

Brokering *Digest*

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How are policy makers using evidence? Models of research utilization and local NHS policy-making

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This qualitative study examines the research/policy interface from two perspectives: 1) how health policy makers use research in their work; and 2) how closely these practices match three prominent models of that interface.

Models of Research Utilization

Problem-solving model:

In this model, the researcher-policy maker relationship is seen as being similar to the supplier/client relationship, with research filling a knowledge gap.

Interactive model:

In the interactive model, researchers are viewed as one of many competing knowledge sources that affect policy and each other. Other sources of information are viewed as competitors rather than parts of a collaborative process.

Dialogical model:

The dialogical model posits that all knowledge is inherently contestable and that new knowledge is created by interaction, not despite it. The "dialogue" in this model is between "social science" and its subject: the social world.

This radical shift in perspective has **three implications:**

- research will most likely influence policy through an extended process of communication between research, policy, and lay groups;
- the contexts of implementation and the role of persuasion must be taken into account; and
- the role of social research is to interpret for people in one environment what inhabiting another environment is like.

Key messages

- Research's influence on policy is tempered by many factors, such as financial constraints and the personal experiences of decision makers.
- Research is more likely to impact policy in indirect ways (such as by reshaping the policy debate).
- Sustained dialogue between researchers and the users of research enhances the likelihood of research affecting policy.

The Study

Methods and design:

This study is based on a literature review and nine case studies from one National Health Service (NHS) region in the U.K. These case studies examined research and development projects initiated by fund holders (health authorities and general practitioners).

Data collection included 28 in-depth interviews with researchers, managers, and others, along with project documentation. The validity of the data was checked via a think-tank of senior NHS managers and academics.

The data were further analysed for how they fit the three models of research utilization.

Findings regarding current practice:

The study found **research's impact on policy is best described as being:**

- **Mitigated:** Other factors such as financial constraints, shifting timeframes, and the personal experiences of policy makers temper the influence of research on policy-making.
- **Indirect:** Research is more likely to impact policy in indirect ways, such as by shaping the policy debate and mediating the dialogue between health service providers and users.
- **Relationship-based:** Sustained dialogue between researchers and the users of research enhances the likelihood of research affecting policy.

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Practice and the three models:

The **problem-solving model** did not account for the policy maker's need to weigh divergent interests.

The **interactive model** did not reflect the desire of many informants for a negotiated and locally sensitive understanding of health needs that involved collaboration, not competition, among different information sources.

This desire for conversation to understand the impact of context resonated most clearly with the **dialogical model**. This third model still fell short of a perfect fit, however, because the dialogue and joint interpretation at its heart are aspirations but seldom an accurate reflection of practice.

Conclusion

This research demonstrates that the research/policy interface is more complex than simple models suggest. The indirect, mitigated, and relationship-based nature of research's influence on policy may be disappointing, but this more nuanced understanding helps us see the unintended contributions of the process. These benefits include facilitating new interpretations of research findings and exposing underlying research and practice assumptions.

Elliot H and J Popay. 2000. How are policy makers using evidence? Models of research utilisation and local NHS policy making. Epidemiology and community health; 54: 461-468.

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