From “our world” to the “real world”: exploring the views and behaviour of policy-influential Australian public health researchers.

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**Abstract**

Research and researchers influence the genesis and development of public health policy in limited but essential ways. Surveys and interviews with 36 peer-nominated “highly influential” Australian public health researchers found they engaged in a breadth of strategies that included rigorous but targeted research design, multilateral collaboration, multiple methods of research dissemination and promotion (including tactical use of the media), and purposeful development of bridging relationships. Researchers’ ability to understand the worlds of research, policy and the media and to speak their languages (or to work with others who fulfilled this role) was a key factor. Advocacy, a fundamental strategy for some, was disparaged by others. Influential behaviours were guided by values and beliefs about the principles underlying traditional science and the contrasting ethos of contemporary research.

*Keywords: Australia, research impact, research influence, evidence, policy, knowledge transfer, research translation*
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“Evidence-based policy” appears to have as many critics as supporters (Greenhalgh & Russell, 2009; Kemm, 2006) but many researchers share a belief that research can, does and should have some influence on the process of policy development (Head, 2008; Nutbeam & Boxall, 2008). The literature on research utilisation illustrates the complexity of the relationship between research and policy. Linear, rational depictions of the “the policy cycle” are increasingly viewed as idealised normative models that poorly describe a far messier process (Greenhalgh, 2006; Hanney, Gonzalez-Block, Buxton & Kogan, 2003). The more interpretive literature regards policymaking as a “dance” (Edwards, 2001) in which research and researchers play diverse roles in a complex social process (Lewis, 2006; Nutley, Walter & Davies, 2007). In these models, research influences policy in multiple ways: as *data* used instrumentally to inform policy decisions; as *argument* used strategically to address values and interests or symbolically to support, justify or refute predetermined positions; or as *ideas* that influence the policy climate and agenda-setting by illuminating, supporting and challenging existing paradigms (Weiss, 1991). Thus, research findings are not a transferable, factual product, but a contested bundle of concepts feeding into policy through multiple pathways, subject to interpretation and diverse use.

Policy decision-making is said to occur in a “garbage can” in which the streams of problems, policy and politics co-exist. These streams converge when events such as budgets, electioneering or social crises create a policy opportunity (Kingdon, 2003). Thus timing, chance, advocacy by special interest groups and public opinion are critical factors. Some argue that policymakers exploit, ignore or suppress research in response to these pressures (Hall, 2006; Yazahmeidi & Holman, 2007). From this perspective research is “the six-stone weakling of the policy world” in competition with a “four-hundred-pound brute called politics” (Pawson, 2006 p. viii) and is often “supplanted by the powerful political forces of inertia, expediency, ideology and finance” (Walker, 2000 in Sanderson, 2009 p. 703). Other authors highlight the multifaceted, interdependent context of policymaking in which many legitimate imperatives—economic considerations, social equity, democratic values, infrastructure practicalities, and the need to weigh up alternatives—compete with research findings (Banks, 2009; Sanderson, 2009). These perspectives remind us that policy is informed by many types of “evidence”
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thus research is only one component in the manifold information portfolio that policymakers draw on; one piece in the “policy puzzle” (Head, 2008 p. 3).

Nevertheless, research can inform policy (Banks, 2009; Bowen, 2009; Kingdon, 2003) and there are strategies that increase its influence (Nutley et al., 2007; Nutbeam & Boxall, 2008). The literature focuses on three broad issues: the nature of the research (e.g., relevance, utility, timeliness), the way that it is presented or disseminated (e.g., accessibility, clarity, narrative pull) and the communicative relationship between policymakers and researchers as they struggle to bridge their ‘different worlds’ (Caplan 1979; Innvaer, Vist, Trommald & Oxman, 2002; Lomas, 2000).

