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

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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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Scientific summary

Realist evaluation of CLAHRCs

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Background

The establishment of the Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) in England was an investment in a translational initiative to bring the users and producers of research closer together. Often framed as a metaphorical 'know–do' gap, the implementation of research into practice is unpredictable and far from straightforward, and takes a long time. CLAHRCs were established to accelerate the translation process through partnerships between health-care organisations and universities focused on improving patient outcomes by conducting and applying research.

The research presented in this report was funded by the National Institute for Health Research (NIHR) to evaluate the CLAHRC initiative from different perspectives. In this realist inquiry, our starting point was to evaluate the idea that bringing higher education institutions and health-care organisations closer together accelerates knowledge mobilisation. We conducted a longitudinal study from 2009 to 2014, which engaged with the CLAHRCs as research team members, and used an approach that included formative feedback.

Objectives

Overall our purpose was to develop explanatory theory about knowledge mobilisation through CLAHRCs and answer the question 'what works, for whom, why and in what circumstances?' We did this by focusing on the following aims:

1. to inform the NIHR Health Services and Delivery Research programme about the impact of CLAHRCs in relation to one of their key functions – implementing the findings from research in clinical practice
2. to make a significant contribution to the national and international evidence base concerning research use and impact, and mechanisms for successful partnerships between universities and health-care providers for facilitating research use
3. to work in partnership so that the evaluation includes stakeholder perspectives and formative input into participating CLAHRCs
4. to further develop theory-driven approaches to implementation research and evaluation.

We pursued these aims through some specific objectives:

1. to identify and track the implementation mechanisms and processes used by CLAHRCs and evaluate intended and unintended consequences (impacts) over time
2. to determine what influences whether or not and how research is used through CLAHRCs, paying particular attention to contextual factors
3. to investigate the role played by boundary objects in the success or failure of research implementation through CLAHRCs
4. to determine if and how CLAHRCs develop and sustain interactions and communities of practice
5. to identify indicators that could be used for further evaluations of the sustainability of CLAHRC-like approaches.

Methods

This study was a longitudinal realist evaluation using multiple qualitative case studies. Given the collaborative nature of the CLAHRCs' mission, and realist evaluation's emphasis on stakeholder engagement, we worked with those involved in CLAHRCs to develop the proposal and subsequently deliver the project. We also established a patient and public involvement (PPI) group. Three CLAHRCs (given the pseudonyms Ashgrove, Hazeldean and Oakdown) were studied in depth, while opportunities for engagement with the wider CLAHRC community were provided during stakeholder meetings and through an interpretive forum.

Consistent with the realist evaluation cycle, we conducted the study over three phases: hypothesis generation, refining and testing, and programme theory specification. The total number of participants in the project across phases and activities was 179.

The development of the conceptual framework involved the participation of individuals from the three CLAHRC cases.

Data collection and analysis were used to test the theories about what works, for whom, how and in what circumstances.

Data were collected over four rounds using semistructured interviews with a purposive sample of participants, observation of meetings and events, and documentary evidence. Data analysis was iterative and took place after each period of data collection in order to build explanations through the development and refinement of context–mechanism–outcome (CMO) configurations over time and to help focus subsequent data collection in areas of productive inquiry.

Programme theory specification closed the realist loop by testing emerging findings with a wider community through an interpretive forum.

Findings

Antecedents: starting points, interpreting the Collaboration for Leadership in Applied Health Research and Care brief, setting priorities

At the inception of the CLAHRCs, a number of antecedents established the conditions that played out in various ways in the subsequent journey of the CLAHRCs we studied. CLAHRCs were, in part, determined by the emphasis and consideration they placed on implementation at proposal development stage, and therefore the relative attention that was paid to it, the nature and quality of existing relationships between higher education and health services in the locality, and subsequently how this influenced focus and priorities.

