

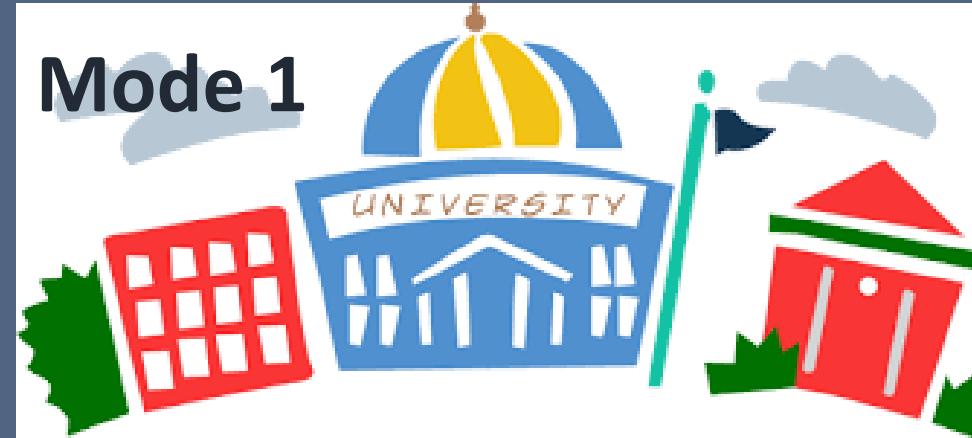


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# The Concept and Culture of 'Researcher Practitioner Engagement' in the Context of Healthcare Research in the UK

*Supervisors: Dr Patricia Gillen, Dr. Karen Casson*

# How do we produce the knowledge that underpins clinical practice?



Gibbons, M., Limoges, C., Nowotny, H., Schwartzman, S., Scott, P., Trow, M. (1995) *The New production of Knowledge: The Dynamics of Science and Research in Contemporary Societies* SAGE Publications London



SCOPING REVIEW

## Practitioner engagement by academic researchers: a scoping review of nursing, midwifery and therapy professions literature

Daniels N., Gillen P., Casson K.

### ABSTRACT

**Background:** Engagement of frontline practitioners by academic researchers in the research process is believed to afford benefits towards closing the research-practice gap. However, little is known about if and how academic researchers engage nurses, midwives or therapists in research activities or if evidence supports these claims of positive impact. **Method:** A scoping review was undertaken using the Arksey and O'Malley (2005) framework to identify the extent to which this phenomenon has been considered in the literature. **Results:** An iterative search carried out in CINAHL, PubMed, Medline and Embase retrieved 32 relevant papers published 2000 to 2017, with the majority from the last two years. Retrieved papers described or evaluated active engagement of a practitioner from nursing, midwifery and therapy disciplines in at least one stage of a research project other than as a study participant. Engagement most often took place in one research activity with few examples of engagement throughout the research process. Limited use of theory and variations in terms used to describe practitioner engagement by researchers was observed. Subjective perspectives of practitioners' experiences and a focus on challenges and benefits were the most prominently reported outcomes. Few attempts were found to establish effects which could support claims that practitioner engagement can enhance the use of findings or impact health outcomes. **Conclusion:** It is recommended that a culture of practitioner engagement is cultivated by developing guiding theory, establishing consistent terminology and building an evidence base through empirical evaluations which provide objective data to support claims that this activity can positively influence the research-practice gap.

**Key words:** research, practitioner, engagement, research-practice gap, scoping review

### BACKGROUND

Knowledge derived from research is a cornerstone of healthcare and evidence-based practice. Globally, there is a clear commitment and expectation that healthcare practices will be informed by the best available research evidence with the belief that this will result in optimal patient and health outcomes (Leach & Tucker, 2018). Integration of research findings into practice is therefore embedded in the professional standards of nurses, midwives and therapists who deliver direct care worldwide. However, a plethora of literature documents the consistent and longstanding challenges that practitioners across these professions face in utilising research within their practice. In 1991, challenges were categorised as relating to the adopter, the organisation, the quality of the research, its presentation and accessibility (Funk, Champagne, Wiese, & Tomquist, 1991). Nearly 30 years on, these challenges remain as recent literature continues to report barriers consistent with these themes (Metzkeiner, 2017; Sourlock-Evans, Upton & Upton, 2014; Righils, Plummer, Harvey, & Pain, 2013). Universally, the term 'research-practice gap' signifies this national rift between the knowledge generated from research and that which is used in practice. As this void is predicted to lead to substandard patient outcomes and inefficient use of healthcare resources (Leach & Tucker, 2018; Graham et al., 2006), health professions have a social, fiscal and ethical responsibility to address the gap between research and practice (Leach & Tucker, 2018).

