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Review Paper

Using interactive workshops to prompt knowledge exchange: a realist evaluation of a knowledge to action initiative

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ABSTRACT

Introduction: Interactive workshops are often the default mechanism for sharing knowledge across professional and sector boundaries; yet we understand little about if, and how, they work. Between 2009 and 2011, the Research to Reality programme in North East England ran eight stand-alone facilitated multi-agency workshops focused on priority public health issues. Local authorities, the health service, and academe collaborated on the programme to share latest evidence and best practice

Methods: A realist evaluation asked the overarching question 'what worked where, for whom, and under what conditions' regarding the knowledge exchange (KE) mechanisms underpinning any changes. Data were collected from fifty-one interviews, six observations, and analysis of programme documentation.

Results: 191 delegates attended (local authority 46%, NHS 24%, academia 22%, third sector 6%, other 2%). The programme theory was that awareness raising and critical discussion would facilitate ownership and evidence uptake. KE activity included: research digests, academic and senior practitioner presentations, and facilitated round-table discussions. Joint action planning was used to prompt informed follow-up action. Participants valued the digests, expert input, opportunities for discussion, networking and 'space to think'. However, within a few months, sustainability was lost. There was no evidence of direct changes to practice. Multiple barriers to research utilization emerged.

Discussion: The findings suggest that in pressured contexts exacerbated by structural reform providing evidence summaries, input from academic and practice experts, conversational spaces and personal action planning are necessary to create enthusiasm on the day, but are insufficient to prompt practice change in the medium term. The findings question makes assumptions about the instrumental, linear use of knowledge and of change focused on individuals as a driver for organizational change. Delegates' views of 'what would work' are shared. Mechanisms that would enhance interactive formats are discussed.

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Introduction

There is nothing straightforward, logical or guaranteed about research usage and its uptake into practice.^{1–3} It is a social and dynamic process, heavily shaped by cultural and contextual factors.^{4–7} Increasingly, efforts are underway to explore what works in knowledge transfer and exchange strategies.⁸ Interactive workshops are often the default mechanism for sharing knowledge across professional and sector boundaries;⁹ yet we understand little about if, and how, they work. Since the 1930's¹⁰ workshops have been associated with participatory management approaches. Through two-way communication and engagement, workshops are believed to facilitate up-take of ideas and ownership of subsequent changes. However, as a knowledge-to-action technique, 'success' may depend on workshop design and use, and in practice the term 'workshop' may cover multiple approaches. Workshops may be didactic and directed, attempting to steer and propel evidence-informed change, or seek to enlighten and raise awareness.⁹ If workshop components can mediate between 'evidence' and its uptake (through the psycho-social mechanisms of involvement and ownership) then the precise nature of the 'active ingredients' and the conditions under which they work (or not) should be explored. This paper addresses these issues.

In relation to the Research to Reality (R2R) programme we define our terms as follows (drawing upon^{11–13}):

- *Knowledge transfer*: the one-way process of sharing research evidence with a targeted group of potential research-users (e.g. education and information giving);
- *Knowledge translation*: efforts to 'package' research findings in a language and format useful to potential research-users, perhaps adding interpretation and pulling out key messages;
- *Knowledge exchange*: a two-way process where knowledge, evidence, opinions and experiences of 'what works' are shared and discussed by stakeholders; and
- *Knowledge-to-action*: any reported changes to practice following and based-upon workshop attendance.

Background

The Research to Reality (R2R) programme (which ran from November 2009–January 2011) comprised eight facilitated multi-agency workshops in the North East (NE) of England, and focused on national performance targets in public health.¹⁴ Initiated by the Regional Improvement and Efficiency Partnership¹⁵ R2R was a collaboration across local government,¹⁶ the National Health Service (NHS¹⁷) and a regional public health research collaborative.^{18 d} The initiative

^d R2R was a collaboration between the former Regional Improvement and Efficiency Partnership (RIEP) the Association of North East Councils (ANEC), Fuse (the Centre for Translational Research in Public Health), and the NE Strategic Health Authority (SHA). In 2010, a new government was elected in the UK, (in the middle of the programme), and healthcare system reforms were introduced. At the time of writing the SHA and RIEP no longer exist. The national performance indicators were changed.

Table 1 – Six R2R workshops included in the evaluation and their corresponding public health targets.

Topic	Targets in England (National Indicators, NI)
Stopping smoking	NI 123
Alcohol related harm	NI 39
hospital admissions	
Under 18 conception rate	NI 112
Work and Incapacity	NIs (152, 153, 173)
Obesity amongst Primary	NI 56
School aged children	
NEETs (16–18 year olds Not in	(NI 117)
Employment, Education	
or Training)	

was made possible by the convergence of several factors, including: examination of comparative data on the performance targets within the NE region (showing common public health issues but varying degrees of success in tackling them); the desire to further explore the nature of complex cross-cutting health, social, and economic well-being issues; a wish to raise awareness of effective interventions; and the availability of funding for the programme. The R2R programme and evaluation were overseen by a steering group (SG) comprised of representatives from these bodies and was co-funded by local government and the NHS.

As a convenience sample, the first six of the eight workshops were included in the evaluation, and covered topics which reflect common priorities based on local performance targets (Table 1).

Aims of the programme

The programme aims were wide-ranging and decided by the SG's local authority and NHS representatives with input from the academic members and aimed to: facilitate (two-way) KE between academics and practitioners; provide the evidence base for alternative approaches leading to achievement of targets and improved outcomes; share innovative practice and improve networks between practitioners from different organizations at the strategic and (senior) practitioner levels; and identify potential areas for further research. The specific topics for the workshops were selected by the local authorities.

Workshop invitations were issued via local government circulation lists and targeted at people working to address the public health targets, including policy and strategic leads, portfolio holders, partnerships managers and service managers, alongside lead professionals from partner organizations (e.g. primary care, the acute sector, and third sector organizations).

Programme theories

The programme theory (highlighting the underlying psycho-social mechanisms providing the active ingredients to facilitate change), was:

- by facilitating critical discussion of 'what works' (academic and practice-based evidence, in written and verbal form), across academic and field experts and amongst peers,

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