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Evidence use among senior management in the Irish health service: understanding preferences and practices

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- *Presentation is intended for educational purposes, results yet to be submitted to a journal for peer-review*

Types of evidence used to policy & practice

- Evidence poorly defined or assumed to refer solely to research.

- Survey of UK public health policymakers (Oliver & de Vocht, 2017).
  - Local data were the most used and most valued
  - Included surveillance data (morbidity and mortality), service provision data, models of patient flows, and health and social care records

- “Knowledge from a variety of sources that has been subjected to testing and has found to be credible” (Rycroft-Malone et al, 2004).

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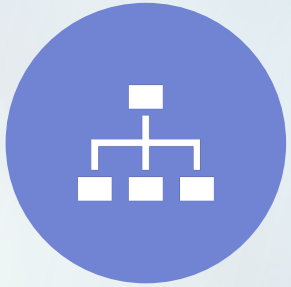
- Oliver, K.A. and de Vocht, F. (2017) Defining ‘evidence’ in public health: A survey of policymakers’ uses and preferences, *European Journal of Public Health*, 27(Suppl. 2), 112–117.
- Rycroft-Malone, J., Seers, K., Titchen, A., Harvey, G., Kitson, A. and McCormack, B. (2004) What counts as evidence in evidence-based practice?, *Journal of Advanced Nursing*, 47(1).

Challenges to evidence-informed policy and practice

Access to evidence

Time or opportunity to use evidence

Clarity and relevance of the evidence



Organisational culture

- Oliver et al. (2014) A systematic review of barriers to and facilitators of the use of evidence by policymakers, *BMC Health Services Research*, 14:2.
- Kneale et al (2017) The use of evidence in English local public health decision-making: A systematic review, *Implementation Science*, 12:53.
- Masood et al (2020) The use of research in public health policy: A systematic review, *Evidence & Policy*, 16(1).

Objectives

1. Explore the types of evidence used by senior stakeholders in the Irish health service

2. Identify key barriers and facilitators to using research evidence

3. Elicit views on the supports and strategies needed to facilitate greater evidence-informed policy and practice in the HSE

Methods

- Semi-structured online/phone interviews
- Purposive sampling
  - Division: those involved in making decisions related to strategy, planning, development and delivery of health services
  - Grade: individuals involved in national-level senior management (e.g. Assistant National Director, National Director, Manager, Clinical Lead)
- Aug 2021 and Jan 2022 (n=17, 35% response rate)
- Data analysed using thematic analysis

Results

Type of evidence and its usefulness depends on "what the question is"

- Range of evidence from research (surveys, trials, qualitative studies) to more local information (audit, in-patient and case mix data, and clinical expertise).

- Value in the combination of multiple sources and types

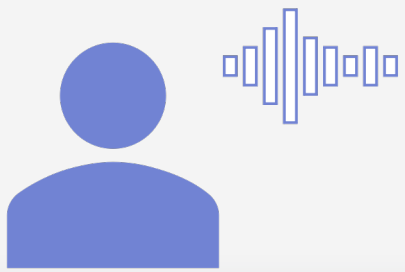
"It really depends on the business case that you want to develop. The business case will inform the type of data that you want to gather. And the quality of the data will determine the business case."

"Everything is useful... Raw data, audit information, clinical knowledge from evidence-based reviews, randomised control trials, expert opinions. It's really the full range and …a combination of local, regional, national and international [evidence]…"

"It should underpin everything that the health service does"

- At the individual/team level;
  - Research was perceived as valuable and necessary
  - Critical to the health service's development
  - Key requirement when arguing for change

  - vs. competing priorities and lack of time to keep up-to-date



"I won't get a change through unless I can demonstrate that it's evidence based … So the idea that you would try and introduce something based on a whim or without having that well-developed evidence just would not happen."

But, "it's seen as a luxury as opposed to it being essential" to the organisation

- At the wider organisational level, there was a sense that the health service "*is just not interested in research*"

- Lack of understanding among some decision-makings about "*the importance of research and of making good evidence-based decisions*"

- Perceived resistance to promoting a culture of research driven by fears that research recommendations will generate further costs.

Research is "*not aligned to the strategic priorities*"

Relevance & quality

- Led by interest rather than the needs of the organisation
- Quality and depth of some research

Time lag

- Time taken to produce research
- Implementation gap

"We spend a lot of time designing … then analysing the data, and coming up with recommendations. And then those recommendations sit on the shelf somewhere. The implementation bit is consistently cited among my colleagues as the most frustrating aspect of what we do."

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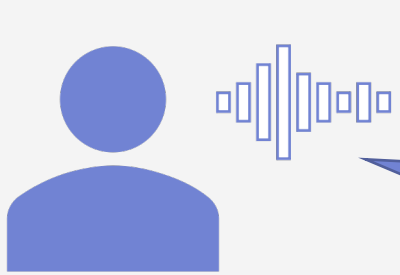
Participant recommendations

1. Develop a “strategic [research] vision” for the organisation

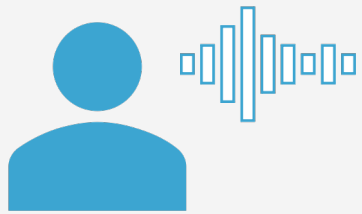
- To help foster a greater culture of research.
- To set out key research priorities.



“I really think we should have a research strategy that’s up there, that’s very clear. So if you are to be publicly funded to do research, this is what we want you to focus your research on.”

2. Connect research and researchers to health service priorities

- *"Link research to improving the service that we are trying to deliver"*
- Embedding research and researchers in healthcare
- Enhancing role of health service stakeholders in guiding research questions
- Creating/formalising links with universities



"We're really engaging the universities… we will meet [regularly] and discuss the strategic direction of the office and the priorities. Also, where they may be able to support what we're developing, but also how we can support them. So with that mutual relationship, partnership approach."

3. Enhance availability and visibility of research supports

Access to research “interpreters” considered a key facilitator to using evidence (e.g., public health expertise, HSE library resources)

Centralised repository for research to facilitate access and avoid duplication

Enhance visibility of and engagement with infrastructure like the R&D unit and HSE Library

Provide support for study design, research question development and research methods.

4. Improve dissemination and translation of research

- Participants valued brief and accessible outputs (e.g. twitter, webinars)
- Making research "*easier to absorb*"
- Distil key take-home points
- Highlight the "*currency*" of the research

"*I'm an executive summary kind of person*"

"*Translate the evidence from a technical or clinical knowledge to a lay interpretation*"

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Take away messages

1. Senior managers and clinical leaders had a strong appreciation of research evidence and considered it influential in their work
2. Barriers to using research evidence included time, organisational culture, accessibility and relevance of research
3. More strategic and proactive approach needed to support use of research
4. Passive KT strategies are less effective but no singular KT strategy shown to be effective in all contexts (LaRocca et al 2012).

LaRocca, R., Yost, J., Dobbins, M. *et al.* The effectiveness of knowledge translation strategies used in public health: a systematic review. *BMC Public Health* **12,** 751 (2012). https://doi.org/10.1186/1471-2458-12-751

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For more information

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