These characteristics seem to be the core dimensions that describe the role and actions of an intermediary in several different fields.

## A conceptual model of Intermediaries for Quality Improvement

An IQI plays the role of bridging the gap between various stakeholders and their interest in improving quality within a specific system. We assume that an IQI exists because of a gap in the link between policymaking for quality improvement and the implementation or realization of quality improvement in practice. This gap exists both in formal organizations, such as a county council, and in larger systems with loosely connected bodies and actors, such as social services with public, private, and non-profit actors. Within the context of a specific system, not everyone provides their own sufficient resources (for example, competence) for participation in competence or development programs. An IQI provides resources that include both the creation of arenas for learning within and between actors and greater possibilities for organizations to join these arenas. By providing these resources, the IQI is able to create a normative practice and convention for organizations to practice quality improvement. The IQI may also gain context-specific knowledge about how to improve quality at the provider level that can be used in policymaking. An IQI may take one of a multitude of different forms, such as external consultants or in-house development units in

larger organizations. The organization of the intermediary in relation to its target groups and its mission is crucial for what can be achieved.

In this section, we propose a conceptual model that distinguishes three important characteristics of an IQI: *structural position*, *mediating approaches*, and *duration*. We propose that these aspects are important to describe how an IQI may bridge the gap between policymaking for quality improvement and its realization at the provider level, and to understanding how to support development or working as a change agent.

## Structural position of an IQI

The structural position of an IQI is related to its role in and contextual knowledge of the network of actors in which it is embedded. The actors have specific common characteristics, such as organizational, geographic, or political interests, that connect them. Although the IQI may have different roles in the network, prior studies on quality improvement initiatives tended to focus on the role of conducting and supporting change (Howells, 2006). Significant research in quality improvement and related areas focused on the specific roles and relationships regarding changes in frontline work that, however, leave a gap at the strategic level. This role of supporting quality improvement on levels other than direct care or service must not be underestimated. Strategically, an IQI bridges daily practices at the provider level and the organizational setting and institutional framing of these practices. Therefore, IQIs can initiate and link actors in the areas of strategy, structure, and processes to facilitate quality improvement practices.

An IQI's structural position may be found along a continuum from weak to strong. A strong structural position is characterized by an IQI with formal positions in ownership, resources, external knowledge, and service providers, enabling the IQI to achieve deep network penetration and reachability. A strong structural position gives the intermediary contextual knowledge about the relations between the actors. Another aspect of a strong structural position is existing and reliable infrastructures for information and data. Knowledge transfer between actors depends on systems that enable information to be transferred, such as health records or measurement infrastructures, including quality registers.

In contrast, a weak structural position is defined as having informal roles, lack of access to the relevant actors in a network, and lack of a data infrastructure and contextual knowledge about all actors in the process.

## Mediating approaches of an IQI

As previously discussed, the structural positions of an intermediary are closely related to how it behaves during different processes. The intermediary may accept ideas as is, attempt to change them, or both. A central role for an IQI is being able to both create and transfer relevant knowledge. Creating knowledge is important because ideas developed in other contexts need to be translated and modified to fit specific purposes. This type of translation means that the inter-

mediary is on the lookout for new ideas, amplifies specific aspects of the ideas, and filters out others (Røvik, 2000). An IQI may function as either an actor that interprets and reinterprets the change or someone that diffuses a fixed collection of practices, allowing them to pass without modification (Whittle et al., 2010). Prior research showed how such adaptation and translation of concepts and methods are central to achieving effects and impact (Røvik, 2008; Brulin, 2012; Andersson et al., 2013).

Therefore, an IQI may be viewed as either active or passive. Active mediating approaches are defined by translation, change, and seeking purpose. For example, the IQI can translate information between different actors to initiate and support change to achieve a specific purpose. In contrast, passive approaches are static and transfer and accept ideas as they are.

### Duration of an IQI's support

As research on other intermediaries showed, duration is a main characteristic of an IQI. The mediating approaches of an IQI may vary over different periods. Bhuiyan and Baghel (2005) described how quality management and continuous improvement strive to become ongoing processes, in contrast to other processes that have more distinct starts and finishes, such as innovation. The long duration of an IQI is defined by efforts to support the process for more than the given limits, whereas a short duration exists when an IQI only facilitates parts of the process.

## Two cases of Famna as an IQI

In the following section, we describe two cases in which Famna supported both policymaking for quality improvement in health care and social services and the realization of policy in practice. The cases are intended to elaborate on the conceptual model and an understanding of how to manage the gap between policies and everyday quality improvement practices.