# Scoping Review of the Literature

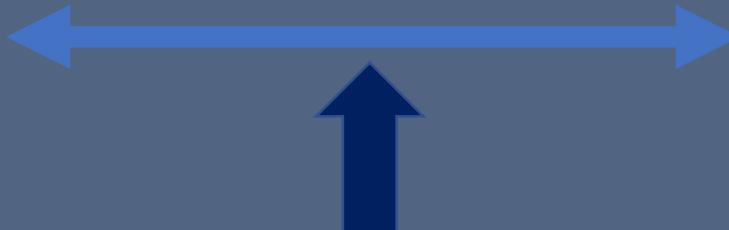
## Aim

to map literature in the nursing, midwifery and therapy fields which reports on engagement of frontline practitioners in the research process by University based academic researchers

**Reference:** Daniels, N., Gillen, P. Casson, K. (2019) Practitioner engagement by academic researchers: a scoping review of nursing, midwifery and therapy professions literature, *Research and Theory in Nursing In Press*

# Types of Engagement Observed

Practitioners as  
co-producers



Practitioners as  
Hired Hands

- Working together during all or almost all of the research process process
- Equality; knowledge and experience being valued on a par
- Mutual benefit
- Power sharing
- Users regarded as active agents

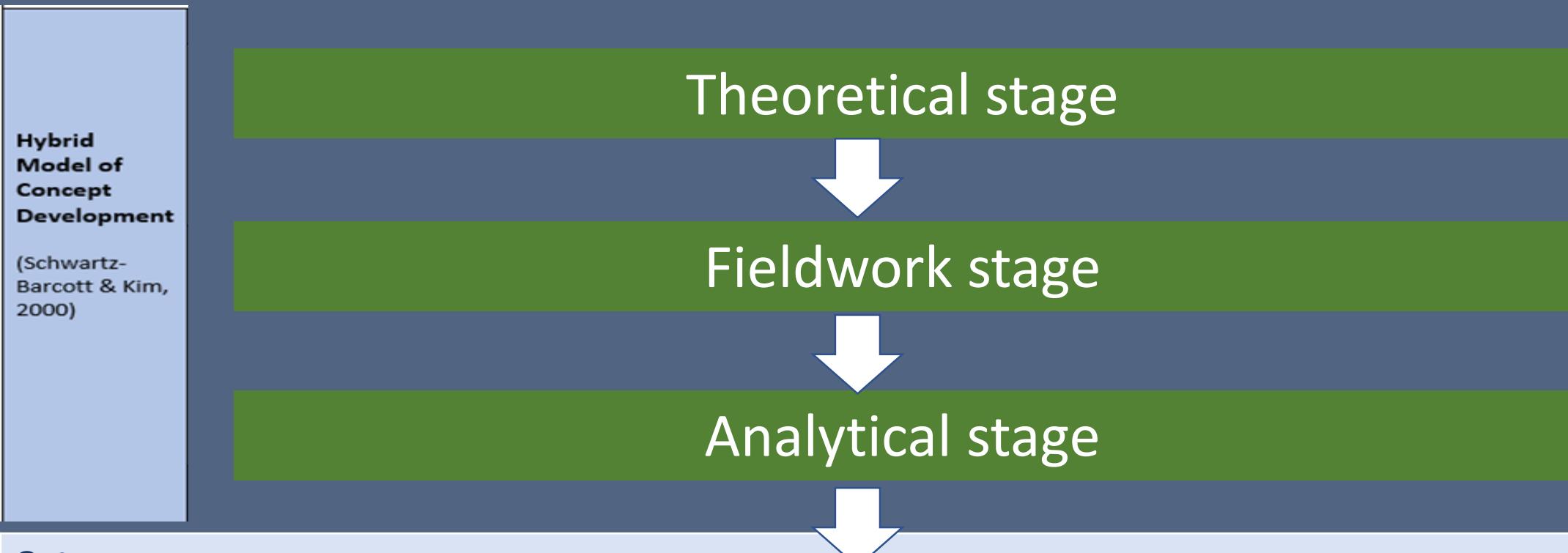
- Hired by researcher to carry out tasks
- Working to someone else's plan
- Behaviours can negatively influence research process and study outcomes

Heaton, J., Day, J. and Britten, N. (2016) Collaborative research and the co-production of knowledge for practice: an illustrative case study. *Implementation Science*, 11(1), p.20.