Architectures: structure, leadership, identity

The architectures of CLAHRCs shaped the conditions and space for collective action around implementation. The architectures were a consequence of the interpretation of the CLAHRC call, in particular the positioning of implementation and associated resources relative to other functions. Leaders were the social architects of CLAHRCs in that they set the course and the tone for their particular CLAHRC and for delivering the plan. There were dominant perceptions, particularly earlier on in their life cycle, that CLAHRCs were academic entities; as a consequence, the nature and quality of interaction varied along a co-operation–collaboration continuum. The CLAHRC identity was constructed over time through activities and roles that brought researchers and practitioners together, and thus started to become a known 'brand', albeit with varying degrees of currency at different levels of the organisational collaboration. As it was a distributed and mainly virtual entity, and as a result of the way CLAHRCs had been engineered, multiple types of boundaries were evident. The negotiation of these boundaries was entrusted to those in boundary-spanning roles, which, as described below, were a CLAHRC's main investment in knowledge mobilisation.

Knowledge and its mobilisation

Different levels of attention were focused on CLAHRCs' implementation function. However, we identified a number of different types of activity that mobilised knowledge, or had the potential to, and around which each CLAHRC tended to coalesce. CLAHRCs were figuring out PPI within knowledge mobilisation and articulated their challenges with this remit. Generally, PPI in research was conflated with PPI in implementation. Engaging with the CLAHRC agenda and knowledge mobilisation was an enactment of 'what's in it for me?', whereby different stakeholder motivations provided a loop of reinforcement for engagement. Individuals who were credible and visible in boundary-spanning roles played a significant role in knowledge mobilisation (and in making a CLAHRC real). They developed and had at their disposal a number of 'things' that were, or became, boundary objects. Potentially meaningful collaboration (e.g. in the creation of objects) provided the conditions in which the potential of boundary objects to be useful was released.

Impacts: direct, conceptual and personal

We observed many different types of impact from CLAHRC activity. These could be considered to be positioned on a continuum in that direct impacts (on practice and service delivery) took time to realise and were preceded by other types of impacts that were less instrumental, including those that were more personal to individuals engaged in CLAHRC roles. External reporting requirements fuelled an emphasis on particular types of metrics and on a need to demonstrate volume of activity. Locally generated reports also included case studies and stories of impact. The impact of the CLAHRC as a whole was an accumulation of project-level impacts.

Learning within and across the CLAHRCs was patchy, with varying levels of attention being given to evaluation and processes that could facilitate feedback and sharing. Project learning was more evident than learning from the CLAHRC as a whole. Equally, their potential to learn from the externally funded evaluations had been varied and issues were raised about the timing and format of the feedback provided. However, it was evident that learning from the first round of CLAHRCs was being considered in proposals for seeking funding for a second round of CLAHRCs.

Context–mechanism–outcome configurations

A developing explanation about knowledge mobilisation within collaboration is embedded in six CMO configurations:

> *Conceptual, cognitive and physical positioning of stakeholders at micro, meso and macro levels led to individual, group and CLAHRC interpretations of collaborative action, which resulted in setting and sustaining a particular direction of travel or path dependency, including approach to implementation.*

The 'figuring out', mainly organically, of their specific purpose and approach to implementation was set within a broader context of the way in which the CLAHRCs had interpreted their purpose, related activity and way of working. This varied interpretation appeared to be a function of a mixture of conditions including:

- how they had made sense of the 'brief', that is where they started from and their 'cognitive positioning'
- what they individually and collectively brought to the issue, that is their 'conceptual positioning'
- how constituencies and stakeholders positioned themselves geographically, that is their 'physical positioning'.

> *The governance arrangements of CLAHRCs, including both structures and processes between people, places, ideologies and activities, prompted different opportunities for connectivity which had an impact on the potential for productive relationships and interactions for collaborative action around implementation.*

The engineered, aesthetic and social architectures, including leadership approaches in CLAHRCs, provided the physical and aesthetic scaffold for individuals, teams and organisations to potentially connect with. In reality there were varying levels of connectivity within and to CLAHRCs that affected the type and quality of collaboration, and therefore how productive relationships for collaborative action around implementation were.

> *Positioning and availability of resources, including funding for implementation, roles, opportunities and tools, prompted facilitation, resulting in a range of impacts including engagement, capability building, capacity building, improved care processes and patient outcomes, and personal benefits.*

Facilitative capacity and capability were released in the context of CLAHRCs' position and approach to implementation, and the associated resources that were made available for this function, thus reinforcing path dependency. There was a catalytic contingency between resources and facilitation in that their interaction stimulated the potential for action and thus different types of impacts, including, in the later stages of our study, direct impacts on outcomes. In this context, the mechanism of facilitation encompassed enabling, freeing up, helping and making things easier and had the potential for impact on individuals, teams and services.

