Disseminating research: how joint NHS and university posts can support this process

There are challenges in sharing research findings within the NHS. Work informed by academic and practitioner teams is more likely to be successfully disseminated.

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This article outlines the key challenges inherent in sharing and disseminating research findings within NHS organisations. Staff working in joint posts between universities and clinical settings are in a unique position to address these challenges. They should encourage article publication, presentations, and the implementation of recommendations that are locally relevant.

An action research approach is key to boosting the likelihood of findings being implemented. Such steps would also enable clinical staff to become more research aware.

Practitioners conduct research projects for a range of reasons. They may wish to use research to challenge, improve, or advance and evaluate practice for individuals or services.

There are also personal development opportunities that attract people to research, including educational attainment or career advancement.

Research projects may be undertaken to attract funding to an organisation, to support the funding of research posts, or to promote areas of specialty.

However, despite the opportunities presented by research, there are key challenges associated with the sharing and dissemination of research findings within and between organisations.

This article will outline some of the challenges and consider how staff working across university and NHS organisations (particularly those in formal joint posts) could use their roles to address these issues.

DEFINITION OF DISSEMINATION Freemantle and Watt (1994) suggest dissemination is the mechanisms and strategies by which specific groups become aware of, obtain and make use of information.

This definition introduces the notion of targeting specific groups with information that may be relevant, while also highlighting the necessity of such groups being able to make use of the information once received.

A goal of the researcher, according to Pellecchia (1999), should be “to disseminate the findings, thereby adding new knowledge to the field”. This point is echoed by the NHS Institute for Innovation and Improvement (2010) and the Foundation of Nursing Studies (2010).

THE IMPORTANCE OF EFFECTIVE DISSEMINATION Effective dissemination can support staff to share information about developments in healthcare practice, and help services adopt and implement innovation.

In addition, dissemination is a key process in evidence-based practice, enabling healthcare staff to make decisions based on quality information regarding the effectiveness and cost-effectiveness of proposed healthcare interventions (Scott and McSherry, 2009).

Rycroft-Malone and Bucknall (2010) outline and critique several models and frameworks designed to facilitate getting evidence into practice, a key factor in successful sharing and dissemination of research findings.

The detailed study from Song et al (2010) on the importance of sharing and dissemination and the need to avoid research dissemination bias provides useful information about the promotion of evidence-based decision making. To support healthcare practitioners to improve the quality of healthcare and health outcomes, it is important to satisfy two conditions:

- High quality research, making use of both qualitative and quantitative methods, into the effects and impact of interventions must be undertaken;
- Incorporation of research into health policy and clinical practice.

The promotion of high quality, innovative practice does not require all team members to be research active, but it does require all team members to be research aware (Scott and McSherry, 2009; McSherry and McSherry, 2001), to be able to access information about service developments, innovations and research findings, but also to be able to interpret this information in a useful way. Yet commentators report that there is a lack of expertise to discuss research (Kajermo et al, 2000).

As well as ensuring that staff members have access to research findings and the ability to critique these findings, it is important that service users and carers also have access to recent research as well as...
support to interpret the findings of locally conducted research work. If service users and carers are to be supported and encouraged to exercise choice about their care, they need good quality, timely information that is relevant and appropriate to their situation.

**PROMOTION OF DISSEMINATION**

In 1996, the NHS Research and Development programme introduced two mechanisms to promote the dissemination of research to clinicians:

- The NHS Centre for Reviews and Dissemination, a joint collaboration between the National Institute of Health Research (NIHR) and the University of York;
- The UK Cochrane Centre (www.cochrane.org.uk).

The Cochrane group has outlined a range of intervention strategies to support the dissemination and implementation of clinical guidelines to clinicians. These are outlined in Box 1.

However, the nature of evidence is that it is weighted heavily towards quantitative methods. This requires in-depth knowledge and understanding of complex statistical methods. Many practitioners will not have the underpinning knowledge to interpret and transfer such findings into their practice (Chummun and Tiran, 2008).

**CHALLENGES TO EFFECTIVE DISSEMINATION**

Hunt (1984) proposed that nurses may experience specific difficulties when attempting to make use of research findings in practice.

Different professional groups across the NHS receive different levels of research education during their training. For example, nurses and occupational therapists have traditionally received little information about research methods during their pre-registration training, although, as Veeramah (2007) indicates, this has been addressed in recent years. A range of teaching methods is now being used to engage and develop research awareness in pre-registration education (Irvin et al, 2008). Undergraduate psychology degrees, on the other hand, have always had a high research content, often necessitating the completion of a research-based dissertation.

The move towards multidisciplinary teamworking, and the expectation that all team members will understand and respond to research information in the same way, is undermined by the different levels of research awareness and experiences within these teams and suggests a need for further, individualised research support.

Publication in academic journals is a key activity for academic researchers in disseminating their work. Yet scientific journals are not effective in influencing practice (Watt, 1996). One of the consequences of academics focusing on academic publications is that research is regarded by some clinicians as an activity to be carried out by university departments or research units, not by key NHS staff.

Indeed, Newman et al (1998) found that, the closer NHS staff were to the provision of care, the less aware they were of developments in their specialty areas. Within the university setting, the reverse can be a challenge for academics who are required to stay in touch with innovative practice in the NHS to be able to implement research into teaching or supervision sessions.

