Social Science & Medicine 136-137 (2015) 147–155

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

The SPIRIT Action Framework: A structured approach to selecting and testing strategies to increase the use of research in policy

Sally Redman [a, *], Tari Turner [b], Huw Davies [c], Anna Williamson [a, d], Abby Haynes [a], Sue Brennan [b], Andrew Milat [e], Denise O'Connor [b], Fiona Blyth [a], Louisa Jorm [f], Sally Green [b]

[a] Sax Institute, Sydney, Australia
[b] School of Public Health and Preventative Medicine, Monash University, Melbourne, Australia
[c] Research Unit for Research Utilisation, University of St Andrews, Scotland, United Kingdom
[d] School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia
[e] NSW Ministry of Health, Sydney, Australia
[f] University of Western Sydney, NSW, Australia

ARTICLE INFO

Article history:
Available online 15 May 2015

Keywords:
Action framework
Knowledge exchange
Research use

ABSTRACT

The recent proliferation of strategies designed to increase the use of research in health policy (knowledge exchange) demands better application of contemporary conceptual understandings of how research shapes policy. Predictive models, or *action frameworks*, are needed to organise existing knowledge and enable a more systematic approach to the selection and testing of intervention strategies. Useful action frameworks need to meet four criteria: have a clearly articulated purpose; be informed by existing knowledge; provide an organising structure to build new knowledge; and be capable of guiding the development and testing of interventions. This paper describes the development of the SPIRIT Action Framework. A literature search and interviews with policy makers identified modifiable factors likely to influence the use of research in policy. An iterative process was used to combine these factors into a pragmatic tool which meets the four criteria. The SPIRIT Action Framework can guide conceptually-informed practical decisions in the selection and testing of interventions to increase the use of research in policy.

The SPIRIT Action Framework hypothesises that a ***catalyst*** is required for the use of research, the response to which is determined by the ***capacity*** of the organisation to engage with research. Where there is sufficient capacity, a series of ***research engagement actions*** might occur that facilitate ***research use***. These hypotheses are being tested in ongoing empirical work.

1. Introduction

Governments around the world increasingly recognise the potential of research evidence to improve health outcomes and optimise resource use (e.g. Cabinet Office, 1999) and are therefore encouraging their staff to use research in health policy and program design. There has been a rapid development of knowledge exchange strategies designed to help policy agencies make better use of research, including the work of organisations like: the Canadian Health Services Research Foundation; WHO EVIPNet; the European Union's DECIDE; the Sax Institute; the Australasian Cochrane Collaboration, and the UK Centres for Public Health Excellence.

At the same time, the past two decades have also seen more sophisticated theoretical and conceptual descriptions of the dynamic iterative process of policy development and the ways in which research can contribute to health policies and programs (e.g. Dobbins et al., 2002; Graham and Tetroe, 2008; Weiss et al., 2005). 'Research use' is increasingly regarded as a social, interactive,

* Corresponding author. Sax Institute, PO Box K617, Haymarket, NSW 1240, Australia.
E-mail addresses: Sally.redman@saxinstitute.org.au (S. Redman), tari.turner@worldvision.com.au (T. Turner), hd@st-andrews.ac.uk (H. Davies), Anna.williamson@saxinstitute.org.au (A. Williamson), Abby.haynes@saxinstitute.org.au (A. Haynes), sue.brennan@monash.edu (S. Brennan), andrew.milat@doh.health.nsw.gov.au (A. Milat), denise.oconnor@monash.edu (D. O'Connor), Fiona.blyth@saxinstitute.org.au (F. Blyth), l.jorm@uws.edu.au (L. Jorm), sally.green@monash.edu (S. Green).

http://dx.doi.org/10.1016/j.socscimed.2015.05.009

highly contingent and context-dependent process (Nutley et al., 2007). It has become clear that policy agencies use research instrumentally (to inform specific decisions), apply it conceptually (e.g. in problem reframing), and deploy it strategically (to gain influence) (Nutley et al., 2007). This highlights the need to focus not just on individual attitudes and behaviours, but also on social and organisational context and on the structures, processes and environments that surround them.

Much has been learnt from this theorising. However, the recent proliferation of strategies designed to increase the use of research in policy demands a second phase of conceptual development that focuses more explicitly on assisting the design and testing of intervention strategies. This second phase should build on the existing conceptual work to better identify where, how and what strategies can be employed to help agencies make best use of research in their work, to support the evaluation of these efforts and to build empirically-based cumulative knowledge about knowledge exchange.

Most contemporary conceptual understandings of the research-policy nexus posit that this involves messy, complex processes that defy simple, rational and delineated articulation (e.g. Crilly et al., 2010; Sanderson, 2006). Yet, paradoxically, intervention strategies and evaluation methods necessarily require a degree of structure and simplification. This paper is an attempt to bridge the socio-political messiness of the policy world and the practical requirements in the design and testing of interventions in that world.

