How do third sector organisations providing healthcare services on behalf of the NHS use research and other knowledge in their work?

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Background

Third Sector Organisations (TSOs[1]) play an important and expanding role in health and social care provision (1-3), with over 35,000 TSOs providing health and social care services in England (4). Voluntary and social enterprise providers accounted for 7% (£690m) of the 1349 contracts awarded by 182 Clinical Commissioning Groups in a recent BMJ investigation; an increase of £350m between August 2013 and August 2014 (5). TSOs are seen as an important part of the health and care system, in relation to their responsiveness to communities and individuals and their ability to innovate and work flexibly (6, 7).

It is important that the services TSOs provide are effective. Research knowledge has an important role to play in helping organisations decide what services are effective, however, not much is known about how TSOs engage with and use research in what they do. We do know TSOs generally have less capacity and fewer skills to acquire, assess and apply the kind of research-based knowledge that can assure the delivery of safe, effective and cost-effective health services (8). A further dimension which is not fully explored in the existing literature is how the tacit, experiential knowledge of third sector organisations is synthesised (or not) with the formal, 'accredited' knowledge from research.

Research and knowledge use is an inherently social process (9, 10). It involves interaction and choices between people and is thought to be influenced by the context of both the individuals involved in the research use, and the contexts of their interpersonal relationships, organisations and the wider social world. However, less is known about how these system level, or organisational contexts influence knowledge mobilisation (9, 11). As TSOs have different organisational contexts to NHS organisations, the way in which they use research and other knowledge in their work may be different too, therefore research is needed that will explore these processes. In this way, more effective ways to mobilise knowledge can be developed which take into account the distinctive cultural and organisational features of TSOs, and their particular norms and capabilities relating to the use of research.

Outline of the PhD project and Progress to date

My PhD will investigate how third sector organisations delivering services on behalf of the NHS use research and mobilise other forms of knowledge. I will explore factors which influence research use, how research and other knowledge is acquired or produced, and why some forms of knowledge are seen as more useful than others. I will use a realist approach(12), whereby programme theories will be iteratively developed and tested as a route to understanding what works in research use and knowledge mobilisation for third sector organisations, in what circumstances, how and why. Realist approaches are appropriate as they have already been successfully applied to the study of knowledge mobilisation and research use (13-15).

The PhD is in two stages and comprises four studies, as shown in figure 1. The four studies are:

1. Scoping review of knowledge use in healthcare TSOs (completed and published)
2. Pilot qualitative survey of TSOs to adapt a Canadian tool for assessing research use (completed and journal article prepared)
3. Ethnographic case studies of decision making in two Mental Health TSOs (underway)
4. Semi-structured interviews with TSOs (planned)

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[1] The definition of Third Sector Organisations (TSOs) is contested and overlaps considerably with what were previously, or are elsewhere, called voluntary, charitable or community-based organisations. However, TSOs have been broadly defined as organisations which are: formally organised; non-profit distributing; constitutionally independent from the state; self-governing; and benefiting from some form of voluntarism.

Figure 1.

Stage One Theory building		Stage Two Theory refining	
Study 1 Scoping review September 2014 – June 2015 Published Implementation Science June 15	Study 2 Pilot study May 2015 – December 2015 Paper for publication drafted	Study 3 Ethnographic case studies January 2016- December 2016	Study 4 Semi-structured interviews January 2017 – May 2017

Study 1. Scoping review of knowledge use in healthcare TSOs

Aim, methods, results

A review of the literature on how third sector health and care organisations use research had not been carried out so I decided to look at what research evidence is available on how third sector healthcare organisations use research, and the implications of that for the research community and TSOs. A systematic database search was carried out, alongside contacting authors, searching websites and hand searching journals. Ten studies met the inclusion criteria and were narratively summarised. The findings of the review indicated that TSOs wish to be evidence-informed in their work but that there are contextual barriers which influence this including time, money, skill and the decontextualised nature of healthcare research. TSOs may use research in their work if research intermediaries are used, if TSOs are involved in conducting research, and if interventions have better descriptions (to aid application). TSOs identified benefits of using research, such as confidence in quality of services, confidence to negotiate with funders and commissioners, and saving time and resources through not implementing ineffective interventions.

