THE EXTENT AND ORGANIZATIONAL DETERMINANTS OF RESEARCH UTILIZATION IN CANADIAN HEALTH SERVICES ORGANIZATIONS

- Two of the best ways to increase evidence-informed decisions in hospitals, regional health authorities, and ministries is working with researchers and having recent experience conducting research.

- Hospital managers and professionals surveyed denied being swayed by research presented in a user-friendly format, such as plain-language text, suggestions on using research and spruced-up visuals. However, despite this self-perception, strong evidence exists to show that user-friendly presentations help get research used.

- Ultimately, research-use strategies should be tailored to specific health services organizations, as each organization surveyed for this article reports different mixes of what works.

The following is a summary of a journal article by Omar Belkhodja, Nabil Amara, Réjean Landry and Mathieu Ouimet.

When it comes to strategies for increasing the use of research at hospitals, regional health authorities, and provincial ministries, there are very few one-size-fits-all solutions.

In fact, according to a 2007 article titled “The extent and organizational determinants of research utilization in Canadian health services organizations,” only two activities led to increased research use at all three types of organizations.

The first was working with researchers on initiatives such as research projects, committees, expert panels, workshops and conferences — activities the researchers grouped together under the title of “formal linkage mechanisms.”

The second was having experience with research itself in the last five years. This experience included investigating or co-investigating a research study, collecting data for a study, contributing data to a study, doing an in-depth literature review, taking part in a research study combining university and non-university investigators, or being involved in outcomes, evaluation, or quality-assurance projects.

Beyond these two characteristics, however, healthcare managers and professionals at different health services organizations report very different mixes of activities that affect whether they use more research.

What worked for hospitals

According to the study, hospital managers and professionals who had researchers as informal personal contacts tended to rely more on evidence in their decisions. The frequency with which they had direct, person-to-person contact with researchers also upped their research use. Other factors reported to have a positive impact were training on how to integrate research results into their work and whether they felt the research was pertinent and met their needs and expectations.

Sometimes the activities that made a difference in the hospital environment seemed a little less obvious — the amount of schooling hospital managers and professionals had was shown to increase how much research they used. The size of the unit they worked in had a similar effect (a unit of between 11 and 20 members had the most positive results for research use).

What worked for regional health authorities

Similar to hospitals, whether or not health professionals and managers at regional health authorities found research to be pertinent to their work and met their needs and expectations was shown to drive up the amount of research used in decision-making. However, the similarities ended there.
Staff members at regional health authorities tended to use more research when they “often” or “very often” considered research a preferred source of information. The more frequently evaluation reports or researchers were consulted, the better the chances the research was used. Also, smaller was better at regional health authorities — office units of between one and 10 people had the most positive effect on using research.

**What worked for ministries**

The approaches that nurture research use within provincial ministries are a blend of the activities in hospitals and regional health authorities, with a few new ones thrown in. Much like regional health authorities, ministry workers tended to use more research when they “often” or “very often” turned to research as a preferred source of information. A second common characteristic was how often they used evaluation reports or researchers as information sources.

Similar to hospitals, having researchers as informal personal contacts, how often they had direct contact with researchers, and the size of the unit within the ministries — between 11 and 20 people — seemed to increase research use.

Where ministries differed, however, was the percentage of time allocated to research and the number of people in the unit paid to do research — both appeared to have a positive effect on how much research informed decisions.

**Didn’t work for any**

There were three characteristics that managers and professionals felt had no impact on how much research they used, according to the survey. The first two are not terribly surprising — the number of years they’d been in their current job and whether or not they considered themselves to be a “professional” or a “manager.”

The third characteristic, however, might be more unexpected. The study reported that adaptation efforts had no effect on whether the survey respondents used research. This included whether the research results were presented in plain, jargon-free language; whether they were given examples of how to use the results; whether they were given possible implications the results could have on medical practice; and whether the research had visual appeal (such as graphics, colour, and packaging). Despite the perceptions of hospital managers and professionals interviewed, strong evidence, including a systematic review, suggests otherwise — that in fact, adaptation can help facilitate research use. Interestingly, in the original survey, close to half of the respondents said they “often” or “very often” adapted research results to make them more useful for decision makers in their organizations. A further one-third “sometimes” adapted the results.

**The real impact of using research**

So what good does increasing research use do for a health services organization? Overall, this study found research use has led to concrete changes in programs or services provided by their organization. In fact, almost nine out of 10 said they have cited research evidence to colleagues or patients as a reference in their work and have made professional decisions they wouldn’t have otherwise thanks to research. But the key is to get the research into the hands of those who need it. This process, however, is complex and sensitive to a variety of organizational factors.

**Reference**


Please note this summary is an interpretation and is not necessarily endorsed by the author(s) of the work cited.

For more information about Insight and Action or to retrieve other summaries, please go to www.chsrf.ca and click on Insight and Action under Publications and Other Resources.

If you would like to receive Insight and Action by e-mail send a note to summaries@chsrf.ca and write “subscribe” in the subject line.

If you wish to stop receiving Insight and Action by e-mail, send a message to summaries@chsrf.ca and write “unsubscribe” in the subject line.