Research, policy and practice: a view from the bridge
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Agenda
• The bridge as metaphor
• Three worlds apart: research, policy and practice
• Myths and fantasies
• Academic exploration of the challenge
• Beyond the rational and linear
• Building the bridges
• Some practical ways forward

The thing with bridges
• They serve a vital purpose
• A connection is formed
• Isolation of communities is reduced
• Something beautiful is crafted (usually)
• But a danger is presented
• They play a key role in battles
• A form of contested and perhaps non-aligned territory

Three worlds apart: research
• Publications
• Reports and papers
• National and international meetings
• Abstracts
• Impact factors
• Research assessment
• Peer review
• Promotion committees
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Three worlds apart: policy
- Acts and legislation
- Policy briefings and papers
- Ministerial speeches
- Summits
- Political advisers
- Lobbying
- Consultations
- Codes of practice

Three worlds apart: practice
- Patients treated
- Quality metrics
- Budgets and finance
- Beds and capacity
- Professional roles and identity
- Clinical meetings
- Sector conferences
- Performance management

Myths and fantasies: research
- Ivory tower academics who don’t understand the real world
- Spend three years answering questions that are of little relevance to policy makers and practitioners
- Produce 200-300 words reports, with no clear recommendations
- More interested in their publications and careers than the impact of their work on practice
- Go to conferences where academics talk to academics
- Expect practitioners and policy makers to read learned papers in obscure journals
- Look askance at academics who blog, tweet, go on TV etc

Myths and fantasies: policy
- Civil servants who avoid expressing opinions and keep a low profile
- Look upwards to ministers more than outwards to the sector
- Pick and choose evidence to support political priorities
- Certain academics and advisers are favoured
- Lack understanding of how policy will be implemented, and of unintended effects
- Regard research as both desirable and dangerous, depending on its conclusions
- Persist with certain policies in the face of evidence: e.g. reorganisation and mergers
Myths and fantasies: practice

- Managers are not interested in, and don’t understand, research
- Managers do not have the time or inclination to read research papers
- Doctors are powerful within healthcare organisations and managers and others struggle to influence their practice
- This is shown by the inordinate amount of time taken to change clinical practice
- Providers are easily beguiled by the latest fad or technology, and rush to implement before evaluation results are available

Beyond the myths and fantasies

- There are people in all three ‘worlds’ who are passionately committed to ‘bridging the gap’
- This is evident from the significant research attention given to ‘getting research into practice’, ‘evidence-based management’ and ‘evidence-based policy’
- Bodies such as the Canadian Health Services Research Foundation and your own APHCRI have shown the way in terms of linkage
- Many research programmes now fund ‘spread’, dissemination and development/implementation
- We have in fact a body of knowledge about why linkage and ‘into practice’ are so hard

Academic exploration of the challenge

Dopson and Fitzgerald (2005) Knowledge to action? Evidence-based healthcare in context

- Evidence-based healthcare is in a mature phase in its policy life cycle
- It is better to focus on the few areas where the evidence is really convincing, and the potential for payback is high
- Local systems’ capacity and leadership need to be built up to support EBHC
- Enacting EBHC requires a mix of scientific knowledge and change management expertise

Van de Ven and Shomaker (2002) The Rhetoric of Evidence-Based Medicine

- Need ‘logos’ (clarity and logic of argument and supporting evidence)
- Plus ‘pathos’ (power to stir the emotions, beliefs and values, generating empathy) and
- ‘Ethos’ (credibility, legitimacy, and authority)
Walshe (2011) Evidence-based decision making for managers

- The rise of evidence-based healthcare led to an increased focus on the role of evidence in policy and management
- A parallel move to more focused, need-led, commissioned research programmes
- But clinical and managerial domains remain distinct and different (see Walshe and Rundall, 2001)
- And this is reflected in two main bodies of literature, one biomedical, empirical and well organised and the other mainly social science-based, qualitative, and diffuse
- And also in two cultural contexts (Lomas, 2000)

The evidence conundrum – what is evidence?

- There is an established ‘hierarchy of evidence’ in the EBHC movement
- RCTs regarded as ‘gold standard’, with much less faith placed in case studies and observational work
- Some (e.g. Glasby et al, 2007) argue that a more pluralistic approach to evidence is needed in the social sciences
- Glasby et al suggest a conceptual framework for this:
  - theoretical evidence
  - empirical evidence
  - experiential evidence
Beyond the rational and linear

- Syntheses and briefings need to be timely, and to address the questions of managers and policy makers.
- Researchers have to accept that evidence plays a more indirect and long-term role in policy and management.
- Contributes to debate (even if not heeded), for example on hospital mergers, or concentration of specialised services.
- Researchers may be viewed as honest brokers, or as yet another vested interest (Walshe, 2011).
- The challenge for researchers is to engage, and yet maintain some distance.

Dixon’s pyramid of evidence for policy in the real world

- Opinion/ideology
- Reasoned argument
- Experience/public
- Evidence

Building the bridges: the challenge to research

- To keep building the evidence base.
- But to ensure that research priorities and questions speak clearly to policy and practice.
- To focus more on high quality research translation and synthesis.
- To keep working at new ways of engaging with policy and practice.
- To remember that this is about change as well as evidence, and that researchers have to change too.
- The old ways of working may not be fit for purpose in future.
- Research without implementation is archive....

Building the bridges: the challenge to policy

- To articulate clearly the questions to which answers are sought.
- To suggest and help develop new ways of engaging researchers in policy making.
- Secondments into and out of government.
- Internships for young researchers.
- Seminars and meetings.
- Blogs and research digests by researchers for policy.
- To have a pool of research brokers on different topics.
- To support the development of independent centres or networks to carry out policy analysis (Ham et al, 1995).
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Building the bridges: the challenge to practice

- To articulate clearly the questions to which answers are sought
- To make the use of evidence a core priority for clinical and managerial leaders throughout organisations
- To support and champion evidence brokers within the organisation
- To support and encourage the use of the organisation within research studies
- For commissioners and funders to require the use of specific evidence, for example re use of steroids in pre-term delivery, or not to do D&Cs for heavy menstrual bleeding

We need to embrace the boundary spanners

- There are more and more of us in these boundary spanning roles
- In research foundations and institutes, some more applied university departments, research-based consultancies, government departments, and often as sole traders
- It is often lonely and challenging to be on or across the boundary
- You will need to engage with all three worlds, and may feel that you do not properly belong to any one of them
- Over time, the richness and depth of experience will lend insight, access, and credibility (remember the need for ethos?)

Some practical ways forward

- We have to stop blaming others for the evidence gap, and ask ‘what can we do to bridge this?’
- Research has to move quickly to embrace new ways of working, discussion, dissemination, and translation
- Before embarking on a primary study, we all need to ask ‘is this really necessary, or could we add to the evidence base by carrying out more synthesis?’
- We need to shape new forums for exchange and debate, across the worlds and disciplines
- In short, we have to build, and get out onto the bridge!

References

References