

Knowledge Exchange (KE) to Underpin Implementation

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Background

An implementation agenda is best supported by a widespread culture of knowledge exchange (KE).

A KE culture:

- Views research as a resource rather than a product
- Values real world knowledge as well as research knowledge
- Understands co-construction of knowledge
- Acknowledges complexity and politics of the cross-system landscape
- Generates essential face-to-face and network opportunities
- Fosters trust and collaborations beyond academic circles.

KE requires a different mindset and skill set beyond research competencies.

KE is not a specific learning objective frequently offered by higher degree institutions.

This study aimed to examine KE strategies in primary health care research.



Method

Presenters at the annual national Primary Health Care (PHC) Research Conference held in Canberra in July 2014 were invited to participate in a brief online pre-conference survey.

The conference theme was *Integrating KE to improve PHC outcomes*. Survey results informed the Conference's Opening Plenary Session with the aim of setting a context of KE for the following three days.

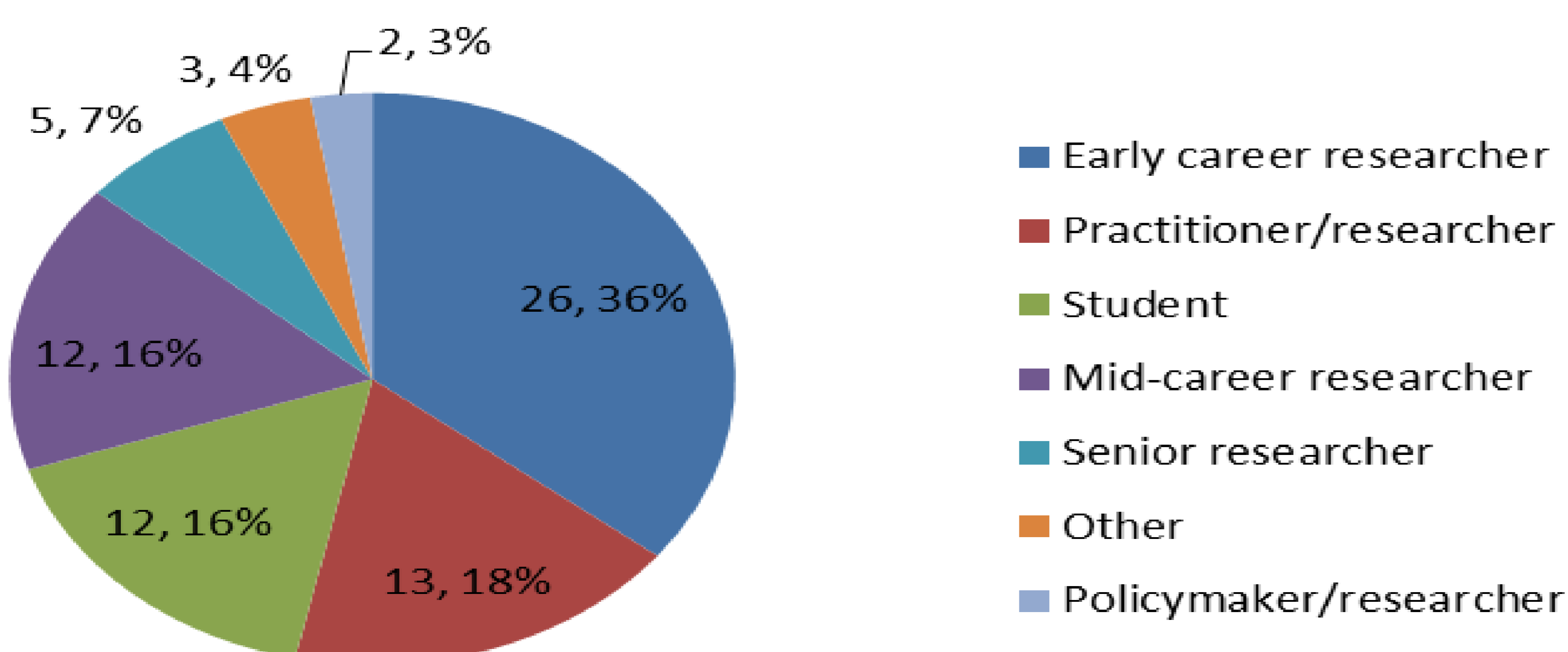
Presenters were asked to comment on the:

- Influence/impact of their research on policy and practice
- KE strategies they have used (or intend to use) to achieve this.

Results

73 presenters (29%) responded to the online survey. The majority were at an early stage of their research careers (36% early career researchers, 16% students). The majority of respondents (64%) were based in a University.

Presenters



Adequacy of factors to support translation of research (n):

	Not at all	Somewhat	Reasonably	Entirely Adequate	M (SD)
Individual skills	4	29	24	7	1.53 (0.78)
Time & resources	8	33	17	6	1.33 (0.82)
Relationships with stakeholders	14	19	24	6	1.35 (0.94)
Organisation's skills	2	19	34	8	1.76 (0.71)

Attitudes to translating research findings into policy and/or practice (n):

	Not at all (0)	1	2	3	4	Very much (5)	M (SD)
Importance	0	0	6	14	22	20	3.90 (0.97)
How much is it researcher's responsibility?	0	0	10	24	19	9	3.44 (0.93)
How well equipped and supported?	1	7	21	19	10	4	2.68 (1.13)

Strategies used/plan to use to encourage the use of findings:

- Presentation at conferences/workshops (n=55)
- Academic publication (n=38)
- Involve end users in conducting the research (n=29)
- Involve end users in managing the research (n=28)
- Involve end users in setting the research question (n=23).

What would help you increase the influence of your research?

- **Assistance and guidance... mentoring from others...**
- **Understanding how the policy sphere operates and training in how to influence policy**
- **Links to relevant political avenues... organisational support to do so**
- **Networks**
- **National conferences... are a good way of bringing together researchers and research users.**

Discussion

Researchers view utilisation of their research as important and a part of their role. Yet their communications can be restricted to conference presentations and publications within academic circles. They can lack the skills, time and resources to work in the interface between research, policy and practice. They could benefit from individual skill development as well as organisational incentives for the application of research.

KE organisations such as the Primary Health Care Research and Information Service (PHCRIS) assist researchers to deliver better value from their research by:

- Enhancing understanding of the wider system in which they operate
- Building professional relationships across systems
- Providing networking/mentoring opportunities through face-to-face events such as the PHC Research Conference
- Offering educational events such as a Higher Degree KE Workshop.

The 'use' of research is a complex, slow process for which researchers can be inadequately trained and equipped. We need to continue to build capacity through a philosophy of KE to support implementation.