This paper examines the strategies that influential Australian public health researchers use to strengthen the utility, dissemination and application of their work in public health policy. We augment existing Australian and international studies (e.g., Bowen, 2009; Campbell et al., 2009; Kothari, MacLean & Edwards, 2009; Lewis, 2006; Whitehead, 2004), by focusing on researchers who have been identified by their peers as highly influential. The experience of individuals with recognised success in policy influence was considered to have “real world” validity. We assessed their views using in-depth interviews that invited influential researchers to reflect on their own experiences and their observations of influential peers. The interviews were supplemented by a quantitative survey of the same researchers that tested key concepts identified in the interviews.

Methods
A pragmatic, mixed-methods approach (Morgan, 2007) was adopted. The four domains of Buse, Mays & Walt’s (2005) health policy framework—context, content, process and actors—were augmented to encompass key themes from the research utilisation literature (Hanney et al., 2003; Kothari et al., 2009; Lomas, 2000; Nutley et al., 2007) and used to guide the enquiry and data analysis. Our domains were conceptualised as:
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- **Research characteristics** – topic, quality, credibility, relevance, timeliness, presentation, etc
- **Strategies** – professional influence-orientated behaviours of researchers
- **Processes** – how events unfolded, barriers and enablers, case examples
- **Actors / Relationships** - roles, characteristics of and links between researchers, policymakers and other key players
- **Context** – the overlapping “worlds” of policy, politics, practice, research, advocacy, media and public opinion, including organisational and disciplinary cultures, and power structures
- **Values** – ethics, traditions, ideology, controversy and vested interests.

We identified influential participants by conducting an online poll of Australian researchers in six fields of public health research: alcohol, illicit drugs, tobacco control, injury, obesity and skin cancer (see Derrick et al., (2010a) for details). Respondents were asked to nominate five Australian researchers in their field whom they considered to be most “influential in shaping any aspect of policy or programs, legislation, clinical practice, or public understanding”. Self-nominations were permitted. Of the 211 invitees, 176 (83%) completed the survey. The six most-nominated individuals in each of the six fields were interviewed about their peer-perceived influence.

A semi-structured interview schedule explored the domains of enquiry outlined above using open-ended questions and prompts. It was revised following piloting with established researchers in the tobacco and drug fields. Interviews ranged from 50 minutes to 2 hours.

A total of 36 interviews were conducted: 27 face-to-face and nine by telephone. Three-quarters of the interviewees were male. Participants worked at university-affiliated research institutes (16), non-governmental organisations (9), universities (8), and three held health service positions with some
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university affiliation. All but three had a title of Associate Professor or higher. Every interviewee had co-authored with at least one other in their field; and each interviewee was familiar with the research of the other top nominees and was able to identify ways in which they were influential—even if they had not nominated that person. The concept of influence was explored via interviewees’ accounts of their own practices and experiences, and their observations of peers. The extent to which policymakers perceived these and other researchers to be influential will be explored in subsequent papers.

Interview recordings were transcribed and uploaded to NVivo 8 (QSR International, 2008) together with interviewer memos. Transcripts and memos were coded by the domains of enquiry in two cycles using attribute coding, open and axial coding, including in vivo codes, and further memo-ing (Charmaz, 2006; Corbin & Strauss, 2008; Saldaña, 2009). Codes, memos, category boundaries and their relationships were discussed regularly to aid interpretive convergence (Saldaña, 2009).

A 31-statement Likert-like scale was developed from the coded categories in order to test emerging themes and to supplement the semi-structured qualitative responses with quantifiable data. This survey was completed online by 35 of the 36 interviewees.

Results
The results are organised below according to the major (intersecting) jurisdictions of activity as described by the interviewees. Interview and follow-up survey data are presented in parallel.

