Negotiating evidence; the Researcher-in-Residence model

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Mobilising knowledge

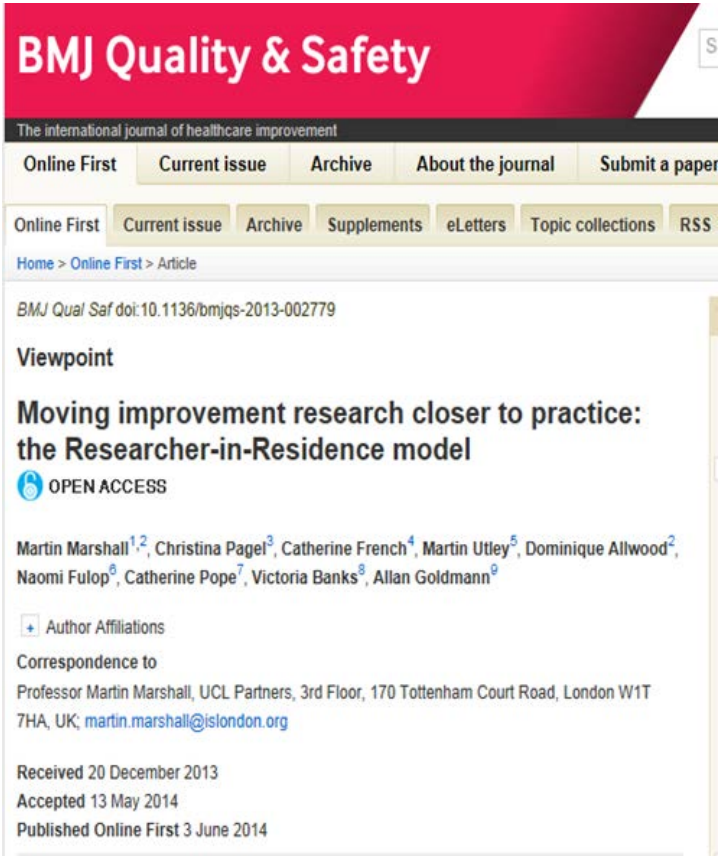
Problem	Nature of evidence	Nature of decision process	Solution
Knowledge transfer	A product	One-off event	Improved dissemination of evidence to users ('Push') or demand for evidence from users ('Pull')
Knowledge production	A process	Iterative social process	Work together to define, refine, generate and implement evidence ('Co-creation')

Adapted from Canadian Health Services Research Foundation, 2003

The challenge

There is a significant gap between the articulation of a process for knowledge mobilisation (models, theories and frameworks) and the translation of these accounts into workable, practicable and properly resourced strategies'

Davies et al., 2015



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Viewpoint

Moving improvement research closer to practice: the Researcher-in-Residence model

OPEN ACCESS

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Origins of the in-residence model

Barnsley FC
Poet-in-residence

All England Tennis Club
Artist-in-residence

British Library
Innovator-in-residence

Examples of the model being used by UCLPartners

Anthropologist-in-residence at UCLH
developing a clinical leadership strategy

Social Scientist in-Residence in Essex care homes
helping to reduce safety incidents in care homes using improvement science methods

Examples of the model being used by UCLPartners

Operational researcher-in-residence at Great Ormond Street Hospital
improving flow through operating theatres

Political scientist- in- residence in Newham general practice
supporting the development of new network models of general practice

Examples of the model being used by UCLPartners

Health Services Researcher-in-Residence at Whittington Health
advising on the development of a quality improvement programme

