



# 10<sup>TH</sup> HEALTH SERVICES & POLICY RESEARCH CONFERENCE

#hsr17

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## *The art of compromise*

Collaboration between researchers and practitioners  
to support integrated care

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*'Knowing'*

**MIND THE GAP**

*'Doing'*

## Researchers

- Answer research questions
- Explore the unknown
- Publish papers
- Assessed on the number and quality of papers
- Rigorous data collection and analysis take a lot of time
- Evaluation and improvement are not 'proper research'

## Practitioners

- Solve practical issues
  - Interested in 'what works'
- Write reports/patient records
  - Assessed on patient outcomes and financial efficiency of services
    - Under pressure to deliver 'quick wins'
    - Evaluation and improvement are seen as valuable activities



# CLOSE THE GAP

## Why?

- Researchers are now expected to deliver 'societal impact'
- Healthcare organisations are expected
  - to use 'evidence'
  - to contribute to research

## By whom?

- Individual roles
  - Knowledge brokers
  - Facilitators
  - Hybrid clinician-researchers
- Collaborative research partnerships/networks

## 'PUSH'

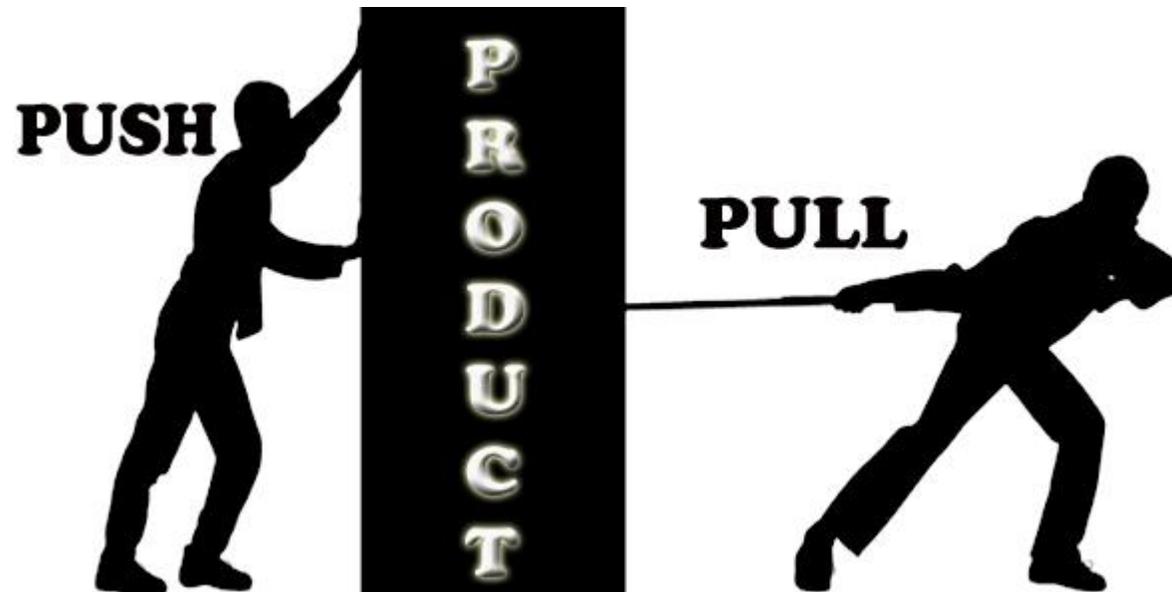
- Finished research product (evidence) is 'implemented' in practice
- **Implementation science:** Identifying best approaches to implementing evidence-based innovation

CLOSE THE GAP

## 'PULL'

- Practitioners look at existing evidence to address practical problems
- **Quality improvement:** Using evidence from research (and other sources!) to improve the outcomes of service provision

How?