Research and researchers

Researcher identity
When describing themselves and their peers, many interviewees used terms such as “traditional scientist”, “classic academic” or “old style researcher”, apparently referring to a professional ideal type
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which is epitomised by impartiality, detachment and rigorous scientific methodology. This concept was used as a baseline from which to position activities and roles that related to aspects of policy or media engagement—for example, “He’s not so much a classic researcher as a translator”—and to allude to the values that drive them: “I don’t see myself as a traditional academic…. My work has been more about not just improving understanding of chronic disease...but also improving the action that occurs on that”.

Research characteristics

Although most interviewees placed their professional identity at various degrees of remove from the “traditional scientist”, all were committed to conducting rigorous research or research syntheses that would contribute to the evidence-base in their field. The majority of respondents in the follow-up survey (85.7%) agreed with the statement: My most important task is to produce research which contributes to the growth of scientific knowledge, while the remaining 14.3% were neutral.

The same proportion of respondents regarded utility as equally pressing: 85.7% agreed that My most important task is to produce research that can further public health policy and/or practice. Interviewees highlighted the importance of providing accessible research using plain language, clear data and summaries. The majority (82.9%) made explicit policy recommendations, and many attempted to present a more comprehensive picture of public health that incorporated mixed methods, contextual considerations and other relevancy factors required for “decision support” (Pope, Mays & Popay, 2006). Critically, however, researchers who were most intent on influencing policy were usually in dialogue with policymakers well before publication and did not rely on cold-selling an end product:

Our work probably had its main impact before the report came out. It was... more in the process of our work and the conversations we were having with the various players in the course of doing it that our work on this topic I think was as influential as the report per se.
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Intellectual creativity and innovative ways of approaching research problems were highly valued. They opened doors to new research possibilities that could lead to increased funding and peer-validation, and could identify new policy solutions, persuading policymakers of the need for intervention, or challenging current paradigms. Several researchers gave examples of how thinking had changed in their field in response to innovative research. However, innovation often generated controversy. This was problematic when colleagues had a vested interested in the dominant paradigm or when research challenged government policy. The field of illicit drugs was seen as “inherently contentious”.

Although some interviewees stressed that their research was curiosity-driven, most were targeting policy goals to some degree. The majority (82.9%) of survey respondents said they tried to identify and respond to emerging policy opportunities. Strategies included addressing gaps in the evidence-base, engaging with community groups to monitor emerging needs, identifying ‘the big questions of the moment’ and research areas that seemed likely to become important in the future: “Choose topics which you know are current and policymakers are engaged in, or are kind of hot topics”. These strategies were usually informed by on-going dialogue:

Each year we sit down [with our key stakeholders] and we say ‘What are your issues for the year?’ and we come up with a list of priorities. Then we come up with some research projects that need to be done to address that.

Despite this emphasis on policy-relevant research, 62.9% of respondents believed that Most public health researchers have little influence on the development of policy. Some expressed dismay at the dominance of “theory-driven research” and the failure of funding systems to consider policy adequately: “It’s as if all these people are bashing away at all these social problems with the wrong tools…[generating] papers that describe and quantify rather than [being] helpful for solving problems.”
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**Publishing**

Over two thirds (68.6%) of survey respondents agreed that *Publishing in high-impact journals increases my policy influence*; 22.9% were neutral and 8.6% disagreed. Most interviewees supported this view:

> I’ve never understood the stupidity of people who do projects and then think some limited circulation technical report which they and their co-authors read is sufficient…If you’re not in the literature you’re not talking to anybody, and if you’re not talking to anybody I don’t know why you bother doing it.

However, 82.9% disagreed with the statement *My contribution to public health outcomes has been through research and publications alone*, suggesting a broader repertoire of influential strategies. Indeed, many interviewees argued that media appearances, briefings, government reports and, in particular, direct conversation with policymakers were better strategies than publishing for getting research into policy: “You don’t need to publish to get into policy; in fact, publishing just gets in the way. You are much better to work with the policymakers and get it into their core business.” Over half (58.8%) of survey respondents believed their conversations were more influential than their journal papers, while a further 26.5% were neutral, as Figure 1 illustrates.
Some of these researchers employed tactics at odds with traditional academic practices, for example, sharing data with practitioners and policymakers before publishing; encouraging policymakers to “plagiarise at will” from reports; “giv[ing] away ...data and ideas”, and targeting lower impact journals that are read by practitioners. As one interviewee explained:

It may be that it is a report that you write which never gets published but disappears into a government office, or the meetings that go to the production of that report which are far more important than, say, a paper in the American Journal of Public Health.