Although a range of research is carried out across NHS organisations, researchers themselves may provide only limited guidance as to the application of findings in practice. Although all researchers are required to provide their plans for dissemination prior to being granted ethical permissions, not all researchers engage actively in the dissemination of their research findings to participating NHS organisations or services.

It is common practice for written summaries of research findings or final reports to be circulated to participating research and development departments of NHS organisations. However, researchers do not always have the opportunity to re-enter the organisation to support the interpretation of findings, or to explore opportunities for dissemination and implementation where appropriate.

Researchers assistants – commonly responsible for data collection – are often employed on short term contracts related to specific research projects and move on to other contracts on completion of project work. These research assistants may have been the face of the research project, and would be helpful to clinicians interpreting findings and applying results to the context of their own services.

Although the NHS is keen to promote the role of the academic clinician, NHS research may be led by researchers based in universities or trust based academic units. This may result in a perception of the researcher as an outsider, which can promote compliance with research protocols and data collection, but could have a negative impact on the uptake or internalising of research findings by clinicians.

The challenges that clinicians experience in accessing and applying research findings may mean that research and development activities are not prioritised alongside other clinical work.

The clinical workload of many practitioners can mean that research and development activities are marginalised. The difficulty in prioritising research activity in busy clinical settings may be exacerbated by the poor dissemination of findings – and therefore the limited uptake of findings – particularly from regional research or project work.

Complex governance processes within organisations may limit the opportunities for individual clinicians to initiate changes to practice or instigate service developments. For these reasons, clinicians may experience a lack of incentive to engage with research, leading to a lack of experience and confidence when opportunities arise.

**IMPLICATIONS FOR NURSING PRACTICE**

There are several key factors that highlight the importance of joint posts in promoting the sharing and implementation of research findings within the NHS.

**Dissemination**

Dissemination needs to be considered at the earliest stage of project planning, with bids for funding including a period of time specifically for dissemination at the end.

Links with audit committees or departments are required to strengthen the implementation of any research findings, and evaluation of successful implementation into practice, using outcome measures.

**Academic advisers**

There is a role for academics holding joint posts in clinical settings to dismantle some of the challenges to effective dissemination across NHS organisations. Locating an academic who has experience of carrying out and applying research within an NHS trust should provide an advisory...
link. They can help support change and provide support for clinicians to interpret findings and consider how to implement any changes to practice.

Where researchers are no longer available to share and disseminate information after completed research, an academic in a joint post could take on this role, and disseminate information in a range of creative, context-appropriate ways.

Where staff are doing small scale project work, academic support to promote publication in professional journals, and the preparation of seminars and presentations for local delivery, can be very helpful. Examples of publications that have arisen from such support include Foster et al (2009), Couchman et al (2008) and Hall et al (2007).

Although the findings of a research project remain static, the ways in which findings are presented differ according to the needs and knowledge of the local audience. Researchers have a role in adjusting the presentation of findings to meet the needs of professionals to support their application into practice, as well as to help professionals consider the relevance of research findings to them. Academics may be aware of different theoretical models from a range of clinical fields that could support dissemination in practice. For example, the Rogers’ (1985) diffusion of innovation model challenges a top-down approach to change, encouraging a diffusion approach and the full involvement of all participants in research.

Business models, particularly those stemming from organisational development theorists, may be helpful, as well as the behavioural models of change stemming from health psychology. One example is protection motivation theory designed to address change, and the vulnerability that may stem from a refusal to change.

Action research
It is important for local trusts to carry out research that is contextually relevant, rather than having to rely on national findings which may be difficult to apply in practice. For information on action research see Lewin (1946) and for action research projects see Endacott et al (2010), Whitehead et al (2003) and Corlett (2000).

Action research stands a greater chance of application in practice as it permits change during the process of project work, in line with service needs, encourages full involvement of all participants (including staff), and findings are implemented throughout the life of the project.

Knowledge transfer
It is important that all teaching contains recent research findings from innovative practice, particularly that carried out locally. The joint post may be the key to sharing of current, timely information between universities and NHS organisations.

Research information can be integrated into local teaching programmes, and any learning and support needs identified within the clinical setting should be addressed through course development or other opportunities for support. There is also the opportunity for individuals who show academic promise to be identified and signposted to further development, including doctoral work. Formal programmes to support such development could be initiated by joint posts, including secondment opportunities or mentoring relationships.

CONCLUSIONS
There is a range of opportunities from joint academic posts between universities and NHS organisations that could improve the sharing and dissemination of research and innovation.

Close contact between staff working within these organisations can support joint project work as well as encouraging article publication, presentations and the implementation of recommendations that are contextually relevant, individualised and based on the skills of the members of multidisciplinary teams.

Project work that is informed by teams that include academic and practitioner members is more likely to be shared and disseminated successfully across academic and NHS organisations.

Furthermore, the adoption of action research or consensus building approaches to project work, underpinned by academic knowledge and theory, could increase the likelihood of findings being implemented, and recommendations from project work being relevant to local teams.

Such an approach could support practitioners to become research aware and provide opportunities for staff to experience project work. It also provides opportunities for staff to become research aware, based on locally relevant, well-designed studies.

REFERENCES