# PROBLEMS



**PROBLEMS  
EVERYWHERE**

## 'PUSH'

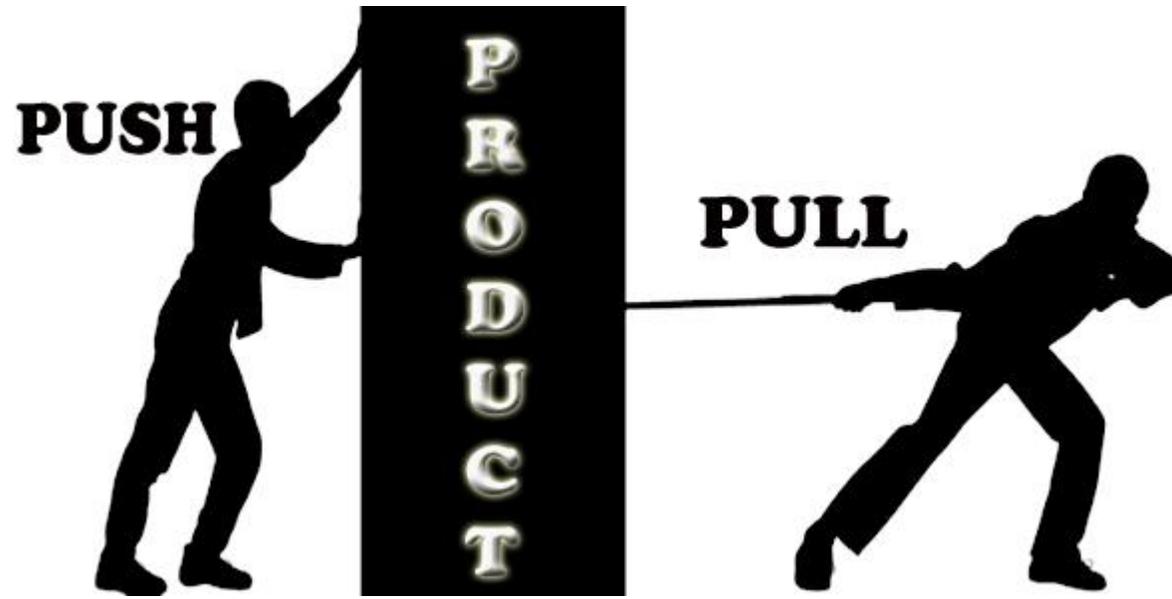
- There is often no demand at all



- Research evidence still has to be adapted to local context...
- ...But there is a fine line between 'adaptation' and 'distortion' or 'dilution'

## 'PULL'

- Evidence needed may not be available
- Practitioners may lack skills searching, appraising and synthesising evidence
- Research evidence still has to be adapted to local context...
- ...But there is a risk of its 'substitution' by the competing forms of evidence:
  - local data
  - anecdotal evidence



**THINK!**

*is there a better  
way to do it ?*

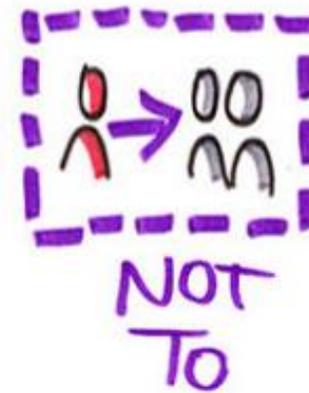
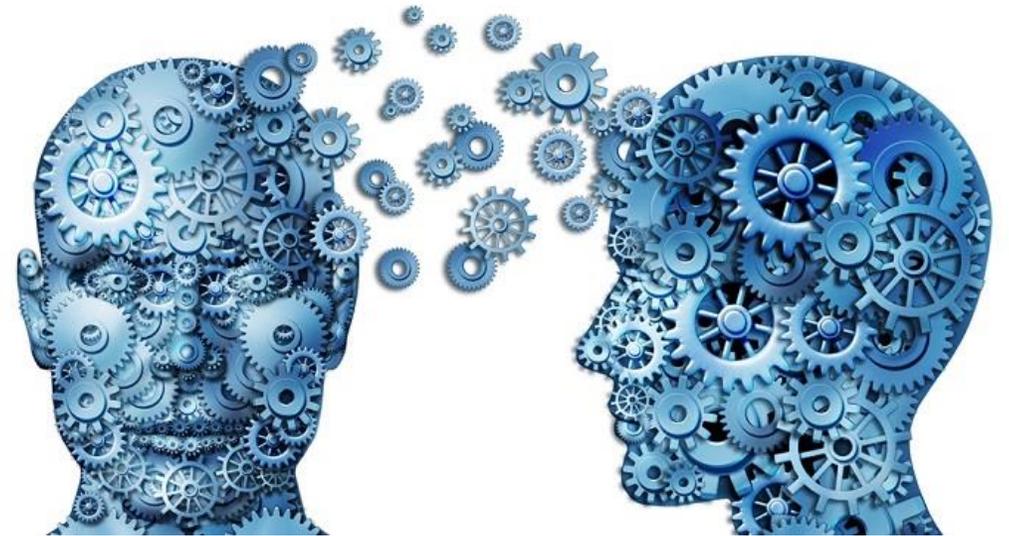


**Plant Efficiency starts with your ability**

# Exchange?



# Co-production!



# coproduce or co-produce

verb (used with object), **coproduced**, **coproducing**

1. to produce (a motion picture, play, **etc.**) in collaboration with others.
2. to manufacture (goods) in partnership with others.