### Case 1: National strategy for quality improvement through open comparisons in health care and social services

In 2009, central policy actors in Sweden (government, regulatory authorities, and providers) adopted a strategy for quality development through open comparisons in health care and social services, commonly called *Open Comparisons* (Regeringskansliet, 2009). Famna was one of the organizations that supported the strategy and has since been a member of the steering committee for the strategy. Through different working groups, Famna contributed to the development and implementation of the strategy. In its network of member organizations, Famna established the strategy and supported members in reporting to and analyzing data from the comparisons. These activities led to greater transparency concerning quality, and helped identify areas of lower quality and the need for improvements. Consequently, member organizations commissioned Famna to support them in building competence and capacity for systematic quality im-

provement. They participated in the *Forum for Values* with relevant improvement projects concerning areas presented in *Open Comparisons*. The projects included multi-professional teams in elderly care that implement new approaches to preventing falls, malnutrition, and pressure ulcers with the support of the Senior Alert quality register. During its work with *Open Comparisons*, Famna also identified obstacles for both private and non-profit actors regarding participation in national improvement initiatives given that funding followed public structures and was not accessible to other providers. Therefore, Famna negotiated governmental funding for its members, making it possible for them to implement and improve development areas within *Open Comparisons*. The results from *Open Comparisons*, published in 2012 and 2013, show significant improvement for Famna's members compared with other sectors in these focus areas (Schneider & Neubeck, 2013).

The *structural positions* of Famna as an IQI include participating in the steering committee and working groups for the strategy at the policy level. Famna's member network supported the work with the strategy and provided insights into implementation obstacles at the provider level. Famna has been supporting members in reporting and analyzing the data from *Open Comparisons*. Member organizations also received support with respect to improving the quality of their services by participating in the development program *Forum for Values*. The structural positions were further strengthened through relations with organizations that provide financial resources and external competence.

In this case, the *mediating approach* was both top-down and bottom-up. The approach is active regarding the translation of knowledge between different actors and supporting change. Experiences from member organizations were used to influence the policy level. Simultaneously, the policymaking results were translated into development programs at the provider level, and the programs were adapted to the specific contexts of non-profit provider organizations.

The *duration* of the work with *Open Comparisons* is characterized by efforts to continuously participate in long-term policymaking and ongoing improvement programs at the provider level. This phenomenon is in line with the general knowledge on how to support quality improvement. One focus of the long-term engagement strategy in *Open Comparisons* was also to incorporate the shared values of non-profit providers (improving services for patients and users) within the policy.

## Case 2: Regulation on quality management systems in health care and social services

Quality management systems (QMS) are used to support management and staff in systematically controlling and developing the quality of their services. In 2009, the National Board of Health and Welfare in Sweden (Socialstyrelsen) initiated a reform of QMS regulations with the goal to harmonize regulations between health care and social services (SOSFS 2011:9). At the same time, Famna's member organizations identified a need to develop their QMS, not the least because of competitive issues in procuring services. Famna became en-

gaged as a member of the working group to revise the QMS regulations. Representation in the working group was shared among Famna's different member organizations, and the member networks served as a reference. Using experiences from the member network, Famna actively influenced the new regulation to focus on central issues important to its members: patient and user needs, quality improvement of services, and adapting the QMS to an organization's size and working field. Using experiences from the working group and the new regulations, a special education program on QMS was created within *Forum for Values*. Participation in the program was partly funded by government resources.

According to a qualitative evaluation, participation in the collaborative development program *Forum for Values* increased organizations' ability to develop their QMS (Neubeck & Elg, 2012). By 2013, more than 12 different member organizations had developed their own QMS on the basis of the new regulations (Schneider & Neubeck, 2013).

The *structural positions* in the work with QMS in health care and social services are similar to the first case of *Open Comparisons*. At the policy level, Famna was engaged in working groups within the National Board of Health and Welfare regarding the reform of QMS in health care and social services. This work was supported at the provider level by member networks. Famna also supported the development of QMS in accordance with the new regulations. Consequently, the work proceeded to the development of quality dialogues, which are auditing procedures concerning QMS within different member organizations. The structural positions also included access to actors that provide financial resources and informal contact with other third-party support for QMS.

The active *mediating approaches* included a bottom-up translation of experiences from organizations at the provider level to the reform of the new regulations at the policy level. Simultaneously, a top-down approach used experiences from policy work to design a development program in *Forum for Values*. The efforts to initiate and support change at an organizational level also included active work in workshops and auditing processes.