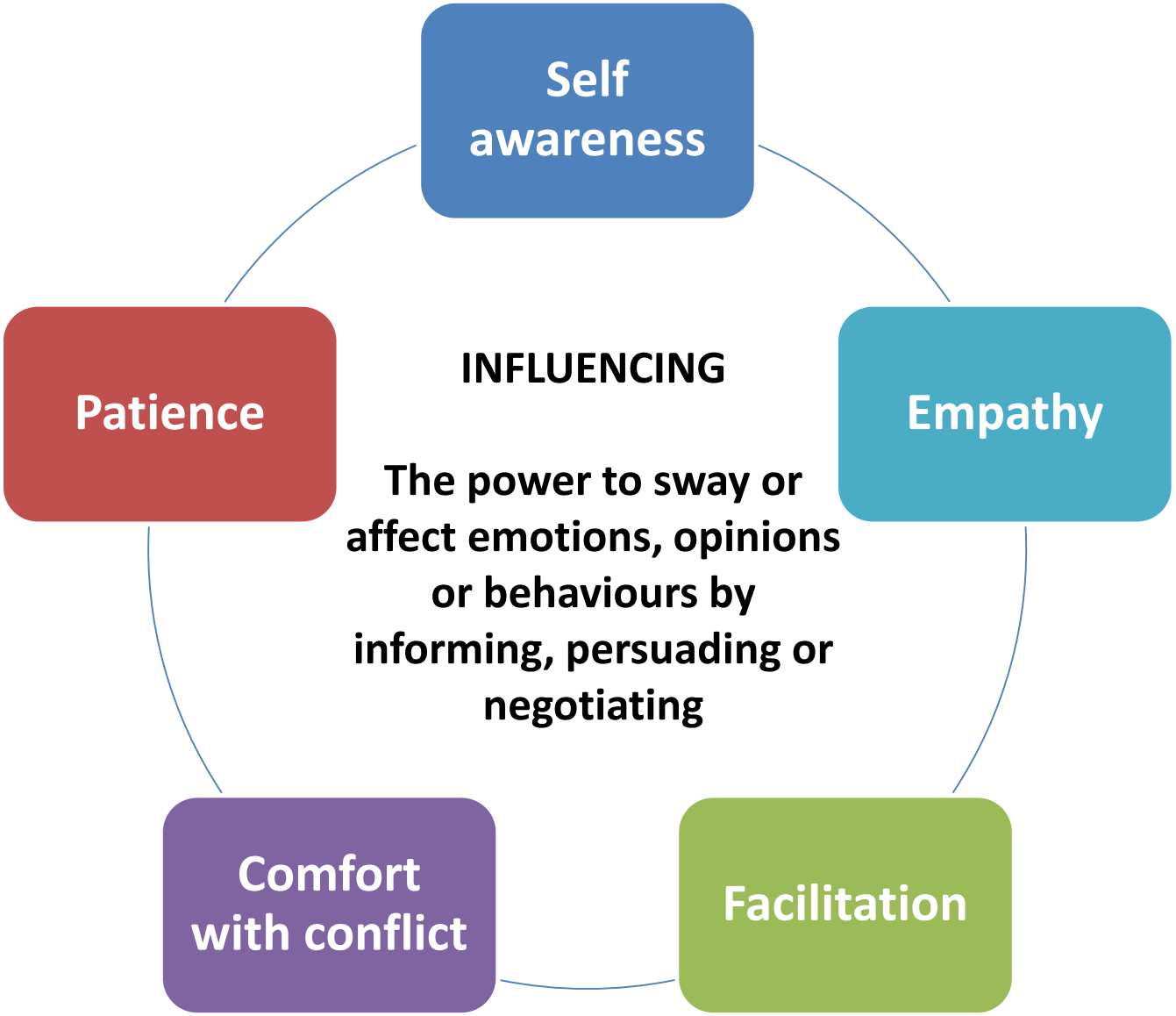
Health Services Researcher-in-Residence in Islington community services
helping to redesign sexual health services in North London

Defining features of the in-residence model

1. The researcher is a core member of an operational team

2. They are explicit about their expert contribution to the team:
   - the evidence base
   - theories of change
   - evaluation, both formal and informal
   - use of data

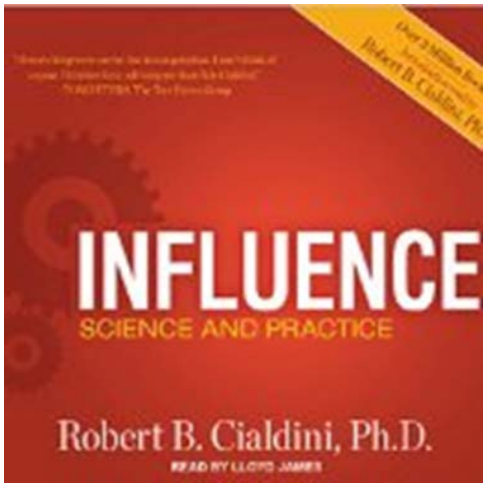
3. There is a strong emphasis on influencing through negotiation and compromise



Brent and Dent, 2010

Weapons of influence

- Reciprocity
- Consistency
- Social proof
- Authority
- Liking
- Scarcity



Using emotion to influence

- Negotiators are able to control their emotional display
- Positive emotions are consistently proven to have greater impact than neutral or negative ones
- Self disclosure is a common trait displayed by effective negotiators