✓ Research  
✓ Implementation  
✓ Impact



## Researchers

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## Practitioners

- Solve practical issues
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- Assessed on patient outcomes and financial efficiency of services
- Under pressure to deliver 'quick wins'
- Evaluation and improvement are seen as valuable activities

But do these differences automatically disappear once 'co-production' is adopted?..



*There is a dark side  
to everything...*



**ALWAYS LOOK  
ON THE  
DARK  
SIDE  
OF LIFE**

# collaboration

/kələbə'reɪʃn/ 

*noun*

noun: collaboration; plural noun: collaborations

1. the action of working with someone to produce something.

"he wrote a book in collaboration with his son"

*synonyms:* cooperation, alliance, partnership, participation, combination, association, concert;  
[More](#)

- something produced in collaboration with someone.  
"his recent opera was a collaboration with Lessing"

2. traitorous cooperation with an enemy.

"he faces charges of collaboration"

*synonyms:* fraternizing, fraternization, colluding, collusion, cooperating, cooperation, consorting,  
sympathizing, sympathy; conspiring

"Salengro had been accused of collaboration with the enemy"

*antonyms:* resistance



**KEEP  
CALM  
AND  
DEMAND  
EVIDENCE**

## Matched funding of the collaborative research programme

*50% from the National Institute of Health Research (government agency)*



*50% from the local healthcare organisations ('partners') – both in cash and in kind*

## Neither 'push' nor 'pull'

...[The researchers] had already done some work on chronic kidney disease ... and it gelled with what we were looking at, it was one of our priority areas anyway. **So I don't think it was all them pushing and it was a new thing for us or us saying, hey will you give us a hand with this? I think it just coincided at the same [time]...**

**Shared passion for the topic**

**Mutual commitment**

**Collaborative working**

Co-production



**Applied research**

**Implementation**

**Societal impact**

So how does  
co-production  
bridge the know-  
do gap?



# Moving beyond 'research' to embrace 'implementation' and 'improvement'

## What do practitioners value?

- *'something that... gives some **strategic alignment** to what we're trying to achieve'*
- *'**applied** healthcare research... **relevant and real** and something that can be used... easily'*
- *'**evaluation** and evaluation support... **service development... service improvement**'*
- *'**other forms of outputs... films and other media**'*
- *'events... that **aren't necessarily directly related to our research**'*

## What can researchers do?

- Frame the collaborative project for practitioners using their language and priorities
- Disguise 'research' as an 'add-on' to **implementation, evaluation or improvement**
- Support the partners' activities even if not related to research as a way of building relationships
  - Contribute to education/training
  - Give advice on practical issues
  - Jointly organise events
- Diversify project outputs (academic papers are not enough!)



# Opening up the 'research team'

## What do practitioners value?

- *'meeting face to face and trying to understand our intentions from our commissioning point of view'*
- *'I feel like an equal partner... what we can and do say is given credence'*
- *'harder evidence as well as the more qualitative and anecdotal type feedback'*
- *'very good project managers' who 'have kept us to all our timelines'*
- *'a group of [service users]... involved in the design of the tool... that was a huge selling point'*

## What can researchers do?

- Include the representatives of partnering organisations in the discussions
  - when choosing the topic
  - when designing the project
  - when implementing the project
  - when analysing the data
  - when working on the outputs
- Multidisciplinary project teams to address the 'wicked problems' of healthcare
  - quant and qual experts
  - clinical researchers and social scientists
  - project managers and facilitators
  - improvement experts
  - service users



# Flexibility in designing and conducting research

## What do practitioners value?

- *'having a really good **understanding of the services** that you're working with'*
- *'a study that would... take into consideration those [contextual] subtleties in a very **variable, flexible way**'*
- **'evidence to commissioners'**:
  - *'will this approach... save money in the long run?'*
  - *reduction in admissions'*
  - *'what works in our current services'*
  - *'what difference does [the intervention] make'*
- *'a study that is... **doable**... without it being burdensome on either the staff or managers'*
- *'[researchers] being very **open to feedback**'*

## What can researchers do?

- Use the 'local intelligence' about the priorities of the partnering organisations to inform research agenda
- Prioritise **pragmatic** (rather than purist) designs...
- ...And **implementable** (rather than ideal) interventions
- Genuinely listen to the partners' needs and modify research plans accordingly
- Research opportunities may arise unexpectedly
  - retrospective analysis of existing data
  - new external grant applications drawing on emerging themes
  - research into the *processes* of implementation/improvement



