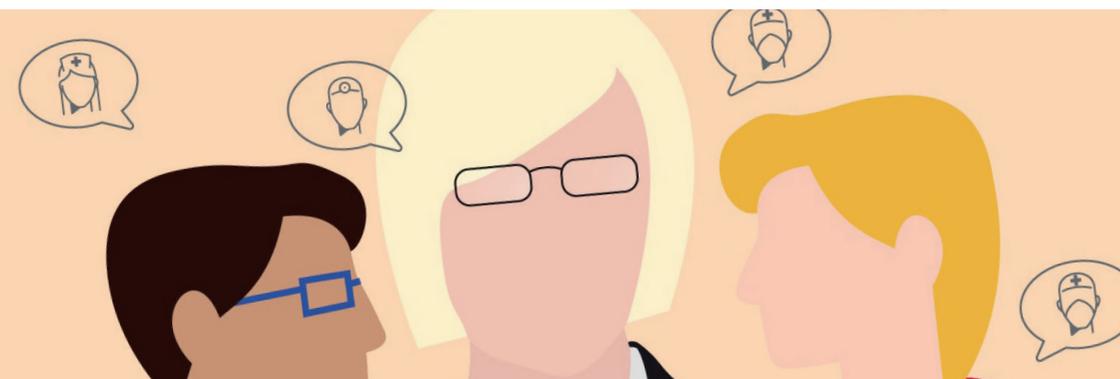


CLAHRCBITE

Brokering Innovation Through Evidence

What are the challenges of knowledge co-production in embedded research?



The concept of knowledge co-production is used in health services research to describe partnerships (which can involve researchers, practitioners, managers, commissioners or service users) with the purpose of creating, sharing and negotiating different knowledge types used to make improvements in health services.

Several knowledge co-production models have been proposed to date, some involving intermediary roles.

We explore one such model, researchers-in-residence (also known as 'embedded researchers').

In this model, researchers work inside healthcare organisations, operating as staff members while also maintaining an affiliation with academic institutions.

As part of the local team, researchers negotiate the meaning and use of research-based knowledge to co-produce knowledge, which is sensitive to the local context. Even though this model is spreading and appears to have potential for using co-produced knowledge to make changes in practice, a number of challenges with its use are emerging.

These include challenges experienced by the researchers in embedding themselves within the practice environment, preserving a clear focus within their host organisations and maintaining academic professional identity.

What was the aim of the project?

Our research aims to provide an exploration of these challenges by examining three independent case studies implemented in the UK, each of which attempted to co-produce relevant research projects to improve the quality of care.

We explore how these played out in practice and the strategies used by the researchers -in-residence to address them. In describing and analysing these strategies, we hope that participatory approaches to knowledge co-production can be used more effectively in the future.

What did we do?

We draw from the experiences of researchers-in-residence from three case studies implemented in the UK to identify the main challenges encountered by these researchers, how these have manifested themselves in practice and the strategies used to address them.

We use these findings to critically reflect on the researcher-in-residence model and propose a series of lessons learnt that can be used by other researchers interested in using this approach.

What we found

We found three main challenges encountered in the three case studies:

- building relationships,
- defining and adapting the scope of the study,
- and maintaining academic professional identity.

The challenges encountered in the three applications of the model had different degrees of intensity and the strategies used in the three case studies depended on the local context and case characteristics. We have also developed a set of lessons learnt to guide other researchers-in-residence encountering similar challenges.

What next?

We developed a set of lessons learnt to guide other researchers-in-residence encountering similar challenges:

1. Set-up

Pre-existing relationships between researchers and health service staff can be used to secure access for researchers-in-residence. A set-up period before the research begins can be used to ensure they have points of contact.

2. Introductory period

An introductory or scoping period (minimum 3 months) at the start of the project can be used to allow the researchers-in-residence enough time to familiarise themselves with the organisation and build relationships.

3. Agree the scope of the research early

Research priorities, expectations and expected outcomes (including when findings are to be shared) need to be agreed by all relevant stakeholders at an early stage of the project and re-assessed regularly. It is vital to have conversations about the need to maintain the independence of the research.

4. Provide regular feedback

The regular sharing and interpretation of findings with relevant stakeholders can be used to make sure that the research is still relevant and identify the need for adaptations.

5. Maintain links with academic institutions

Researchers-in-residence can benefit from maintaining close relationships with senior supervisors, groups of researchers and academic networks. These relationships can help researchers-in-residence maintain a critical perspective and build their academic careers.

Vindrola-Padros C, Eyre L, Baxter H, et al.

Addressing the challenges of knowledge co-production in quality improvement: learning from the implementation of the researcher-in-residence model.

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The Role of Embedded Research in Quality Improvement

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[NIHR_CLAHRC_North-Thames_Embedded_Researcher_BITE_FINAL.pdf](#)

The Researcher-in-Residence Model

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