A long *duration* is a central aspect of all work with QMS for both quality assurance and improvement. Given that new regulations were passed, Famna attempted to continuously support the development and use of QMS in organizations. The realization of quality assurance and improvement in practice through the use of QMS has been a process that has occurred for several years. Therefore, that QMS policies are stable and do not change faster than implementation is important. The focus on a long duration is also explicitly stated in the regulations for QMS in health care and social services.

## Discussion

### Relations between policymaking, providers, and the IQI

Within the context of research on how to manage the gap between policymaking for quality improvement and its realization in practice, we highlight the importance of IQI (*Figure 1*). The analysis of Famna's work in the two cases, *Open*

*Comparisons* and *Quality Management Systems*, reveals an IQI with strong structural positions, active mediating approaches, and efforts to prolong duration. The analysis also describes how Famna used quality improvement to link the making of formal and regulatory policies with policy implementation at the provider level. The development program, *Forum for Values*, initiated and supported the realization of a quality improvement policy in practice at the provider level, and external knowledge and resources were transferred into the process. Because Famna initiated the support for change, early experiences from these improvement efforts together with member networks could influence policymaking through participation in working groups and steering committees. Therefore, the IQI manages the gap by interacting in the dual ways of translating and transferring information both to and from actors within its range.

*Figure 1. Relations between policy level, providers, and the Intermediary for Quality Improvement.*
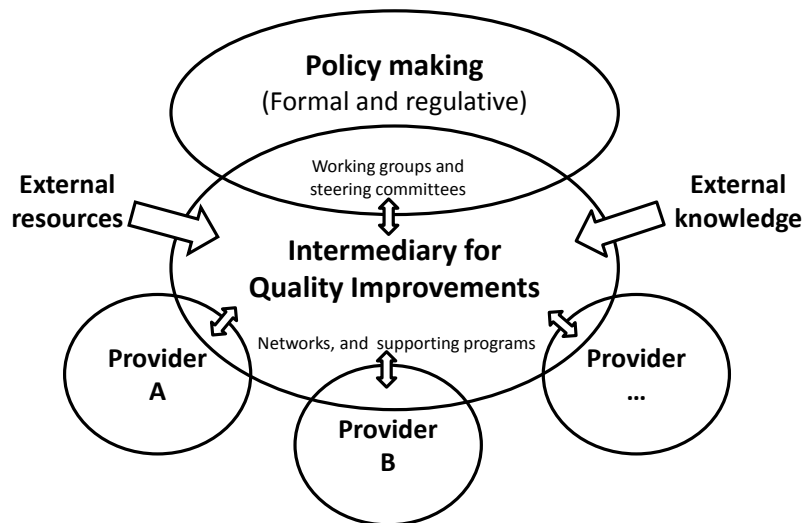


The IQI influences policy and providers in dual ways through its structural position, mediating approach, and duration. Networks, quality improvement programs, and participation in working groups and committees, together with the transfer of external knowledge and resources, initiate and support the process to bridge the gap between policymaking for quality improvement and the realization of policy in practice.

## Managing the gap between policymaking and realization of policy in practice

The cases from Famna further elaborate on the conceptual IQI model and how to manage the gap between policymaking for quality improvement and the realization of policy in practice.

*The range and strength of structural positions depends on legitimization.* To expand the range of the structural arrangements, the intermediary becomes dependent on social authorities and questions what is legitimized and what is ac-

ceptable knowledge. Within a specific field, such as health care or social services, several intermediaries may act simultaneously to compete for this influence. Legitimization works in two directions, and the intermediary is both strengthened by the various stakeholders involved in the activities and legitimized by their participation. As the network of structural positions is strengthened, legitimacy increases and might even result in influence over other actors in the field (Latour, 1999). Examples of how Famna strengthened its structural positions are seen in the active combination of membership networks at the provider level and participation in activities at the policy level. The evaluation of *Forum for Values* also supports Famna's members' dependence on legitimacy for taking quality improvement actions (Neubeck & Elg, 2012).

