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Unpacking capacity to utilize research: A tale of the Burkina Faso public health association

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ABSTRACT

One of the most important challenges in addressing global health is for institutions to monitor and use research in policy-making. In low- and middle-income countries (LMICs), civil society organizations such as health professional associations can be key contributors to effective national health systems. However, there is little empirical data on their capacity to use research.

This case study was used to gain insight into the factors that affect the knowledge translation performance of health professional associations in LMICs by describing the organizational elements and processes constituting capacity to use research, and examining the potential determinants of this capacity.

Case study methodology was chosen for its flexibility to capture the multiple and often tacit processes within organizational routines. The Burkina Faso Public Health Association (ABSP) was studied, using in-depth, semi-structured interviews and key documents review. Five key dimensions that affect the association's capacity to use research to influence health policy emerged: organizational motivation; catalysts; organizational capacity to acquire and organizational capacity to transform research findings; moderating organizational factors. Also examined were the dissemination strategies used by ABSP and its abilities to enhance its capacity through networking, to advocate for more relevant research and to develop its potential role as knowledge broker, as well as limitations due to scarce resources. We conclude that a better understanding of the organizational capacity to use research of health professional associations in LMICs is needed to assess, improve and reinforce such capacity. Increased knowledge translation potential may leverage research resources and promote knowledge-sharing.

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Introduction

Bridging the "know–do gap" has emerged as one of the most important drivers of improvements in health systems in low- and middle-income countries (LMICs) (Nchinda, 2002; Sitthi-amorn & Somrongthong, 2000; World Health Organization, 2004b). This recognition has led health systems policy-makers around the world to commit to improving the policy development process through the use of appropriate research evidence (Global Ministerial Forum on Research for Health, 2008; World Health Organization, 2004b) and to use this research to inform the policy development process. Various pressures on health systems in LMICs inhibit this process. In particular, the limited ability of institutions to monitor research and to increase the use of research findings in policy-making is one of the most important challenges in addressing population health in LMICs (World Health Organization, 2007). Recent international attention has also recognized the potential contribution of Civil Society Organisations (CSOs) (Global Ministerial Forum on Research for Health, 2008; Third High Level Forum on Aid Effectiveness, 2008; World Health Organization, 2004a). However, to date, interest has been focused on LMICs' capabilities to set priorities and generate knowledge, rather than on developing of effective interfaces to enable knowledge translation, for policy-makers and CSOs (World Health Organization, 2007).

Health professional associations, such as nursing or public health associations, are a special type of CSO. They are increasingly involved in the common functions of health systems, such as stewardship, human resources, and utilization of research (Joint Learning Initiative, 2004; Lavalle, Acharya, & Houtzager, 2005; Pang et al., 2003). Strong health professional associations provide leadership in advocating, educating and informing health policy at the country level, as well as in providing culturally appropriate, evidence-based skilled health care to their population.

Health professional associations also work with governments and other stakeholders in developing and implementing health policy. They lobby, promote and educate regarding the essentials of

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effective health care with the general public, governments and international organizations (Hamel, Pedneault, Perron, & Salewski, 2007). While only anecdotal evidence in the literature suggests a role of health professional associations in reducing mortality, their presence within an LMIC seems to improve population health (Chamberlain, McDonagh, Lalonde, & Arulkumaran, 2003). Health professional associations are often involved in the regulation of their profession, and some set standards for education and care by emphasizing evidence-based practices. Finally, they also maintain linkages with education institutions and communication channels with their membership, which makes them one of the most effective mechanisms for knowledge transfer to health professionals (Hamel et al., 2007; Joint Learning Initiative, 2004; World Health Organization, 2004b).

A survey of CSOs in LMICs from sectors of governance, agriculture, education and gender found that when seeking to influence policy the majority used strategies of networking with other organizations and considered case studies to be the most effective form of evidence, followed by academic research papers (Kornsweig, Osborne, Hovland, & Court, 2006). No mention of the use of systematic reviews was made in this survey. Although researchers have attempted to understand how CSOs use evidence to influence policy, there remains limited evidence specific to the health sector (Pollard & Court, 2005; World Health Organization, 2007). This survey and a smaller one of health professional associations showed that the majority of respondents believed that using evidence to influence policy was highly relevant to their organization's agenda, but that characteristics of the organization limited its ability to do so (Hamel, 2010; Kornsweig et al., 2006).