Roth, J.A., (1966). Hired hand research. *The American Sociologist*, pp.190-196.

## Phase 1: Qualitative

Aim: To develop the concept of Researcher Practitioner Engagement



### Outcomes

1. establish what constitutes the concept by identifying the attributes, antecedents and consequences in order to propose a definition and a preliminary conceptual model
2. establish if there is a necessity for this concept
3. identify challenges to the concept in practice

# Theoretical Stage

Attributes	Antecedents	Consequences
Varies in level and type dependent on study need	Identify appropriate practitioner with positive attitude towards study, skills and knowledge relevant to the research topic and shared goals with the researcher	Influences the research process
Values the contribution of researchers and practitioners' perspectives, skills and knowledge	Development of a collaborative relationship	Integrates research and practice <ul style="list-style-type: none"><li>• positive changes to practice</li><li>• practitioner contribution to production of knowledge</li><li>• implementation of research evidence in practice</li></ul>
Reciprocal relationship	Organisational support (institutional, managerial, peer)	Practitioner professional development <ul style="list-style-type: none"><li>• gained knowledge</li><li>• developed research skills</li><li>• improved criticality and reflection in practice</li></ul>
Shared decision making in relation to study activities	Diagnose and address potential barriers to engagement	
Two way, ongoing and responsive communication	Dedicated practitioner time	

# Fieldwork Stage

## Researchers (n=13)

Professor	9
Research Fellow	2
Lecturer	1
PhD researcher	1



## Practitioners (n=8)

**Occupational Therapist** 4  
**Physiotherapist** 2  
**Speech Therapist** 2

# Researcher's Clinical Background

	R	P
England	11	6
Scotland	1	1
Wales	0	1
N.Ireland	1	0

# Fieldwork Stage

## Researchers (n=13)

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## Practitioners (n=8)

Occ Therapist	4
Physiotherapist	2
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	R	P
England	11	6
Scotland	1	1
Wales	0	1
N. Ireland	1	0

## Researcher's Clinical

### Background

Nursing	6
Occ therapy	3
Physio	2
SALT	2
Midwifery	1
Other	3

## Researchers (n=4)

Professor	Nursing	England
Research Fellow	Occ Therapy	Scotland
Research Fellow	Nursing	Scotland
Lecturer	Midwifery	N. Ireland

00:03:06

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## Attributes

*Characteristics that make it possible to identify that a situation or instance can be categorized as the concept under consideration*

Varies in level and type dependent on study need

Values the contribution of researchers and practitioners' perspectives, skills and knowledge

Reciprocal relationship

Shared decision making

Two way, ongoing and responsive communication

	Researchers (n=13)	Practitioners (n=8)
Agree	12	7
Silence	1	1
Agree	12	8
Silence	1	-
Agree	6	5
Partially agree	6	3
Silence	1	-
Agree	2	1
Partially agree	7	7
Disagree	1	-
Silence	3	-
Agree	5	5
Partially agree	3	3
Silence	5	-

Attributes	Antecedents	Consequences
<p><b>1. Varies in level and type dependent on study need</b></p> <p><b>2. Values the contribution of researchers and practitioners' perspectives, skills and knowledge</b></p> <p><b>From the formative stages</b></p> <p>3. Reciprocal relationship</p> <p>4. Shared decision making in relation to study activities</p> <p>5. Two way, ongoing and responsive communication</p>	<p>1. Identify appropriate practitioner with positive attitude towards study, skills and knowledge relevant to the research topic and shared goals with the researcher</p> <p>2. Development of a collaborative relationship</p> <p>3. Organisational support (institutional, managerial, peer)</p> <p>4. Diagnose and address potential barriers to engagement</p> <p>5. Dedicated practitioner time</p>	<p><b>1. Influences the research process</b></p> <p>2. Integrates research and practice</p> <ul style="list-style-type: none"> <li>positive changes to practice</li> <li>practitioner contribution to production of knowledge</li> <li>implementation of research evidence in practice</li> </ul> <p>3. Practitioner professional development</p> <ul style="list-style-type: none"> <li>gained knowledge</li> <li>developed research skills</li> <li>improved criticality and reflection in practice</li> </ul> <p><b>Clinically significant study and outcomes</b></p>