> *Stakeholder agendas and competing drivers prompted different motivations to engage, resulting in a variety of understandings about CLAHRC goals and outcomes.*

The CLAHRC was an amalgam of many different stakeholders and agendas, and therefore potentially competing drivers. This context triggered different motivations to engage with the CLAHRC in the first place, and on a more sustained basis. This was evident across all three CLAHRCs and in the differences in motivations between stakeholder groups (e.g. practitioners and academics). These motivations were made visible through the views and opinions of stakeholders about the purpose of CLAHRCs, whom they were serving and what their expected outcomes would be. One manifestation of the mechanism of motivation was how 'what's in it for me?' was enacted through the incentives and rewards that were perceived to be available through engagement in a CLAHRC's activities. Sustaining a CLAHRC may, therefore, be a function of how successfully they worked with different agendas, drivers and motivations while realising planned goals in parallel to being responsive to issues that arose through continued interaction.

> *A CLAHRC's receptiveness to evaluation and learning led to review and reflection, which resulted in adaption and refinement.*

The openness of a CLAHRC's mind-set and how connected its structures and processes were to internal and external evaluation and learning prompted the potential for review and reflection, which over time resulted in thinking about and doing things differently. There had been a number of opportunities, occasions and events that had required (e.g. external evaluation) and in some cases forced (e.g. change to funding environment) CLAHRCs to make a response, in contrast to taking an ongoing approach to reflection and review. Across all CLAHRCs there was a sense of learning over time and learning by doing, particularly as the funding for CLAHRC 2 was announced and they reflected on what they might learn from, and what they might do differently in a new funding proposal for a refreshed entity.

> *Where structures, positions and resources are aligned this releases the potential for, and unlocks barriers to, purposeful collective action for implementation, the successful delivery of projects and positive impacts on processes and outcomes.*

In contexts where there was greater alignment between structures, including the way that CLAHRCs had organised their implementation activity, their resources – people and expertise in implementation – and their positioning about knowledge mobilisation, greater potential for collective action was released and cognitive and practical barriers were more likely to be overcome. Alignment resulted in positive impacts on processes and outcomes through the successful delivery of projects. Some misalignment resulted in healthy rivalry and competition.

Conclusion

In this study we tested the idea that bringing higher education institutions and health-care organisations closer together accelerates knowledge mobilisation, which has resulted in an explanatory theory about the life cycle of collective action for knowledge mobilisation. We observed the CLAHRCs develop and evolve over time, which started with the position of stakeholders on key issues about collaboration, knowledge and implementation. These positions influence how knowledge mobilisation within the context of collaboration was organised and operationalised. Given this, contingencies and path dependency are set within a life cycle of organisational collaboration for knowledge mobilisation. The degree of alignment between these positions and features determines outcomes. The interplay between starting position, organisation and operationalisation, and resultant impacts is influenced by the distributed nature and visibility of leadership, including the degree to which leaders balanced the transformational with the transactional.

A number of implications for implementation are offered:

- In the absence of pre-formative work, implementation strategies within organisational collaboration need time, space and other resources to have impact.
- Face-to-face opportunities for agreeing a shared vision, objectives and common language will reap long-term benefits.
- Bridging and brokering across different boundaries requires skilled boundary spanners who are experienced and credible.
- The relevance and action of boundary objects requires attention to collective and deliberative development processes.
- Aligning implementation efforts around organisational (e.g. Quality and Outcomes Framework/ Commissioning for Quality and Innovation) and personal (e.g. career frameworks) priorities can incentivise and enhance engagement.
- Embedding opportunities for review of and learning from implementation activity will help identify 'local' underlying mechanisms of change that can be capitalised on.

We identified the following areas for further research:

- Evaluate the programme theory developed in this project in different contexts.
- Explore how collaboration, competition and rivalry affect motivation for engagement.
- Explore how assessing context enables the particularisation of implementation interventions, including how to tailor interventions to contexts.
- Determine how different types of leadership can influence implementation contexts, including their potential as the facilitators as well as shapers of the conditions for implementation.
- Follow CLAHRCs over an extended period of time to observe longer-term impacts.
- Explore how best to scale up implementation from individual projects/initiatives.
- Exploit opportunities for meta-learning across CLAHRCs.

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