Originality and contribution to knowledge

This was the first scoping review of this literature and showed that there are practical steps which can be taken to adapt research use activities for TSOs. The contexts of third sector organisations, their skills, available time and funding influence how and whether research is used, and further research which explores how these contextual issues influence research use, in particular its integration with existing, tacit knowledge is needed. This study was published in *Implementation Science* in June 2015 (16) and is available at: http://www.implementationscience.com/content/10/1/84.

Study 2. Pilot survey of TSOs to adapt a Canadian Knowledge Mobilisation tool for assessing research use.

Aim, methods, results

As the scoping review demonstrated, there is little primary research on the topic of research use by TSOs. Ahead of a planned survey of TSOs research use in the South West of England (Somerset, Devon, and Cornwall and Plymouth) this study piloted an established and validated research use self-assessment tool that had been developed and used with community-based organisations in Canada (17, 18). The purpose of the pilot was to establish if the tool was relevant to TSOs in the South West, and whether it was acceptable to use as a survey tool. To do this, cognitive interviews (19) were carried out using the tool (Is Research Working for You? http://www.nccmt.ca/resources/search/35) with seven staff at a senior level within a range of third sector organisations in Devon and Cornwall. Participants were invited to 'think aloud' as they worked through the tool, so that feedback on the acceptability and relevance of the tool could be collected.

Based on thematic analysis of the interview transcripts, the findings of this study indicated that there were difficulties in using the tool. The research use process implicit within the tool was not recognised by the individuals interviewed, it did not ask questions about the research and knowledge they generated internally (including service user views and surveys, staff tacit knowledge), and as such appeared irrelevant to their own experiences. Further, the tool was unclear, with questions being criticised for being too long and convoluted, and the tone and wording implying that if you were not using research in the way prescribed by the tool, you were doing it 'wrong'.

I have drafted a paper of the findings for publication in Implementation Science.

Originality and contribution to knowledge
This study found that using this tool with TSOs in the South West to assess research use would yield unreliable and incomplete data.   My analysis also showed that the TSOs interviewed conceptualised research, and what 'counts' as research differently, which means that more in-depth work is necessary to fully understand the ways in which research is understood, used, ignored or integrated with other kinds of knowledge within the organisation.

Proposed future work

Study 3. Ethnographic case studies of knowledge mobilisation in two Mental Health TSOs in the South West of England.

Aims
The aim of this study is explore the following questions:

- What kinds of research and other types of knowledge do mental health third sector organisations use to inform service delivery?
- Why are some forms of knowledge perceived as more useful than others?
- How is knowledge acquired or produced? In particular: How, when and why do third sector organisations create their own knowledge to support organisational policy and professional practice?
- What are the contextual factors that enable or inhibit the use of research and other forms of knowledge by mental health third sector organisations?

The justification for using ethnographic case studies is that the complex and social nature of knowledge mobilisation processes requires in-depth, explanatory research methods that are able to 'open up the 'black-box' of the research use process'p.85 (9). Ethnographic research methods produce rich data that enable interpretation of the actions and meanings attached to the actions of practitioners, organisations or cultures (20, 21). In addition case studies are appropriate to exploring phenomena when the researcher does not have control over events, and when the research questions require investigating a 'contemporary phenomenon within some real life context' p.1 (22). They are useful for generating theories as to why and how particular phenomena occur, and have been used in knowledge mobilisation research (23, 24).

Therefore, I am conducting two case studies in third sector organisations providing mental health care for the NHS in the South West of England.

Methods
The sampling frame is third sector organisations (general charities or social enterprises) that provide mental health and care services with funding from the NHS in the South West of England (Devon, Somerset, Torbay, Plymouth or Cornwall). I am finding organisations through several routes: web searching (charities commission, CQC, CCG's, internet search engine), and attending TSO Forums and meeting with key informants (public sector commissioners and TSO infrastructure organisations). I will use this intelligence to

compile a spreadsheet of organisations, populated with data on staff numbers; structure; function; profile and strategic activity.