*“the method that I had chosen wouldn’t have given us relevant results, but because I had taken on board what the practitioners had told me was their normal practice the findings were actually much more relevant, the data collection was much more robust”*

*“input from the clinicians definitely shaped the methodology....It definitely shaped the interpretation of findings.....You couldn’t have done it really without the clinician’s help, because as researchers, we just didn’t have that on the pulse, at the coal face, insight”*

*“what you end up with, is something that is significant from a research point-of view. So maybe statistically significant, but also has real significance for clinical practice as well “*

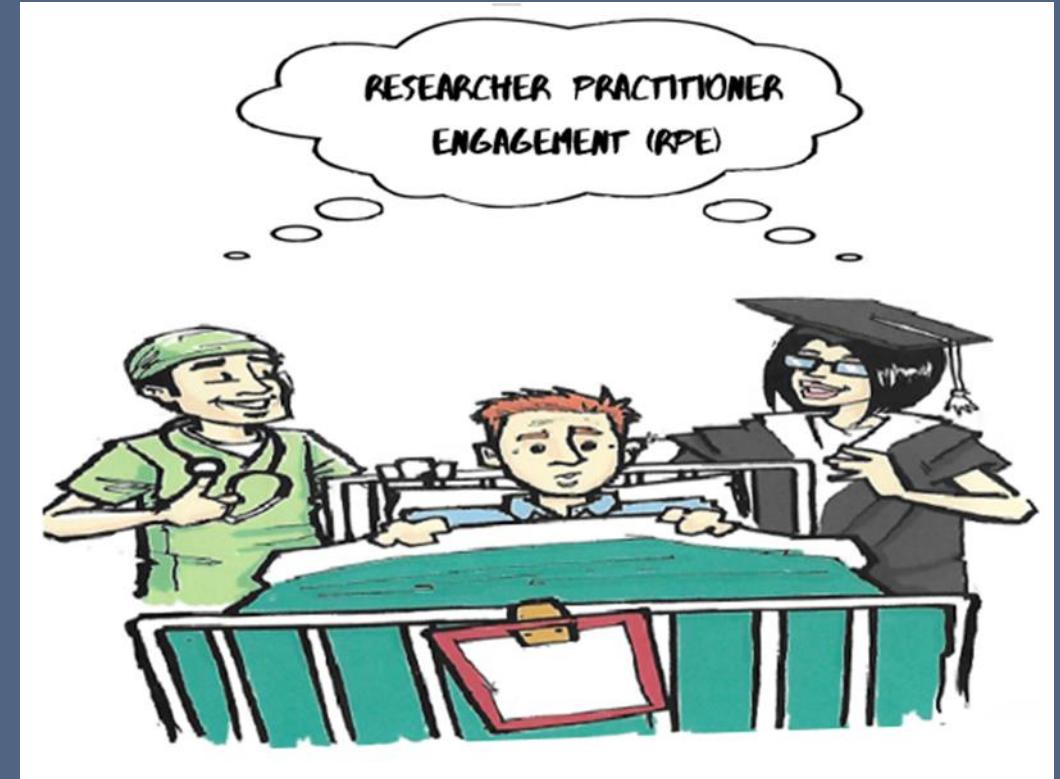
Attributes	Antecedents	Consequences
1. Varies in level and type dependent on study need		
2. Values the contribution of researchers and practitioners' perspectives, skills and knowledge <b>Influences the research process</b>	1. Identify appropriate practitioner with positive attitude towards study, skills and knowledge relevant to the research topic and shared goals with the researcher	1. Influences the research process
3. Reciprocal relationship Mutual benefit	Common vested interest in the study and its outcomes	2. Integrates research and practice <ul style="list-style-type: none"> <li>positive changes to practice</li> <li>practitioner contribution to production of <b>clinically significant knowledge</b></li> <li>implementation of research evidence in practice</li> </ul>
4. Shared decision making in relation to study activities	2. Development initiation of a collaborative relationship	Builds research capacity
5. Two way, ongoing and responsive communication	3. Organisational support culture (institutional, managerial, peer)	3. Practitioner professional development <ul style="list-style-type: none"> <li>gained knowledge</li> <li>developed research skills-awareness</li> <li>improved criticality and reflection in practice</li> <li>Researcher professional development</li> <li>Long term relationships</li> </ul>
Open dialogue	4. Diagnose and address potential barriers to engagement	
	5. Dedicated practitioner time	
	Researcher's understanding of the	

