

Collaborative research and the co-production of knowledge for practice: an illustrative case study

Take Away Points

- The theory of co-production provides insight into what key qualities of collaborative work inspire the generation of knowledge that is translated into clinical practice.
- Collaborative research can exemplify successful, translatable, applied health research driven by the needs of the end-users of the research and not the researchers themselves.

The Issue

In an attempt to close the gap between the production of knowledge through research and its utilization and to further promote evidence-based practice and policy, England’s National Institute for Health Research (NIHR) began funding a major 5-year pilot research program in 2008 which promoted local research partnerships called Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). The NIHR CLAHRC for the South-West Peninsula of England, or PenCLAHRC, is a partnership between two universities and 13 National Health Service Trusts that was built on the notion of ‘Engagement by Design®’ whereby researchers worked closely with clinicians and managers in the NHS, as well as patients and the public, at all stages of the research process. It was thought that this closer collaboration would lead to more successful knowledge translation. Researchers first identified nine mechanisms of closer collaboration that made a difference in projects’ success:

Source

Heaton, J., Day, J., & Britten, N. (2016). Collaborative research and the co-production of knowledge for practice: an illustrative case study. *Implementation Science*, 11(1), 1. <http://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0383-9>

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| (1) local end-user driven | (2) meeting of minds | (3) knowledge appetite |
| (4) game changers | (5) facilitative leadership | (6) small strategic core |
| (7) creative assets | (8) relational adoptive capacity | (9) End-user is King! |

Based on these mechanisms, researchers then looked to a form of co-production of knowledge as the style of closer collaboration which best enabled partners to seize opportunities and overcome barriers to achieving knowledge translation.

The theory of co-production has been used to conceptualize and describe the increasing engagement of policy makers and practitioners in applied health research (AHR). Following the theory of co-production, this case study of PenCLAHRC demonstrates how the successful translation of knowledge can be explained to inform the future development and evaluation of collaborations in AHR.

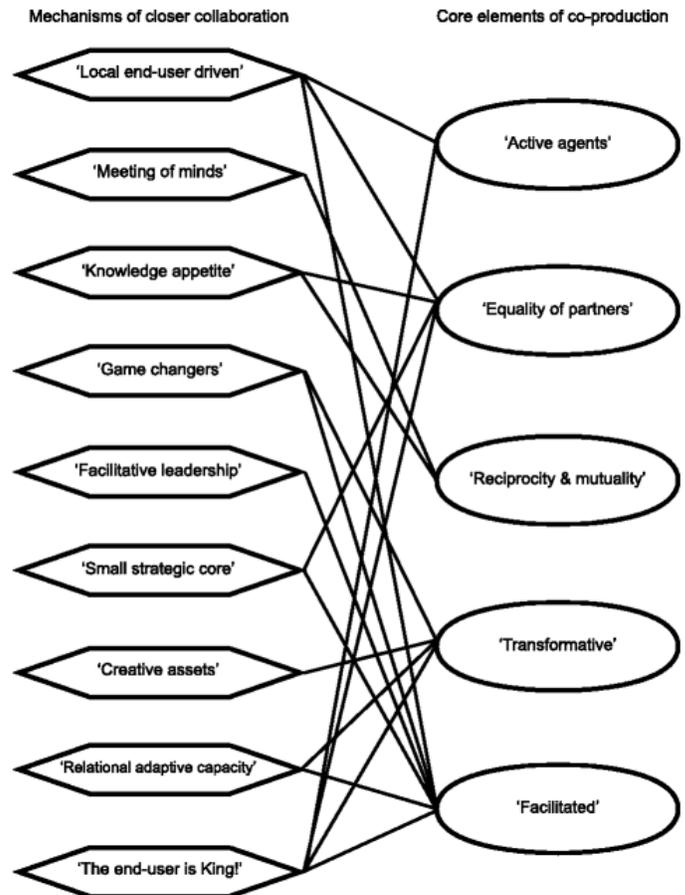
Study Methods and Design

An internal evaluation of PenCLAHRC was completed using semi-structured interviews with 54 program stakeholders and 28 members of four case-study projects in addition to analysis of program-related documents. From this, one project case study, the stroke thrombolysis project, exemplified the style of

collaboration that was most successful in bringing about knowledge translation. This project was then used for further analysis of theoretical claims. An additional nine participants of the stroke thrombolysis project were interviewed between December 2012 and March 2013, and documents from inception of the project in 2009 to its completion in 2012 were reviewed. Concept mapping and framework analysis was used to discern if the closer collaboration could be explained using the theory of co-production. Results showed that each of the nine mechanisms of closer collaboration was found to correspond with the five core elements of co-production: (1) active agents, (2) equality of partners, (3) reciprocity and mutuality, (4) transformative, (5) facilitated. See figure.

Key Findings and Limitations

- In the stroke thrombolysis project, the co-production ethos was present throughout the research process, from conception to local implementation of findings.
- The co-productive approach helped participants in PenCLAHRC projects to overcome barriers in their local contexts of operation and meet their goals.
- An important finding for those involved in designing future CLARHC-like programs is that they could do more to promote not just collaboration, but styles of collaboration based on the principles of co-production. Notably, the introduction of the CLAHRC program itself was not sufficient to initiate collaboration.
- More research is needed to determine whether and how health care research co-produced in one locality can be effectively translated into other settings by involving extended groups of end-users.
- Limitations: The work only examined the collaborative relations between clinicians and researchers in the PenCLAHRC and not the contribution of patients and the public, who had a significant part in half of the projects undertaken as part of the CLAHRC pilot research program.



Final Thoughts

- The value in the theory of co-production is that it accounts for interaction, idea utilization, and resources available among program and project members in its core principles. More importantly, the theory includes the idea that end-user participation is critical to the success and utilization of knowledge and services.
- The most successful health research projects as part of PenCLAHRC were those where the clinicians and researchers all agreed about the aims of the research and the methods to be used in the conduct of the study.