

Collective action for knowledge mobilisation: a realist evaluation of the Collaborations for Leadership in Applied Health Research and Care

Jo Rycroft-Malone,^{1*} Christopher Burton,¹
Joyce Wilkinson,¹ Gill Harvey,² Brendan McCormack,³
Richard Baker,⁴ Sue Dopson,⁵ Ian Graham,⁶
Sophie Staniszewska,⁷ Carl Thompson,⁸ Steven Ariss,⁹
Lucy Melville-Richards¹ and Lynne Williams¹

¹School of Healthcare Sciences, Bangor University, Bangor, UK

²Manchester Business School, University of Manchester, Manchester, UK

³Institute of Nursing and Health Research, Ulster University, Belfast, UK

⁴Department of Health Sciences, University of Leicester, Leicester, UK

⁵Saïd Business School, University of Oxford, Oxford, UK

⁶Epidemiology and Community Medicine, University of Ottawa, Ottawa, ON, Canada

⁷Royal College of Nursing Research Institute, University of Warwick, Coventry, UK

⁸Department of Health Sciences, University of York, York, UK

⁹School of Health and Related Research, University of Sheffield, Sheffield, UK

*Corresponding author

Declared competing interests of authors: Steven Ariss was lead evaluator for one of the Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) at the time of the evaluation. Richard Baker was the director of the National Institute for Health Research (NIHR) CLAHRC for Leicestershire, Northamptonshire and Rutland between 2008 and 2013. Ian Graham was a member of the advisory panel for one of the CLAHRCs at the time of the evaluation. Gill Harvey was employed by one of the CLAHRCs at the time of the evaluation. Jo Rycroft-Malone is a member of the Health Services and Delivery Research (HSDR) Board (commissioned research). Since completing this research she has been appointed as the editor-in-chief of the HSDR programme. Sophie Staniszewska is an associate member of the HSDR Board (researcher led). Carl Thompson was the CLAHRC Translating Research into Practice in Leeds and Bradford theme lead for the NIHR CLAHRC for Leeds, York and Bradford (2009–13).

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Plain English summary

Realist evaluation of CLAHRCs

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Plain English summary

There was a big financial investment in setting up nine partnerships between higher education institutions and health-care organisations. The partnerships were called Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). The idea behind them is that, if those who produce research were closer to those who use it, more relevant research would be conducted and this research would be more likely to be used in practice. This study looked at how CLAHRCs were facilitating the use of research in practice.

We studied three CLAHRCs by interviewing people, observing events and looking at their documents over 54 months.

We found that their opportunities to implement research in practice were influenced by the vision and views of those who set them up, including how they had structured the CLAHRCs. CLAHRC leaders played an important role in how the collaboration functioned. Researchers and practitioners had different views about what a CLAHRC was for and therefore 'what was in it for them' if they got involved. People had been employed to cross the boundary between practice and higher education and in some contexts they had been successful in facilitating knowledge sharing and exchange. There were examples of CLAHRC activity having an impact on the way that services were delivered to patients, and in providing opportunities for practitioners and researchers to come together to share ideas and do joint projects.

A CLAHRC approach shows promise, but more time and development will be needed to realise their full potential in increasing the use of research in practice.

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Editorial contact: nihredit@southampton.ac.uk

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