Attributes	Antecedents	Consequences
<b>Practitioners' perspectives, skills and knowledge influences the research process from the formative stages</b>	Vested common interest in a study topic and its outcomes	Research capacity building
<b>Mutually beneficial</b>	Initiation and forming of a collaborative relationship	Practice development
<b>Open dialogue which facilitates clinically informed problem solving and decision making in relation to relevant study activities</b>	Organisational culture of integrated research	Improved clinical significance of a study and its outcomes
	Realising and addressing challenges within clinical context that could impact on researcher practitioner engagement	

# Definition

Researcher practitioner engagement is a mutually beneficial process through which practitioners influence research which is meaningful to their practice thereby positively affecting the clinical significance of a study and its outcomes.

Practitioner's clinical knowledge and perspectives are reflected in the formative stages of a study. Open dialogue facilitates problem solving and decision making between researchers and practitioners in subsequent study activities as necessitated by the study design.



# A necessary concept?

*“how it ought to work and what we should be aiming for”*

*“there’s a need for it is because it is so easy to not have this collaboration”*

*“you can then pinpoint the bits that are missing and say “but actually, it’s not real until we’ve done this, this and this”*

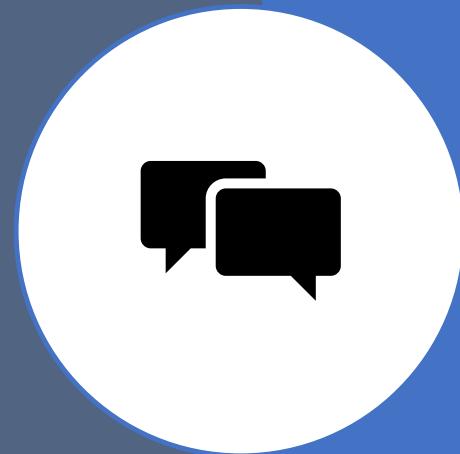
*“helps you to articulate that sometimes it’s difficult to do it. Not just assume that actually, this just happens naturally”*