Kopalman et al, 2005 and 2014

Cialdini, 2014

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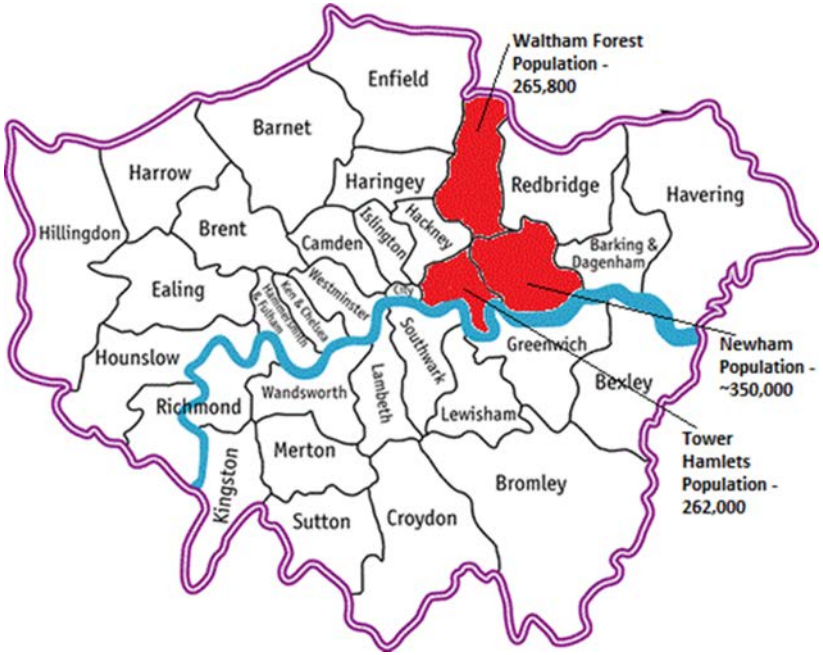
Social Scientist and Linguist-in-Residence in the Waltham Forest and East London Collaborative (WELC) Integrated Care Pioneer Programme



NHS Waltham Forest Clinical Commissioning Group

UCLPartners Academic Health Science Partnership

North East London NHS Foundation Trust

Newham London

Waltham Forest

NHS Newham Clinical Commissioning Group

NHS Tower Hamlets Clinical Commissioning Group

East London NHS Foundation Trust

Barts Health NHS NHS Trust

TOWER HAMLETS

WELC integrated care pioneer programme

We aspire to build an integrated care system in WELC across physical, mental health and social care

Empower people and their carers

- Enable people to live independently and remain socially active.
- Establish education and self-care programmes for people
- Personalise care to people's needs and preferences

Provide more responsive, coordinated and proactive care

- Proactively manage people's health and improve their outcomes
- Enable high-quality care that can respond to people's needs rapidly in crisis situations
- Provide more care in the community or at home
- Prevent avoidable admissions and minimise residential care
- Leverage tools and technology to deliver timely and better quality of care

Ensure consistency and efficiency of care

- Deliver the best possible care at minimum necessary costs
- Avoid duplication of effort in situations where people are seen by multiple health and social care providers
- Ensure most effective possible use of clinical time and resources

The role of the Researcher in Residence: stakeholder expectations

A receptive environment(?)

- "…the executive group want a more **embedded and process oriented** evaluation…focuses **less on whether the programme 'works'** and more on how to use research evidence to **optimise effectiveness** of the programme…"

- "…**hold up a mirror** to the implementation of the integrated work on the ground…. the role is wide ranging…expected to **negotiate** their contribution once in post…"

My contribution: towards a discursive theory of influencing?

I am an interdisciplinary academic with a background in linguistics and experience in interpretive policy analysis. I bring knowledge of:

- Applied linguistics – language and power, language and identity
- Interpretive policy analysis
- Ethnography
- Critical discourse analysis
  - Language as social practice
  - Importance of context

Theoretically positioned in relation to critical realism and social constructionism

Social constructionism: 'against inevitability'

CONCEPT

Social constructionists about integrated care would hold that:

(1)Integrated care need not have existed, or need not be at all as it is. Integrated care, or integrated care as it is at present, is not determined by the nature of things; it is not inevitable.