**Facilitating understanding and uptake of research**

All but one respondent (97.1%) saw being available to policymakers and the media as an important part of their role: “If you are too busy to talk to policymakers and tell them what you know, how do you
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expect to have an impact?" They described themselves as “a resource”; providers of the “tools”, “background knowledge”, “evidence” and “ammunition” that policymakers need to make research-informed decisions. This provision took the form of primary research, summaries, secondary and tertiary analyses, meta-analyses, systematic reviews, briefings, reports and advice.

Some interviewees focused on presenting at conferences; joining committees; contributing to task forces, working parties and summits; and ensuring policymakers knew they were available to provide advice. Answering media questions about one’s own research was a common activity: 97.1% did this regularly. Many also used more active tactics to facilitate the uptake and use of their research, for example: inviting policymakers to promotional events or ‘meet and greet’ sessions; issuing press releases; providing practitioner education; promoting research on websites; distributing research papers to key policymakers in government and NGOs; producing newsletters detailing research developments in the field; requesting meetings with ministers or bureaucrats; and alerting policymakers to research which was about to enter the public domain to enable them to develop a considered response. Over half (57.1%) routinely contacted the media about their research. The importance of using multiple methods to “get research out there” was a common theme:

We do this work in our little research world; we publish it in journals that only people like us read; we go to conferences that only people like us go to…. But…if we want our work to have any…impact in the broad sense, we need to get it in front of people who are wrestling with these issues in the real world.

The majority (68.6%) of survey respondents said that they often consulted with practitioners and/or community groups. They explained that it was easier to influence practice than policy because practitioners tended to be “hungry” for research and were not concerned with the political ramifications of change that hinder policymakers. Close relationships with community groups allowed researchers to stay in touch with community needs and views and, in turn, to ensure those groups were well informed.
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about research. This was also an indirect means of influencing policy in fields where community
groups were seen as key players in public/stakeholder consultation processes.

A lack of organisational and disciplinary incentives for these activities, and the need to fit them around
the “core business” of academia (which still focuses on traditional models of scientific impact: citation
rates and publication in high impact journals) was frequently criticised. Only 40% of participants agreed
that Incentives in my workplace encourage research that will influence policy; 40% disagreed and 20%
were neutral.

Advocacy

While furthering public and policy understanding of research was seen as appropriate by all
interviewees, their views on advocacy diverged. The difference for some was that in
facilitative/promotional activities no policy implications were stated, or they were stated tentatively and
flowed directly from the research. Advocacy, on the other hand, was seen as deriving policy
recommendations from research and other knowledge sources, using metaphor and stories from personal
and professional experience, and mixing evidence with commentary and argument.

Some interviewees believed that advocacy threatened the values and integrity of traditional science. A
few argued that advocacy ipso facto encouraged researchers to become “crusaders”: proposing policy
from limited data, exaggerating claims, and becoming attached to outcomes in ways that may bias their
work. On occasion, the language used to describe advocates was depreciatory and their behaviours
attributed to naivety, ignorance, dogmatism or egotism:
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When this concept was tested in the survey, 20.6% of respondents agreed that: Advocacy compromises the integrity of researchers; 53% disagreed and 26.5% were neutral.

