

How we can better understand the voices in embedded research?

16 July 2020

On 16 July we met for our second embedded research Melting Pot in association with HSR UK Conference 2020. The aim of these lunches were to celebrate the close of the Embedded Research Programme and to start new conversations and encourage different perspectives on embedded research.

Our discussion focused on the different power dynamics and perspectives that are present or not present in embedded research initiatives. The session was led by Kate Kirk, Research Fellow based in the Health Services Management Centre at the University of Birmingham.

During the session we covered

- Welcome, introductions and context setting
- Pairs discussions
- Whole group discussion
- Closing reflections

Section 1: Welcome and introductions

We started with a round of introductions. We then asked participants **‘what questions are you hoping to answer today?’**

Service user voice? How to do it with no funding?

[How to develop as] an ECR in an NHS post



How you can build a philosophy of inclusion into your programme?(e.g. voices that should be included, and how you create a space for them to be heard)

What has Kate learnt in the case studies with embedded researchers?

Kate started the conversation on how we consider how we can use the embedded research methodology to solve “real-time” challenges. Kate visited various case study sites across the UK, exploring the work of embedded researchers through both observation and interviews.

She shared her experience of the disconnect between what goes on in practice and the academic world. Observations and interviews were carried out with case studies to see what experiences and perspectives were relevant, the drivers to individual’s successes and challenges and the dynamics at play. It was clear from the outset that there is a lot of variation in experiences and not one type of configuration fit in all case studies. There were similarities in the motivations for embedded researchers and the support for embedded researchers within their settings. Motivations included improving front line practice, and wanting to develop useful and practical knowledge that could make real change. The prominence of different voices varied based on who was driving the initiative e.g. in some initiatives more was heard from clinicians than academics.

Kate discussed how embedded researchers were better seen as being at the centre of a complex web of different people and organisations rather than a bridge between the academic and clinical worlds. Sources of tension were found with this such as competing expectations, ambiguity around definitions, and power dynamics.

Kate discussed how the patient voice was present in the research but was more subtle than expected. In this way, PPI groups were “less at the table.”

Section 2: Pairs discussions

After the topic opener we then broke participants into two rounds of pairs discussions. In pairs, they reflected on what resonated and stood out to them from ...

“Other hybrid roles like clinical academics are great champions for embedded research.”

“I like the description of a ER being at the centre of a complex web / importance of citizens voice and this should be at the heart of all work.”

“Patients' voices sometimes are not the loudest.”

“I love this tension of ‘speaking truth to power’ - it links to the level of thought or intent in the research design. If you are doing a piece of work which has the capacity to have “uncomfortable” findings then being explicit about that as potential outcome from the outset should help create an environment for honest conversation and learning.”

“Funding opportunities for embedded research.”

“Interpersonal skills of the job so important.”

“We need to go though others to engage citizens and that person may not understand why we need this voice.”

Section 3: Group discussion

We then discussed the topic as a group, the themes of the discussion included:

- **Engagement** - Some felt there was an issue around disengagement with embedded research, but that many returned to it later. We discussed how there is a need to hear more from the workforce and to convince others that it is not just about the embedded researchers and their own careers.
- **Power dynamics** - We discussed the importance of 'speaking truth to power' and what this might look like in different settings. Some felt power dynamics were so strong their fields of work and questioned how to measure a shift in power.
- **Patient involvement** - We discussed who is impacted most by embedded research and how to raise patient voice in embedded research. We discussed how place based learning is improving for patients and what this means in practice.
- **Strategic investment** - Some felt champions and advocates are crucial to embedded research and that it takes time to build impact and meaningful relationships. This requires matching the effectiveness of team and skills to withstand competitive pressures.

Section 4: Closing Reflections

In the final part of the session we asked participants to reflect on today's discussion and consider **‘what needs to be done to take this forward?’**

“Keep discussion and conversation with groups of people like this going! The power of sharing learning and hearing other perspectives is helpful”

“We need to pool our expertise to get national funding for more embedded research - more networking”

“More awareness of the role amongst both academics and health and care organisations. Need to have a conversation about the incentives in academia to reduce the tensions which are present in this type of role at present.”

“More stable funding to give ER a better chance on making and demonstrating impact.”

“Research needs to be understood as a quality improvement and embodied and accepted by all across the system and share learning. It not just academic but something that makes real change happen.”

“Stable funding and permanent posts would make the role more attractive.”

“We need to infiltrate or influence NHS Improvement and other institutions, and training programmes to increase understanding of the role and foster support.”

“Relationship building with key players at every level of the system, shifts of culture and ways of working (through conversation, valuing this approach at higher levels, etc). Bringing together the people we are talking about to discuss from their perspective, e.g. medics or senior management, co-creation of knowledge on this from everyone involved.”

Thank you

Thank you so much for your participation in the event. You can find the write up to our other Melting Pot and a whole suite of embedded research resources on our website.