Most literature on how health organizations use research has focused either on individuals or on the organization's structure, rather than on organizational capacity as a distinct variable. It has been argued that an organization will be more likely to incorporate research findings in its routines and processes if it is large, mature, functionally differentiated (with semi-independent departments) and specialized, with strong professional knowledge, enough resources and decentralized decision-making structures (Damanpour, 1991). Similar determinants of innovation within health care organizations were also found, including the competence of staff and the availability of expertise (Fleuren, Wiefferink, & Paulussen, 2004). A systematic review of services organizations, including the health sector, identified some additional organizational features. The "structural determinants" (such as size and functional differentiation) were confirmed to be significantly associated with the adoption of innovations in these organizations. But there were also two non-structural determinants that impact what is called organizational innovativeness: receptive context for change and absorptive capacity (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004).

In this article, we adopt the concept of "absorptive capacity:" the ability of an organization to recognize the value of new external knowledge; to assimilate it; and to apply it to improve its performance (Cohen & Levinthal, 1990; Van den Bosch, Van Wijk, & Volberda, 2003). Later this definition was expanded to "a set of organizational routines and processes by which firms acquire, assimilate, transform and exploit knowledge to produce a dynamic organizational capability" (Zahra & George, 2002, p. 186). The notion of absorptive capacity is thus useful for the conceptualization of an LMIC health professional association's organizational capacity to use research. It is particularly valuable in relation to three capabilities that are relevant to an organization's performance in influencing policy development and implementation: recognizing the value of research, assimilating research and applying research.

The findings reported here are part of a larger research project that explores how organizational capacity to use research influences the knowledge translation strategies of health professional associations in LMICs. The goal of this element of the project was to gain insight into the organizational factors that affect the ability of health professional associations in LMICs to use research to influence policy development and implementation by: describing the relevant organizational elements and processes and examining the potential determinants that might influence this organizational capacity.

Methods

An interview-based case study of a single organization was used. Case studies are flexible enough to capture the multiple and often tacit processes that are embedded within organizational routines. Selection of a single case study reflects Flyvbjerg's (2006) insights regarding information-oriented selection which is a method for selecting cases "on the basis of expectations about their information content" (p. 230). No inference about generalizability can necessarily be drawn from case studies selected on this basis, but that was not the intent here. Rather, an information-rich setting was chosen for its ability to contribute to understanding organizational capacity to use research (Patton, 2002; Yin, 2003). In other words, an association that does not use research would not be a useful setting. The case study, in turn, informed the development of a survey to gather descriptive information on key factors that influence the effectiveness with which LMIC health professional associations use research (Hamel, 2010).

Setting

The participant organization was recruited from the 19 LMIC health professional associations that were in partnership with the Canadian Nurses Association, the Canadian Public Health Association (CPHA), and the Society of Obstetricians and Gynaecologists of Canada in 2009. These partnerships were funded by the Canadian International Development Agency, Canada's development assistance lead agency, and focused on strengthening institutional capacity (Canadian Nurses Association, 2009; Canadian Public Health Association, 2009; Society of Obstetricians and Gynaecologists of Canada, 2009). The goal of these partnership programs is to strengthen national organizations by providing financial and technical assistance. As health professional associations mature, many reach a point where they have 'graduated': they are capable of achieving their planned objectives and no longer require direct support through their Canadian partners. Canadian managers from the partnership programs were asked to identify a partner that had reached a mature level of institutional capacity, and utilized research in its operations.

Subsequently, the Burkina Faso Public Health Association (ABSP) was contacted by a letter describing the project and was invited to participate. The ABSP was established in 1991 and entered a partnership with the CPHA 4 years later. The ABSP graduated in 2005 after 10 years of support. As of the summer 2007, ABSP had over 100 members (teachers, physicians, health officers, and administrators with public health as a main interest) and a single active branch. The mission of the association is to promote the health of the greatest number of the Burkinabé people and to bring together interested parties working in areas affecting public health. Since the establishment of the ABSP, its main activities have been raising awareness; continuing education of the membership; consultation services for other associations; and research. Its work targets several public health issues: HIV/AIDS; smoking; reproductive health; youth health; and fair access to health care services.

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