

COMMENTARY

The Research Collective: Bridging the Chasm

Le collectif de recherche : comment renflouer le gouffre

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Abstract

Decision-makers in healthcare face many challenges in obtaining, analyzing and applying research results, including multiple priorities, competition among stakeholders and the time required to synthesize evidence. The research collective described by Pineault et al. appears to expedite access to information that can help inform policy decisions. It also challenges both researchers and decision-makers to better understand each other's context. Achieving such an understanding will require us all to step outside our traditional comfort zones, but this greater trust and flexibility stand to benefit all those who work in the healthcare system and those who rely upon it for care.

Résumé

Les décideurs du domaine des soins de santé doivent surmonter de nombreuses difficultés pour obtenir, analyser et mettre en application les résultats des recherches, notamment des priorités multiples, la concurrence entre les différents intervenants et le temps nécessaire à la synthèse des preuves. Le collectif de recherche décrit par Pineault et ses collègues semble accélérer l'accès à l'information utile à la prise de décisions. Il force aussi les chercheurs et les décideurs à mieux comprendre leur contexte respectif. Pour atteindre ce degré de compréhension, il nous faudra à tous sortir de notre zone de confort traditionnelle, mais ce surplus de confiance et de souplesse pourrait être bénéfique aux professionnels du système des soins de santé et à tous ceux qui y ont recours pour obtenir des soins.

DECISION-MAKERS AND THOSE WHO ADVISE THEM FACE DAILY CHALLENGES in obtaining, assessing, assimilating and analyzing myriad pieces of information, data and research on complex questions related to government policy and implementation. Policy makers are invariably faced with multiple priorities, competing viewpoints from stakeholders (who selectively utilize research to support their own position) and real-life questions that rarely can wait months or years for the results of traditional research synthesis.

In Ontario, decision-makers are increasingly interested in utilizing the expertise and knowledge that is available from our academic colleagues to inform decisions and help shape the future direction of our healthcare system. The research collective appears to hold considerable promise in expediting access to information that can help answer some important questions.

Our experience in developing, implementing and facilitating change in primary healthcare delivery would support the conclusions of Pineault et al. about the importance of timeliness (although in many instances, even eight months may be too long a timeline), of including some consultation with those involved in policy development and of bringing together researchers involved in related projects.

Primary healthcare organization and delivery is a field in which the questions outnumber the answers. Even where evidence and answers exist, they are often very specific to the system or organization in which they were studied, with uncertain applicability to other settings. Much evidence has been generated recently through the injection of funding from the Primary Healthcare Transition Fund, resulting in greater need for synthesis.

In the absence of clear evidence, policy makers must make decisions using the best information available. This information is often based upon the experience of those in the field, analysis of internal data sources and the advice of those who have studied

in the area for many years. Change of the magnitude involved in primary healthcare reform is, by necessity, iterative, and has challenged governments, researchers and providers alike to adopt a more flexible, innovative and dynamic approach.

The research collective challenges us in a different way – to begin to find ways to cross the chasm between the science of research and the reality of the world of the policy maker. To do this effectively, we all need a better understanding of one another's context. Much of the promise of the research collective is in achieving this – not only between government representatives and researchers but also among researchers themselves. Improving understanding requires some degree of trust and flexibility, but the beneficiaries of this effort will be those working in the healthcare system and those who rely upon it for care.

We should all challenge our own beliefs and practices and consider the opportunities and benefits that may result from stepping outside our traditional comfort zones. Governments need to be both proactive and reactive – developing future strategies, adjusting current ones and problem solving on a daily basis. Governments need to support these actions with evidence when it is available, and when it is not, to make decisions based on experience and advice. They must also be able to withstand resistance to change and stay true to their convictions. Researchers are now being called upon more frequently as trusted advisers to government. The challenge to the researcher is to provide timely, relevant advice, often based on less than complete information and analysis. The research collective is a positive step in the direction of bridging the chasm between the world of the researcher and that of the government decision-maker.



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