*“you need a way of talking about it”*

*“offers it legitimacy”*

*“build towards that supportive culture for research”*

*“help have it more recognised as an integral part of the research”*



# Implications for practice

Practitioners as  
co-producers



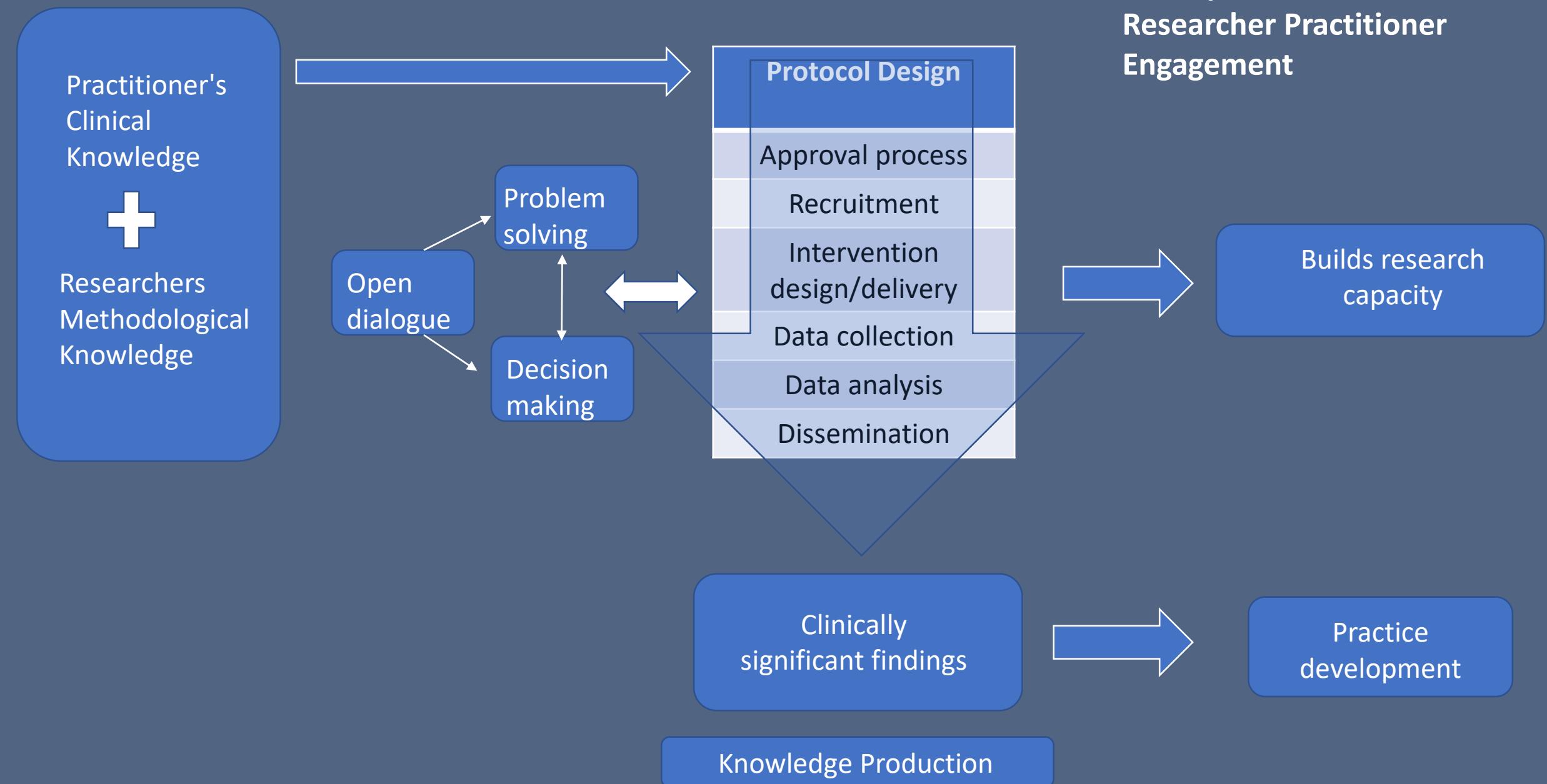
Practitioners as  
Hired Hands

## Researcher Practitioner Engagement

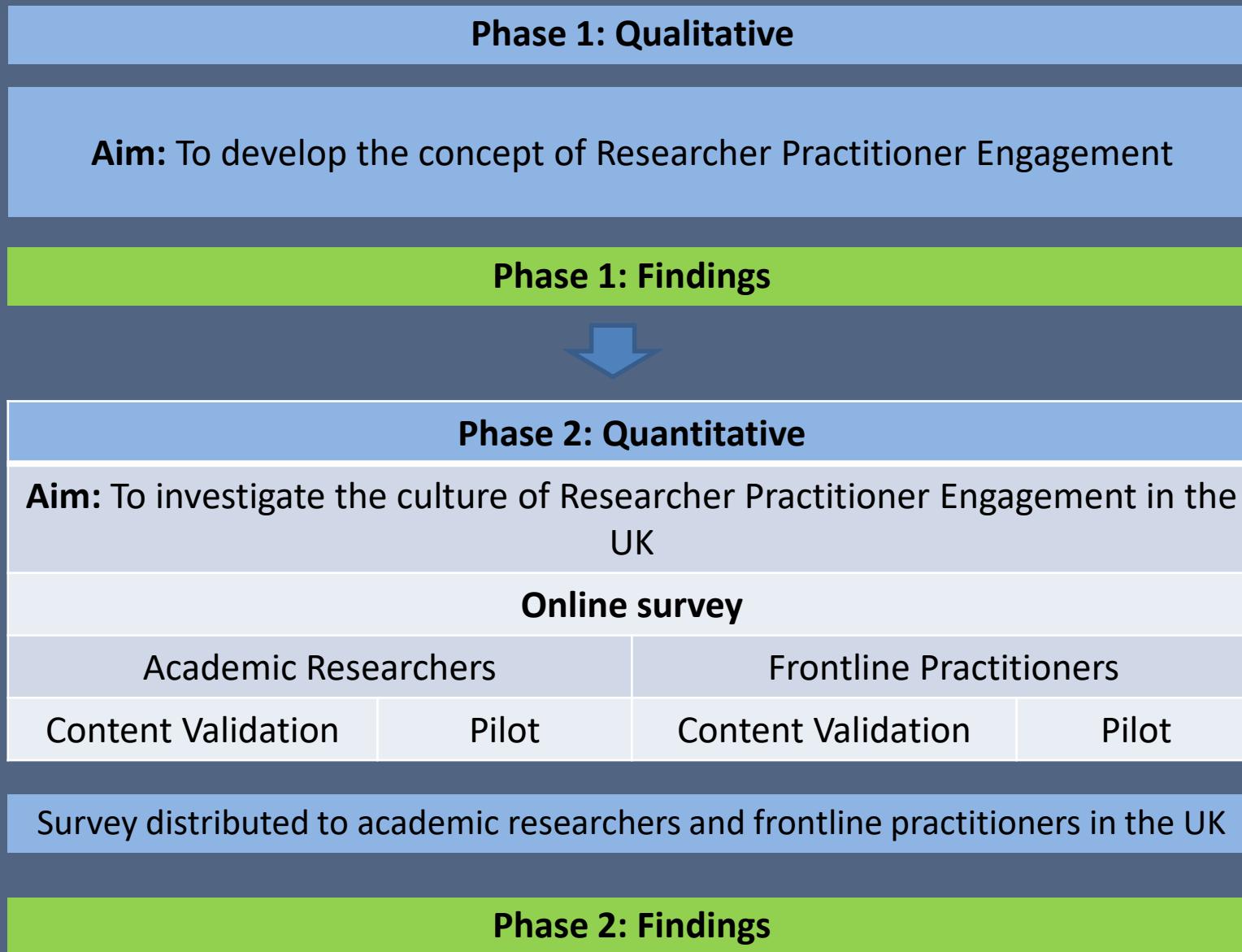


- Working together during all or almost all of the research process
  - Equality; knowledge and experience being valued on a par
  - Mutual benefit
  - Power sharing
  - Users regarded as active agents
- 
- Practitioners' perspectives, skills and knowledge influences the research process from the formative stages
  - Mutually beneficial
  - Open dialogue which facilitates clinically informed problem solving and decision making in relation to relevant study activities
  - Results in a clinically significant study and outcome
- 
- Hired by researcher to carry out tasks
  - Working to someone else's plan
  - Behaviours can negatively influence research process and study outcomes

# Conceptual Model of Researcher Practitioner Engagement



# What next?





**Are you a healthcare researcher based in a  
UK University?**

**Have you engaged a frontline practitioner in a role  
other than as participant in your study?**

**To share your experiences please complete our  
online survey on Researcher Practitioner  