*The active mediating approach strengthens the network of actors.* The cases in this paper show how quality improvements are used to support the process of implementing a new practice on organizational order at the provider level and to handle policymaking. This role of an IQI depends on structural positions because the range of the IQI's network needs to include access and contextual knowledge about all actors in policymaking and implementation. To initiate and implement improvement work within organizations, an IQI can develop supporting programs that become engines for development in the sense that involved actors must follow certain patterns of behavior to participate. For example, as used in many contexts, the breakthrough methodology is utilized to drive development in organizations in line with new ideas (Kilo, 1998). The formation of *Forum for Values* fits the pattern of providing a program through which organizations can work to improve their quality in relevant areas when following a predefined pattern. The intermediary role of Famna is to establish norms and protocols for how to conduct quality improvement. Famna's work with *Open Comparisons* in which organizations participate in *Forum for Values* and improve their preventive care of the elderly is an example of how dominant ideas of good quality are implemented. Participation in the quality improvement program also supports the need for competence in quality improvement and initiates organizational changes. Thus, the role of the IQI in supporting actions often legitimizes a culture of change.

*A dual role exists in translating and transferring knowledge.* For instance, Famna has taken an active mediating role in answering proposals referred for consideration on the basis of ideas from member organizations. The role of transferring and translating relevant knowledge becomes important because different ideas continuously influence the process from both a bottom-up and a top-down perspective, and can influence the degree to which knowledge is used. The IQI may also play a role in disseminating and/or arranging arenas in which this new knowledge can be tested and further developed. For example as in how Famna translates quality improvement ideas described by Nelson *et al.* (2007) from the field of health care to the field of social services (Neubeck et al., 2014). Knowledge transfer for the purpose of influencing the regulation of ideas and to develop standards and practices of how to conduct quality improvement is an active mediating role. This active mediating approach can be combined with a

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passive approach. The evaluation of *Forum for Values* indicates that a passive intermediary role that supports knowledge transfer becomes important when an infrastructure for measurements and information is lacking. In this view, passive mediating approaches sometimes compensate for weak structural positions.

*A need exists to provide necessary resources for the duration.* Participation in development programs funded by the Swedish government or European social funds clarifies how Famna has used structural positions in its network to provide external resources to implement policy. This mediating approach to transferring resources has more of a passive role than a place in the area of translating knowledge, thus indicating how Famna attempts to strengthen the structural positions from where it continuously supports the quality improvement process. Such strengthening includes forming member networks and creating a norm for participating in development programs. The IQI needs to support both initiation and implementation and the possibilities for an iterative process of quality improvements. The strength of the structural positions influences how an IQI uses a long duration to support both policy for quality improvements and the realization of policy in practice.

*The quality improvement process influences institutional change.* Different ideas of what constitute the concept of quality comes from research, professional experience, and political ideas. As was previously shown, Famna as an IQI plays an active role in the transfer of these ideas. How ideas shape policy and institutional demands has been described from several perspectives that we choose to summarize in the duality of either in harmony and/or in conflict (Matland, 1995; Tang, 2010). These ideas influence new commitments, habits, and practices as results of processes that take place over time. Thus, an IQI needs to address regulative, normative, and cognitive factors to determine how we behave to support quality improvements at the strategic level (Scott, 1994). Coordination between various actors in this process forms an important aspect of the IQI, and the aspects of structure, mediation, and duration influence one another.

Various learning and feedback mechanisms that exist within the network indicate that actors have the opportunity to adjust and adapt their own efforts to new ideas. How this institutional perspective of managing gaps in the quality improvement process can be utilized needs to be studied further. However, we argue that an IQI needs to be aware of its role in this duality by either supporting differing ideas of quality in its network or revealing how they diverge from dominant ideas and results.

The IQI can also use its role in this arena of different ideas as a possibility for learning, unexpected results, and long-term effects (Taleb, 2010; Harford, 2011; Brulin, 2012). This role includes support for testing new ideas, providing feedback, and helping with analyses of information.

## Conclusion

The conceptual model of an IQI, characterized by its structural positions, mediating approaches, and duration, may be used to elaborate on theories of how to

manage the gap between policymaking for quality improvement and the realization of policy in practice. The characteristics of an IQI not only influence the result of the quality improvement process but also the intermediary itself. In particular, structural positions affect what the IQI can influence and depend on translation processes. The mediating approaches are predominantly an active function, such as translating knowledge within the process of policymaking and the implementation of policy in practice. However, passive functions, as in providing resources for development programs, also exist. When supporting action among agents in the network, the IQI challenges the agreements on what is considered normative behavior and legitimizes a culture of change. The translation of knowledge both develops new ideas of quality and strengthens the structural position of the IQI. Finally, the transfer of resources within the IQI's structural positions forms a normative base for conducting change in everyday work. Because an IQI always influences the process in which it is involved, it can manage the gap between policymaking and frontline work by questioning the formal and informal rules that determine our behavior.

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