Chapter 10: Research Dissemination and Impact

Helen Brooks and Penny Bee

Chapter Overview

Research activity does not finish when data analysis is complete. Once research findings are available, researchers still have obligations to fulfil. These obligations include sharing the findings with different audiences and ensuring maximum impact from the study.

The process of sharing research learning with others can be an enjoyable but challenging one. Often it is referred to as dissemination, but you may also see it linked with terms such as knowledge transfer or knowledge mobilisation. Each of these concepts is slightly different.

Dissemination refers to the active process of communicating research findings in a targeted and personalised way to identified relevant audiences who may be interested in the findings and/or able to benefit from them. Knowledge transfer extends beyond this dissemination phase and refers to an often lengthier process that includes both dissemination and the exchange and application of new knowledge in order to provide more effective health services and to strengthen health systems. In this chapter we will focus primarily, although not solely, on dissemination. There are ranges of ways in which research findings can be disseminated and some of these are discussed in the following pages.
**Learning Objectives**

By the end of this chapter you should be able to:

1. Explain the importance of disseminating research findings
2. Introduce different ways to disseminate research findings and increase research impact
3. Demonstrate the value of continuous stakeholder engagement for research dissemination.

**Introduction**

Mental health care resources are finite. In order to ensure service users receive the highest quality health care, evidence about the most effective and acceptable treatments needs to be fully incorporated into health care policy and practice. However, we have known for a long time that this is not happening as well as it should be within health services and that research evidence is not being transferred sufficiently to routine clinical practice both in the UK and across the world. This is often because of a failure by researchers to disseminate their work appropriately.

**Dissemination can be defined as:**

'A planned process that involves consideration of target audiences and the settings in which research findings are to be received and, where appropriate, communicating and interacting with wider policy and health service audiences in ways that will facilitate research uptake in decision-making and practice'. (Wilson et al., 2010).

The majority of research funders now require that applicants provide a dissemination strategy outlining the various ways in which the findings of the study will be disseminated to interested parties.
Key audiences implicated in this process usually include:

- Study participants
- The public
- Health professionals
- Health care managers and policy makers
- Commissioning organisations (e.g. NHS England)
- External Organisations (e.g. NICE and the Department of Health)
- Other researchers and academics
Each of these audiences may be interested in and require a different type or level of knowledge. For examples, study participants often want to know the results of the study to which they contributed their data. The general public may be less interested in the results per se and more concerned with what they mean for their own future health care decisions or care needs. Policy makers and service commissioners may be interested in what the results tell them about improving population health outcomes, as well as the cost of providing new or improved services to local and national communities. We know from recent evidence that the best way to disseminate research is to include a range of different proactive approaches which are appropriate and targeted to the different audiences with whom researchers need to engage. Ideally, dissemination activities should start early in the research process and include face-to-face interactions to maximise other people’s engagement and interest in the study findings.

**Research impact**

Impact has been defined as the ‘demonstrable contribution that excellent research makes to society and the economy’ (ESRC, 2017). Impact can be achieved by influencing health policy, practice or behaviour or by building capacity amongst service users, carers, professionals or researchers. Funders often require researchers to define within applications for funding the pathways through which the study will demonstrate academic, economic and societal impact. In order for such impacts to be realised in practice, the findings from a research study must be disseminated suitably.
Types of dissemination activities

Researchers outline their plans for disseminating the results of a research study in a dissemination strategy. This should be co-produced with appropriate patient-and-public representatives as early as possible in the design of a research study to optimise the impact of the study and to ensure dissemination activities are suitable and appropriate for relevant target audiences. The selection of specific engagement activities and communication channels should be informed by current evidence on dissemination and knowledge mobilisation. For example, starting the process of engaging with relevant audiences early in the research process is more effective than waiting until the end of the project. It is very important to cost in dissemination activities (e.g. open access costs, travel for presentations, printing costs etc.) within the project budget to ensure the resources are available when they are needed.

Study participants

Providing study participants with the results from a research project in which they have been involved acknowledges their contributions and demonstrates the value their input has had. The most commonly used way to feed back to study participants is through a written lay summary of the research findings. Including an option on study consent forms allows participants to register their interest in finding out about the results of a study and register their details to receive written feedback. Service-user and carer representatives should be central to this process to ensure that the feedback is written in a comprehensive and easily accessible format.