Engagement**

Email: [Daniels-n@ulster.ac.uk](mailto:Daniels-n@ulster.ac.uk)

Twitter: @NikkiDresearch

This study has been approved by the Institute of Nursing  
and Health Research filter committee, Ulster University.

If you have any queries, please contact:  
Nikki Daniels [daniels-n@ulster.ac.uk](mailto:daniels-n@ulster.ac.uk)  
PhD Researcher

**ulster.ac.uk**



**Calling nurses, midwives,  
occupational therapists, physiotherapists and speech  
and language therapists**

**Have you been engaged by an academic researcher in a  
research project in a role other than as participant?**

**To share your experiences complete our online survey on  
Researcher Practitioner Engagement**

Email: [Daniels-n@ulster.ac.uk](mailto:Daniels-n@ulster.ac.uk)

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# Questions?

# Triangulation (Focus Group R5)

Requirements <i>(attributes)</i>	Necessary pre-conditions <i>(antecedents)</i>	Outcomes <i>(consequences)</i>
Shared purpose	Sufficient time to build a relationship	Longer term relationships
Recognition of skill gaps	Communication	Researchers observe study impact in practice
Research question relevant to practice	Researchers understanding of the clinical context	Improved method and data
Joint working a study protocol	Organisational culture that supports engagement	Findings relevant to practice
Soliciting agreement throughout the process		Building research capacity