# What are the implications?

## Lots of (different) work!

- Two sets of project descriptions (academic and non-academic)
- Multiple project outputs
- Various non-research activities
- Offering the partners several research design options to choose from
- Continuously keeping in touch with the partners and other stakeholders

“Endurance juggling  
by a team of  
octopuses”





# What are the implications?

## Fundamental worldview change

- 'Researchers do not always know best'
- Embracing the impact agenda
- Epistemological and methodological tolerance
- Complementarity and division of labour (rather than competition and conflict)
  - between researchers and practitioners
  - between researchers and project managers
  - between different academic disciplines



COMPROMISE



# ...But what about practitioners? What compromises do they make?..

- Supporting the collaborative project within their own organisations:

- access
- engagement
- communication
- incentivisation
- training



- Agreeing to adjust the timescale and scope of the project to meet researchers' needs

- Accepting that the research results may be negative, failing to prove the effectiveness of an intervention



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to everything...*



**ALWAYS LOOK  
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# compromise

*/ˈkɒmpɹəmaɪz/* 

*noun*

noun: compromise; plural noun: compromises

1. an agreement or settlement of a dispute that is reached by each side making concessions.  
"eventually they reached a compromise"  
*synonyms:* agreement, understanding, settlement, terms, accommodation; *More*  
*antonyms:* intransigence
  - an intermediate state between conflicting alternatives reached by mutual concession.  
"a compromise between the freedom of the individual and the need to ensure orderly government"
2. the expedient acceptance of standards that are lower than is desirable.  
"sexism should be tackled without compromise"

A  
COMPROMISE  
IS AN  
AGREEMENT  
WHEREBY  
BOTH PARTIES  
GET WHAT  
NEITHER OF  
THEM  
WANTED.

# The 'dark side' of compromise in co-production of applied research

Research driven by practical need rather than academic novelty

The need to diversify project outputs

Ad-hoc research designs

Difficulties producing highly-ranked academic outputs

Threats to researchers' autonomy and integrity

The partnering organisations may dispute the interpretation of research findings

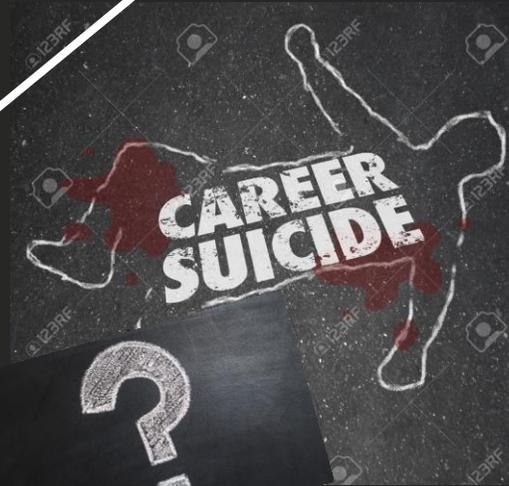
Researchers may self-censor themselves when presenting sensitive findings

For senior researchers co-production projects are part of a wider portfolio

Junior researchers have little power to influence the negotiation of compromise...

...But have to implement it

Early-career researchers are most vulnerable to the negative consequences of compromise



# Co-production dynamics can evolve over time

*Real-world example:*  
Same partners, different compromises!

Co-funding –  
Research +/-  
Impact +++

2008-2013

- Development of **Intervention 1**
- Its piloting and summative evaluation
- National spread
- The beneficiary organisation DID NOT provide funding
- Large-scale societal impact
- Few research outputs

Co-funding ++  
Research +  
Impact +

2013-2016

- The beneficiary organisation became a co-funder
- Feasibility study of **Intervention 1** in a new context
- Feasibility study of **Intervention 2** – discontinued!
- Some research outputs
- Some local impact

Co-funding ++  
Research +++  
(Impact +++)

2016-2018

- Randomised Controlled Trial of **Intervention 3**
- The co-funder actively supports the study
- Potential for several high-quality research outputs
- If the intervention is effective, strong likelihood of national impact



...implies a major shift away from the 'traditional' modes of researcher-practitioner interaction



...is not easy and requires collective effort

...is not without limitations...

...but can 'make a difference'



...involves compromises on both sides

...evolves over time as relationships develop



How to develop implementation-savvy researchers and research-savvy practitioners?

