



Health  
Implementation  
Research Hub

# The Use of Research Evidence in the Health Service Executive (HSE) in Ireland - A Study with Senior Decision-Makers



School of  
**Public Health**



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

**Prepared by Dr Sheena McHugh<sup>1</sup>, Dr Susan Calnan<sup>1</sup>, Dr  
Virginia Minogue<sup>2</sup>, Mary C. Morrissey<sup>2</sup> and Dr Ana Terres<sup>2</sup>**

<sup>1</sup>School of Public Health, University College Cork (UCC)

<sup>2</sup>Research & Development, Health Service Executive (HSE)



# What is this study about?

---

## We carried out a study to find out:

1. How senior decision-makers in the Health Service Executive (HSE) use evidence in their day-to-day work and what type of evidence they use
2. What helps (facilitates) and what hinders (barriers) senior decision-makers to use the findings from research and
3. What supports will help people working in the HSE to use research findings or to engage in more research to improve patient care

# What did we do for this study?

---

This work was carried out by researchers at the School of Public Health in University College Cork (UCC) with the HSE's Research and Development (R&D) Unit, part of the Research & Evidence function in the health service.

## We spoke to people in the HSE in senior management positions, for instance:

- National directors
- Assistant national directors
- Managers
- Clinical leads

These people are involved in making decisions about the development and delivery of health services in Ireland.

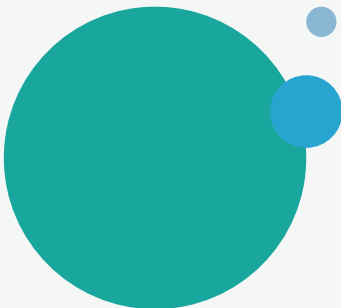
# What did our research find?

---

1. Senior decision-makers use a mix of evidence when making decisions.

This includes:

- Research evidence such as the results from randomised control trials, surveys, interviews, systematic reviews of the literature
  - Reports and statistics from other countries
  - Analysis of national data on healthcare such as numbers and characteristics of patients (case-mix) attending or being discharged from hospital
  - Information about local services such as audits of care
  - Clinical advice (advice from a qualified and experienced healthcare professional)
2. Senior decision-makers usually combine several types and sources of evidence when planning new services.
  3. They use local, national and international sources of evidence. The type and source of evidence depends on the issue they are dealing with. For example, research from places such as the US and Europe is important when making decisions about new treatments whereas statistics from countries similar in size to Ireland (such as Scotland, New Zealand) are helpful when planning new services and infrastructure.





# The benefit from Research Evidence

## Examples of how research evidence can benefit decision-makers and services:

When decision-makers have clear and strong evidence, they can influence decisions about health policy and practice. People who took part in this study gave the following examples of how research evidence is used and is useful in the health service:

Research evidence informs changes in the health service:

“It’s not that research is just a nice thing to do, it’s actually essential to be able to ensure patient safety and to inform the direction [of the health service].”

“[Research] supports your [business] case because you’re saying there is an evidence base to [back up] this [change].”

It is used to argue for new resources & improvements in services:

It is used to influence government policy:

“We were banging on the minister’s door, saying, ‘Look at this.’ It was one of the more successful [examples of informing policy]... [We had] very clear evidence, and the political system was happy to say, ‘We will explain why we are doing this because of the clarity of the evidence.’”

Senior decision-makers value research evidence because it is usually based on transparent and systematic methods (broken up into clear steps).

This does not mean that research evidence is always of higher quality than other types of evidence. Also, some senior decision-makers think that research evidence is not always enough or relevant to every issue in the health service.





## Barriers to using research

---

- Sometimes senior decision-makers don't have the time to access and read research due to their busy workload.
- They believe research is important and valuable when making decisions but do not think that this view is shared by everyone in the organisation. This may be because some people do not understand research or are not interested in research, or they believe research findings will lead to additional costs.
- Some decision-makers find it hard to access research.
- Senior decision-makers believe that the relevance and quality of some research could be improved.
- They believe that there is a need for greater investment and collaboration between the government, the HSE and universities to develop research capacity in the health service.



# Factors that enable the use of research

- Senior decision-makers find it easier to use research when the key points are summarised briefly, and they can clearly see how the results are relevant to their work.
- They use online tools such as social media and webinars to stay up to date with research.
- Senior decision-makers value support from colleagues with research expertise, for example, the HSE Library and the HSE Research and Evidence Unit.
- Some decision-makers work with university researchers on projects and they believe that these links are important to enhance research activity in the health service.



# Strategies to support people to use research to inform their work and engage in research activities

---

Senior decision-makers in the study suggested several ways to support research activity and the use of research evidence in the health service.

## Actions for Researchers:

1. Make sure that research questions are relevant to the priorities and needs of the health service.
2. Summarise key points from the research and communicate the relevance to people who need this information (e.g. decision-makers, patients). Share information through accessible channels such as social media and webinars.

## Actions for the HSE:

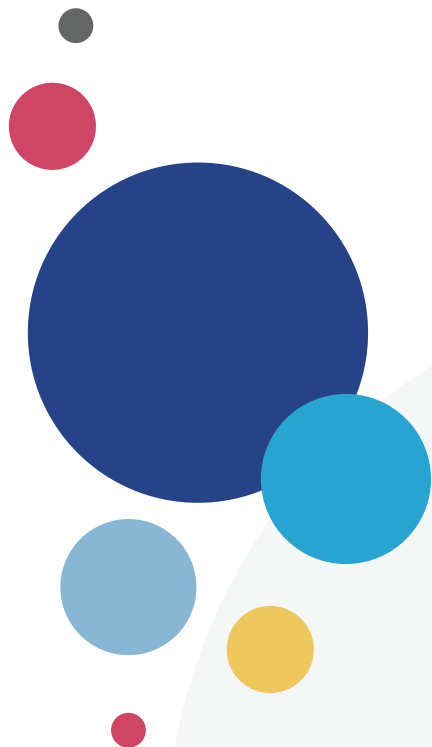
3. Make sure all staff are aware of available research support and resources, for example the HSE Library and the HSE Research and Evidence Unit.
4. Improve technical resources and training to support staff to use research. Provide central access to databases, research libraries and journals. Healthcare teams should include members with research expertise.
5. Set out the research topics that need to be addressed in the health service to improve patient care and services. This list of priorities would help to inform collaborations with researchers.
6. Establish formal links with researchers and universities to increase research capacity in the HSE.



## Joint Actions:

7. Work together to embed (place) researchers in the health service (e.g., by creating joint positions between universities and health services). This would help to develop research questions that address health policy and practice priorities. It would also give decision-makers quicker access to the research results.
8. Provide opportunities for health professionals and managers to connect with researchers to shape research programmes.





Year of publication: 2022  
Full report is available at: <https://www.hse.ie/>