(Adapted from Hacking, 1999:6)

IMPLICATIONS FOR PRACTICE

- The constructive force of language
- I have the potential to influence the programme because the programme is not pre-determined or set in stone

Discourse

CONCEPT

Understood in relation to CDA as:

- One real element of social life
- Language use in speech and writing
- A form of social practice
- Dialectically related to the situation(s), institution(s) and social structure(s), which frame it → socially constitutive as well as socially conditioned

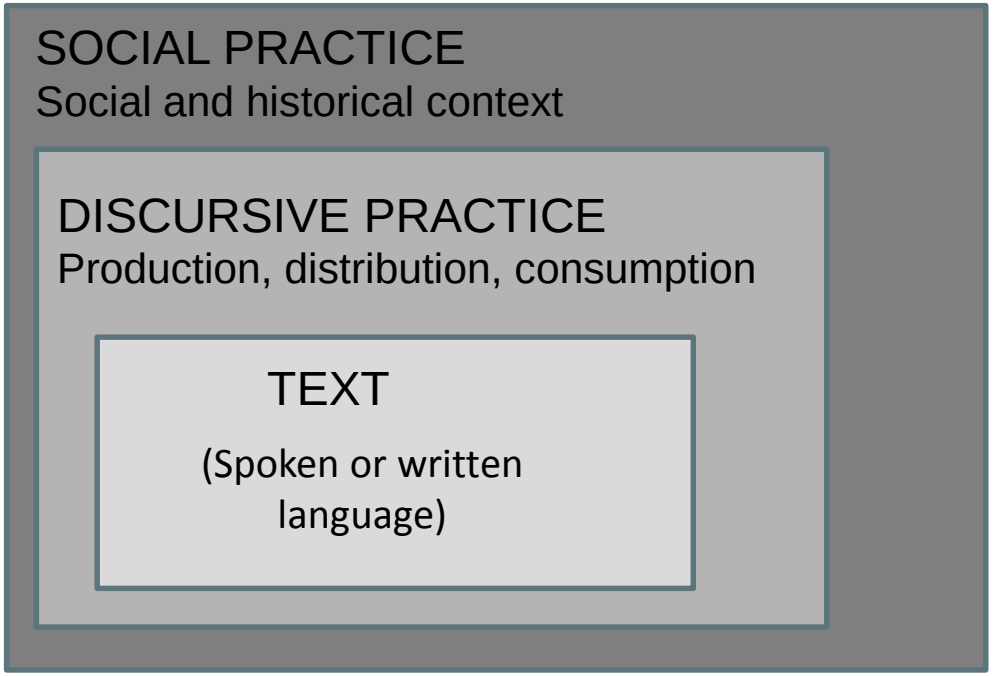
IMPLICATIONS FOR PRACTICE

- Being sensitive to the discourses at play is an important tool in influencing programme leaders
- Being embedded means I have an opportunity to 'learn' the discourses dominant within the programme AND to bring the discourse of research into the programme
- The 'research' discourse will be influenced by the programme discourses AND influence them

Discourse as text, interaction and context

IMPLICATIONS FOR PRACTICE

- A text must be both produced and interpreted, and people bring to bear their own experience, values, beliefs and knowledge (determined by social practices) on these processes of production and interpretation…THEREFORE…
- **Being embedded gives researchers a unique opportunity to actively influence the production and interpretation of texts from within social and institutional structures**



Fairclough, 1995

Orders of discourse

CONCEPT

- A specific configuration of **discourses** (*constructions and presentations of aspects of the world*), **genres** (*semiotic ways of acting and interacting*) and **styles** (*identities*) which define a distinctive meaning potential
- **Filtering mechanisms which dictate what meaning can possibly be realised in a particular social context**

IMPLICATIONS FOR PRACTICE

- It is important, as an embedded researcher, to be aware of the OoD that you work in and move between – have to move between several in WELC and each has influence over how you act, work, talk, think, interact, behave, etc.
- To be influential, knowing the "rules" of an OoD means that you can operate more effectively within it
- Draw on OoD not immediately relevant to the situation, e.g. age, gender, hobbies, etc. to create connections

Recontextualisation

CONCEPT

"Social actors within any practice produce representations of other practices, as well as of their own practice, in the course of their activity within the practice. They **'recontextualise'** other practices…that is, they **incorporate them into their own practice**, and different social actors will represent them differently according to how they are positioned within the practice"
(Fairclough, 2001: 123)

IMPLICATIONS FOR PRACTICE

- As an embedded researcher I produce representations of the practices that I observe and participate in and I incorporate those practices into my own practice (of research and evaluation) → this changes the practices I am observing and it changes my own practices
- Awareness of recontextualisation is a key aspect of influencing as a social researcher → I have to recontextualise myself several times a day to be influential

Influencing the WELC integrated care pioneer programme: discursive strategies

1. Familiarise yourself with the orders of discourse that you operate within as a researcher and be aware of their influence on you and on others
2. Explicitly recognise the different orders of discourse that you need to work across as an embedded researcher and get to know the discursive conventions that dominate
3. Recontextualise yourself (several times a day)
4. Create shared experience through convergence – drawing on and influencing dominant conventions