

2010 Annual Winifred Raphael Memorial Lecture

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Lost in Translation: the Art & Science of using evidence in practice

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Winifred Raphael

- Wrote to Prime Minister as a child
- Took part in suffrage procession aged 11
- Occupational psychologist
- Looked at patient views of hospitalisation



Photo © National Portrait Gallery, London

- “our views are based on many years practical experience.... For this reason we make no apology for the absence of references to other works.... We see no reason to confuse the reader with footnotes or detailed indications of the sources from which our suggestions are derived.” pv

Brown & Raphael (1948)

Lost in Translation



Lost in Translation



Impact of Lost in Translation



Why do we need to translate?

- High quality research not used consistently in practice and policy (McGlynn et al 2003; Cooksey 2006; Oxman et al 2007)
- Nurses prioritise knowledge from colleagues and from experience (Spenceley et al 2008, Thompson et al 2001)
- How can this gap be closed?

Challenges

- Lack of skills in knowledge management
 - Volume research overwhelming
 - Lack of skills in appraising evidence
 - Content of evidence resource does not meet end user's needs
- Straus et al (2009)
- Managing change

PARIHS Model

- Evidence
 - Research, Clinical Experience, Patient Preferences and local information
- Context
 - Culture, leadership and evaluation

Facilitation

- Making change easier

www.parihs.org

(for list of papers)

Knowledge Translation



Does the name matter?

- Knowledge to action
- Knowledge translation, transfer, exchange, uptake
- Research utilisation
- Implementation
- Dissemination
- Diffusion

Knowledge in action

- Knowledge creation
 - Knowledge inquiry
 - Knowledge synthesis
 - Knowledge tools
- Knowledge application - action cycle

Graham et al (2006)

Planned action theories

- Over 60 theories identified (Graham et al 2006)
- Common core of:
 - Identify problem
 - find research or guidelines
 - adapt to context
 - assess barriers
 - select, tailor and implement the change
 - monitor and evaluate
 - sustain ongoing knowledge use

Using evidence

- What underpins knowledge translation?

- 18 models identified

- Organisational innovation models
 - Social Science models of research utilisation
 - Nursing models research utilisation
 - Health Promotion models

Estabrooks et al (2006)

- Psychology – behavioural change

Michie et al (2005)

- So where do all these models get us?

Knowledge and Evidence

- Evidence from research, clinical experience, patient experience and local information

(Rycroft-Malone et al 2004)

- Should value personal experience and experiential knowledge for what they are—we should not have to disguise them as types of evidence for them to be deemed of any value

Scott Findlay & Pollock (2004)

Using management research

- at organisational level
 - “Conceptual epistemological questions like ‘what is evidence?’ are fundamental and underpin all enquiries into knowledge mobilisation in the NHS.”
 - “the multidisciplinary discourses concerning knowledge, evidence and research will never converge.”

Crilly et al (2010)

Ways of Knowing

“Did you make that song up?” (asked Rabbit)

“Well I sort of made it up,” said Pooh. “It isn’t brain,” he went on humbly....but it comes to me sometimes.”

“Ah!” said Rabbit, who never let things come to him but always went and fetched them.”

AA Milne (1928) House at Pooh Corner

Ways of Knowing

- Empirics - science
- Aesthetics - art
- Ethics - moral
- Personal – self understanding
- Socio-political – context

Carper (1978), White (1995)

Wisdom

- Good judgement in hard cases
 - “hard cases are those where important decisions have to be made on the basis of insufficient data; where what is relevant and irrelevant are not clearly demarcated; where meanings and interpretations of actions and motives are unclear and conjectural; where small details may contain vital clues; where the costs and benefits, the long term consequences, may be difficult to discern; where many variables may interact in intricate ways.”

Claxton 1997 p191

Magical thinking

- If you think something is true, then it is
 - “The Year of Magical Thinking” Joan Didion
- Relevance to nursing?
 - Can give some people an “edge”
 - Implications for policy and practice?

Role of magical thinking

- “this government would prefer the evidence to align more closely with its policies” (Labour govt.) Financial Times (2009)
- “pick out what supports proposed course of action and reject what does not...” FT (2009)
- “Politicians sometimes allow their view of reality to be shaped by what they want it to be rather than what is actually is” Delamothe (2009)

Uncertainty

- Ideas constantly refined via argument and testing
- Public and politicians often want certainty
- Lack of certainty does not mean lack of value in the research

Paul Nurse 2010

- “the ambiguities of science sit uncomfortably with the demands of politics. Politicians and the voters who elect them are more comfortable with certainty.” Lord Krebs (2010)

Uncertainty in health sciences

- Populations and politicians see things differently
- Much uncertainty – eg. Swine flu
- Use of evidence in government **one** domain of a decision
- Need to learn how to talk to policy people
- Good argument not enough – relationships and trust needed too

Davies 2010

Uncertainty - interpretation

- Drugs for dementia
 - View of NICE
 - View of Academic
 - View of patients/carers
 - View of newspapers

Flawed evidence

- **Missing data affecting outcomes** (BMJ 16th Oct)
 - Anti depressant – 4 meta-analyses showed worked
 - When 74% of missing patient data from drug company included: “overall an ineffective and potentially harmful antidepressant”
- “We do not know the extent to which integration of missing data would support or refute key portions of the existing evidence on which doctors, patients and policy makers rely” BMJ (2010) 341:787

Ideal

- If universities would reward
 - Inclusion decision makers in research processes
 - Dissemination of plain language summaries
 - Synthesis of knowledge into actionable messages of relevance to service needs
- If health service would reward
 - Active involvement of staff in pressing health service questions
 - Change management driven by research
 - Inclusion of researchers in decision making

Lomas (2007)

Knowledge broker

- Social interaction and networks key for guideline implementation –Gabbay & Le May (2004)
- Knowledge circulation depends on interpersonal networks – Greenhalgh et al (2004)

CLAHRC

- Based on interaction between researchers and practitioners who potentially use the results
- Being evaluated via SDO funded research

Lost?

- evidence from experience or other colleagues
main source used
- evidence from research
- evidence from patients
- evidence from local information
- influenced by context
- influenced by support available
- influenced by individual practitioner

No magic bullets

Found!

- Need a variety of sources of evidence
- Balance them to inform a complex decision
- Understand how to change
- Often need complex interventions in complex settings using complex forms of evidence

Two elements



Blending?



Shake them together



Smoothly blended!



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