Whilst I am doing this work, I am also developing programme theory from the scoping review and pilot interviews, and exploring different knowledge mobilisation theoretical frameworks that will help guide my final case selection, data collection and analysis. The theoretical frameworks I am considering are "communities of practice" (25), "Mindlines" (26) and Davies, Powell and Nutley's conceptual map of the domains of knowledge mobilisation (27). Locating organisations and thinking about theory is a mutually informing, iterative process which will ensure that the final cases selected will be viable practically and theoretically for the overall purposes of my research.

Fieldwork for each case study will take place over four months, and will involve four methods of data collection (non-participant observation, interviews, focus group discussions and documentary analysis). The full detail of this is in Appendix 1, taken from the research ethics application (University of Exeter Medical School Research Ethics Committee, ref: 15/07/073)

Originality and contribution to knowledge

The output of this part of the research will be a theoretically grounded and detailed account of how and why people in each organisation acquire, produce, use or ignore different types of knowledge. This will be complemented by a further cross-case analysis to explore the similarities and differences in how the two TSOs use research and other forms of knowledge.

Appendix 1 – Detailed methods for ethnographic case studies.

Interviews: I will sample participants purposively throughout the 16 week data collection period, aiming for a range of participants; therefore frontline care staff, Board Members and Directors, senior management and other relevant informants may be invited to participate in topic-guided interviews.

Eight to ten interviews with members of staff within the case organisations, of approximately 1 hour will be carried out during the 16 weeks of field work. The interviews will be recorded with a digital Dictaphone, and then transcribed for analysis. Field notes will be written to capture non-verbal communication and my own reflections.

Non-Participant Observation: In each case organisation, the observation will be carried out over two periods of 4 weeks, during which I will embed myself in the work of the organisation by attending staff meetings, visiting services and shadowing staff. I will scope the possible range of phenomena that may involve research or other knowledge being used, and aim to observe these interactions. This is likely to include Board Meetings, organisational/service planning meetings. Data will be collected through taking field notes during the day, which will then be written up after the observation period (usually at the end of each day), recording what occurred, and my reflections on what occurred. A project summary sheet will be written and made available to staff, volunteers and service users.

Focus group Discussions: Two focus groups will be conducted per organisation, one at the start, and one towards the end of the four month data collection period. The aim of the first focus group is to introduce myself, the research project, build relationships and gather initial views on how research and other knowledge is used within the organisation. Apart from being an efficient way of gathering views from a range of informants, another reason for choosing a focus group is to observe how staff interacts with each other, and reveal organisational norms towards research and knowledge use. As I am interested in understanding the social and cultural aspects of knowledge mobilisation, it offers a suitable opportunity to do so.

The second focus group will reflect back the provisional findings from the case study, based on the interviews, observation and documentary analysis, in order to test and refine them. For both focus groups between 8 and 12 participants will be drawn from across the organisation (Trustees/Directors, senior managers, frontline staff, administration staff and volunteers). The focus group discussions will be audio-recorded and transcribed. Field notes of the focus groups will also be written.

Documentary analysis: I will obtain minutes of meetings, newsletters, delegate information for conferences or workshops and organisational policies, procedures, and other documents concerning the delivery of services, (e.g. quality standards, tenders or funding applications) and adherence to national policies. Potentially relevant documents will be identified through the participant observation and talking to the staff and Board members. A purposive sample of these will be read in order to provide context, and will offer a point of comparison with the current staff norms and the knowledge mobilisation culture portrayed by the focus groups, non-participant observation and interview data.

Analysis: I will be using an overarching realist framework to analyse the data, (Pawson and Tilley, 1997, Pawson, 2007, Pawson 2013) seeking out theories which explain how third sector organisations use research, or other knowledge, and the circumstances or contexts that seem to facilitate this (or not). The collection analysis and writing up of ethnographic data are integral to each other and will occur iteratively throughout the fieldwork period, as well as afterwards.

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