Conceptual development in knowledge exchange has produced theories, models and frameworks that attempt to organise what is known about the field (Davies et al., 2011). There is a long history of debate about the differing ways that knowledge organisation can contribute to scientific development (e.g. Kuhn, 1962; Popper, 1983), and these terms are often used loosely and somewhat interchangeably in the emerging field of knowledge exchange (Kitson et al., 2013). We do not attempt to disentangle the terminology here, but we do note a useful distinction between conceptualisations that *describe* the properties, characteristics and qualities of a phenomenon, and those that seek to *explain or predict* by specifying causal relationships, hypotheses and propositions (e.g. Eccles et al., 2005; Gregor, 2002; Rycroft-Malone and Bucknall, 2010). Predictive theories may be particularly useful for the design and testing of interventions because they seek to explain how change can be effected and identify modifiable predictors. In this paper, we refer to theories, models or frameworks that are useful for designing and testing interventions as *action frameworks.*

An *action framework* that underpins the development and evaluation of knowledge exchange interventions will have a number of properties. It will:

1. Have a clearly ***articulated purpose*** and identify the foci for change – in the individual, the organisation and more widely (Rycroft-Malone and Bucknall, 2010).
2. Be ***informed by existing understanding*** of what influences the use of research in health policy, including descriptive models and empirical findings (Eccles et al., 2005; Rycroft-Malone and Bucknall, 2010), drawing on the widest possible range of social science.
3. Be capable of ***guiding the development and testing of specific and targeted interventions***, including the generation of program logic models and the identification of proximal and distal outcomes and associated measures (Eccles et al., 2005; Gregor, 2002). An action framework creates the rationale for selecting particular intervention points and strategies.
4. Provide an ***organising structure to build knowledge*** (Eccles et al., 2005; Gregor, 2002; Rycroft-Malone and Bucknall, 2010). It will generate testable hypotheses about the drivers of research use and assemble these into causal pathways that have predictive value and are capable of explaining why a particular strategy might or might not work, and under what circumstances. This creates a structure to build knowledge about processes and impacts through testing, confirming, refuting and enriching components of the model over time. A useful action framework will drive the collection of empirical data about contested concepts such as the boundaries between research engagement and research use, and the linkages between attitudes and actions.

In sum, an action framework pulls together existing understanding and insights (theoretical and empirical) to allow the design and structured testing of interventions It summarises and structures existing knowledge, deploys it in action, and provides a framework for the expansion of that knowledge.

There are a growing number of theories, models and conceptual frameworks about research and policy that do seek to identify predictions and prescriptions for knowledge exchange (e.g. Dobrow et al., 2004; Graham and Tetroe, 2008; Greenhalgh et al., 2004; Kitson et al., 2008; McWilliam et al., 2009; Ogilvie et al., 2009; Tabak et al., 2012). While these often provide useful insights, we were unable to locate any attempts to develop an action framework relevant to the use of research to inform policy that was pragmatically-oriented with all the properties outlined above. Too often, existing conceptualisations point to the messy and contingent nature of the policy process but fail to guide necessarily structured and pragmatic responses. This gap is recognised in the field: in recent survey work of agencies active in influencing policy only 4% of respondents disagreed with the statement that *'many of the existing knowledge mobilization frameworks are hard to operationalize'*. (Davies et al., 2015 (in press)).

The absence of pragmatic action frameworks has been noted in implementation research (e.g. Eccles et al., 2005) and in knowledge exchange (Graham et al., 2013; Kitson et al., 2013). Contandriopoulos et al. (2010)'s narrative systematic review concludes:

> *…our results suggest that the best available source of advice for someone designing a knowledge exchange intervention will probably be found in empirically sound conceptual frameworks that can be used as field guides to decode the context and understand its impact on knowledge use and the design of knowledge exchange interventions* (Contandriopoulos et al., 2010: 48)

This paper describes the development of such a 'field guide', the SPIRIT Action Framework, which was designed to underpin an intervention and evaluation study known as SPIRIT -Supporting Policy In health with Research: an Intervention Trial (CIPHER Investigators, 2014). SPIRIT is evaluating the impact of a suite of strategies designed to increase the capacity of health policy agencies to use research. It targets both the organisation and the individual policy maker, defined in this trial as someone who drafts or writes health policy documents or develops health programs, or who makes or contributes significantly to policy decisions about health services, programs or resourcing (Haynes et al., 2015). This paper examines the extent to which the SPIRIT Action Framework has the properties of a useful action framework outlined above. While there is dispute about the terminology (e.g. Davies et al., 2008; Graham et al., 2006; Greenhalgh and Wieringa, 2011; McKibbon et al., 2010), we use the term 'knowledge exchange' to denote a broad and inclusive array of activities designed to bring policy processes into closer engagement with research-based knowledge.