For those studies not requiring consent from participants in a formal way (e.g. anonymous questionnaires), lay summaries may be disseminated in different ways. For example, an overview of the findings may be posted on study websites or social media pages. Participants can then be signposted to such locations by including a link within the questionnaire, along with the date when the lay summary will be made available. Hard copy lay summaries may be distributed through the organisations that have been involved in recruitment for the study, including for example healthcare trusts and/or local and national voluntary and community organisations.

Increasingly, researchers are also considering more interactive and innovative ways to disseminate findings to study participants if they have the budget and resources available. Possible examples include: infographics, interactive DVDs, video abstracts and animations of study findings, as well as having patient and public involvement representatives organise their own dissemination conferences and present study findings to interested groups.
Patients and the public

Researchers have a social obligation to disseminate findings to the general public especially if the topic is considered to be of significant relevance to wider society. The general public is likely to be current and future health service users, as well as relatives, family and friends of service users. As a result, in a dissemination strategy equal consideration should be given to disseminating findings to the general public as to publishing academic papers or conference proceedings.

Certain outputs, such as patient information cards, may usefully communicate study findings to current NHS service users, especially if they can be used to empower these individuals and stimulate demand for better quality, more effective healthcare.

The EQUIP study, for example, produced and disseminated a patient-mediated information card to help mental health service users input and shape their own care plans. This card was co-developed with service users and carers and designed specifically to communicate research findings in a way that met their needs.

There are many ways that public dissemination can be achieved, and researchers may also consider one or more of the following:

- Producing a press release for distribution to local and mainstream media outlets
- Presenting the study findings at local and national community events (e.g. service-user and carer forums or annual events such as the Mental Wealth Festival)
- Organising events such as pop-up dissemination cafes in local venues or arranging a conference where researchers and patient and public researchers engage with the public.
- Approaching well-known bloggers or vloggers in the field and asking if they are interested in writing an article about the research

- Developing a social media campaign led by service-user and carer researchers which is specifically targeted in terms of relevance and potential influence (including writing blogs, starting Facebook groups, organising TweetChats which allow Twitter users to participate in real-time hashtag conversations about the research or hosting a Reddit Ask Me Anything Session)
The research community

The most common route to reporting study findings to academic audiences is through publication in peer-reviewed scientific journals or through presentations at relevant national and international academic conferences. There are various guidelines available for researchers to support the process of reporting research to ensure that findings presented allow replication of the study and that they are presented in such a way as to allow the data to be included in future evidence reviews. These include the CONSORT guidelines for the reporting of randomised controlled trials and the COREQ guidelines for the reporting of qualitative research. Wherever possible, publications should be made ‘open access’ which means there are no restrictions (e.g. subscription licences) on who can view the articles. Open access articles can be found and read in full through a keyword internet search. Service-user and carer representatives should be included as co-authors when writing manuscripts for publication and invited as co-presenters at conferences.
Healthcare professionals and relevant statutory and community organisations

In addition to the engagement strategies described above, researchers should also consider how they wish to engage with stakeholders within health-care services. When researchers are developing a dissemination strategy, they should work with the wider study team to draw up a list of potential health professionals, healthcare organisations, commissioning organisations and external voluntary or community organisations that may be interested in their study. This list can be updated over the course of the research to give an accurate, up-to-date overview of key audiences. Liaising with these stakeholders to discuss relevant dissemination techniques will ensure that the research team are using the most appropriate strategy for each organisation, to ensure maximum reach for their research findings. Activities specific to this audience may include producing articles for staff newsletters, presenting the findings as part of local or national seminar series, providing dissemination sessions to staff, managers or commissioners or attending healthcare events and activities to promote the study.

Tips to facilitate research dissemination

- Establish networks and relationships with service users, carers, professionals and organisations from the outset of the study
- Acknowledge the central role and importance that users and carers have in the process of dissemination and draw on their expertise
- Involve networks in all stages of research including dissemination activities
- Be flexible but consistent in your dissemination activities
- Understand the contexts in which you are undertaking dissemination and take the lead from your local networks
- Obtain management-level support from any organisations with whom you wish to engage
- Provide time and sufficient resources for dissemination activities within your project plan and budget
Knowledge mobilisation

Knowledge mobilisation extends beyond dissemination, and includes active efforts to change and influence practice. Evidence suggests that knowledge mobilisation to improve health care relies not only on producing new research outputs but also on brokering this knowledge to enhance the uptake of research evidence in situ. This can be assisted by first identifying and then overcoming potential boundaries and barriers to the flow of knowledge. Teams may need to invest time and effort in building trusted and enduring partnerships with services, service managers, commissioners and policy-makers.

For the most part, knowledge mobilisation is likely to be more successful if multiple activities and strategies are combined. Locally, the interpretation of research evidence may be challenged by entrenched professional identities and collective practice, and in such cases local opinion leaders and interactive educational meetings, facilitated by a mix of academic and service user/carer researchers, can be a powerful way of raising awareness and stimulating the momentum for practice change. To encourage wider roll-out of the outputs of research, teams may in addition consider holding a stakeholder conferences to engage regional or national audiences. In certain cases, they may also consider establishing online knowledge repositories with downloadable resources that link directly to patient and professional networks or organisations. Patient-and-public representatives can play a role in all of these activities, making sure that patient priorities are reflected in these communications, and that the right messages are given in the right way to the right people at the right time.

There is limited value in doing research unless you let people know about it. This chapter has examined the importance of disseminating research studies and their findings and considered the ways in which researchers can do this. Dissemination activities should target as wide an audience as possible using individualised strategies targeted to specific audiences, including drawing on the expertise of local collaborators and networks.
PPI stories from EQUIP

Next, Garry talks about his experiences of disseminating the research findings from EQUIP.

Garry’s story

My involvement in research began when I was invited to participate in a focus group. Since then, I have been invited through my local networks to get involved in research myself. I have become a research project advisor and have felt a great sense of achievement.

It feels so rewarding that as members of project advisory panels, our feelings and opinions are listened to. I have inputted into a range of study outputs, including academic publications, animated resources, and written information and wallet cards for service users. I have also contributed to professional education and development events. I was recently invited to a research awareness event attended by student mental health professionals.

I felt able to communicate with this group of learners the importance and value of PPI involvement in the research process, and this approach was well received. I’ve been surrounded by hard-working and supportive professionals for so long now, so it’s great to meet the workforce of the future and engage with people who will influence care improvements in the world of mental health.

Reflective exercise

Amira is developing an application for a five-year programme of research designed to develop and test the effectiveness of a telephone support intervention for depression and anxiety. The research will also look at who is best placed to deliver this intervention (e.g. either within the NHS or within the voluntary sector) and what the most cost-effective option is.
• When should Amira start thinking about her dissemination strategy and who should be involved in developing it?

• Who do you think are the key audiences who might be interested in the research and its findings?

• What do you think are the most appropriate strategies for disseminating the findings to each audience and who is best placed to lead on each?

• How might Amira demonstrate the potential impact of her study to the funders?

References and further reading


Summary

This handbook has been written to help patient and public representatives engage in health services research and work meaningfully with academic and clinical research teams in true partnership. It has been co-written with service users and carers from the NIHR EQUIP research programme and aims to help other public and patient representatives increase their understanding and skills in research methods.

Health research is incredibly important. It helps to develop and evaluate new treatments, improve patient safety, and identify the most effective ways to organize, manage, finance, and deliver high quality care. As a member of the public, you will have your own health experiences and a unique viewpoint on the direction that this research could take.

We have integrated research methods training with personal stories and reflections from our PPI representatives throughout this book, and hope this has provided a useful resource.

As our stories have shown, there are many different roles and avenues through which members of the public can contribute to research. This means that different levels of involvement are possible and different people will have different amounts of time available and different preferences for what they would like to do.

Whatever your choice or intention, we wish you luck in your future research activities. We hope that this book has gone some way to equipping you with the knowledge and skills that you need to make a valuable and enjoyable contribution.

‘I would just like to say thank you for giving me the opportunity to take part in the research programme; it made me feel so good about myself as it really boosted my confidence. It made me realise just how much of a difference I can make with the right tools and training.’ (EQUIP project advisory group member)

‘I learned so much by being able to take part in the research programme. It has been a dream come true attending university: it just proves that no matter what disabilities someone may have – physical or mental – with help, dreams can come true. I hope I can be part of future research programmes and I look forward to finding out what the future holds for me.’ (EQUIP research methods course participant)