A few interviewees believed that it was inappropriate to express any public opinion: “I’m not employed to have an opinion… I am employed to say this is what the data are saying” and “It’s not our business to talk to the advocates or the policy people or the public about this. I’m a scientist, other people can do that”. However, 94.2% of survey respondents disagreed with the statement: It is not appropriate for me to express my opinions about public health policy. This suggests a more subtle distinction between data-informed, moderated commentary and ideologically-driven proselytising. Indeed, as Figure 2 illustrates, 85.7% of survey respondents agreed that public health researchers have a duty to increase public awareness of their work and also have a duty to influence policy and practice.

**Figure 2.** Survey responses to “duty” statements (%)
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Thus the majority of participants acknowledged that it was appropriate to further public and policymakers’ understanding of research and accepted that some advocacy was often required; but cautioned against impassioned advocacy that could “do more harm than good”.

**Intersecting worlds**

The notion of intersecting worlds was very much in evidence, evoking Caplan’s (1979) *Two Communities* of research utilisation: researchers and policymakers. However, interviewees identified a significant third player: the media. The predominant view was that the worlds of research, policy and the media are characterised by different norms, practices and agendas, yet share some common territory. Influencing public health in this complex and shifting milieu required skills in understanding and operating within each world’s paradigm, and forming alliances within and across them.

**The research world**

Peer esteem and influence within the research community was crucial to all interviewees. This was achieved in different ways: through publication of high quality elegant or innovative research; through evidence-based advocacy; and through generous leadership and mentoring that built impressive teams and produced new generations of researchers. Nevertheless, impact within the research world did not amount to change: “Our colleagues thought it was wonderful and we thought it was wonderful but, you know, in the real world it made no difference”. This suggestion of research being a world apart, somehow unreal, was a recurrent theme.

Collaboration with colleagues, particularly those in other organisations and disciplines, were seen to enhance the policy-relevance of research. For example, input from health economists allowed the all-important inclusion of implementation costings, epidemiologists provided population-wide data, and behavioural psychologists could strengthen interventions. Collaboration was also considered to boost the influence of individuals: 85.7% of survey respondents agreed that *Collaboration with other*
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*researchers has increased my policy influence.* It conferred reputation and greater access to significant research and policy opportunities. Peers also provided a valuable network of support and encouragement, and were additional authoritative sources for policymakers and the media to approach for commentary and advice.

There was a strong sense that a research field comprises a diversity of researchers playing different but complementary roles. Several researchers alluded to themselves and their colleagues in this way, for example:

> X is the methodical person who generates a hypothesis over time…and he works through it methodically…I think by doing this he is generating the evidence base that people like Y need to be able to, you know, fill in his hypothesis and justify it.

> You need that mix, yes, I think you do. I mean you have to because you can’t get – I think X is more your classic academic person and Y is more your political animal kind of person and Z is your committee person.

There was also evidence of rhetorical complementarity:

> It’s really important in… policy to have some people who are very firm and definite and iconoclastic…so someone like X, I see as an incredibly valuable contributor.… Because…he’s offering a position that’s way out there and left-field it means that anything I say that is closer to the centre is seen as better,… as reasonable.

Senior positions within prestigious institutions and professional societies were seen to strengthen reputation and bolster influence. Around two thirds of survey respondents agreed that *My institutional affiliation enhances the influence of my research* (68.5%), and *My leading role in a professional affiliation*
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*body/society/journal has increased my policy influence* (61.8%). Several interviewees claimed it was their position alone (e.g., director of an NGO or spokesperson for an international society) that led to their nomination in our study and their success in influencing policymakers: “…the [organisations]’s name gave me the degree of authority”. A few said that while their senior managerial position opened doors in the policy and media worlds, it impeded progress within the research community by reducing their research outputs. This was an acceptable trade-off for those who did not see research as the principal route to influence: “My influence was…about being in positions to advise programs, advise governments and ministers, and then executing that rather than any particular research that we did”.

Influential research organisations shared some commonalities. Although valuing intellectual independence, they explicitly developed a culture in which most research was formulated with policy ends in sight. The organisations nurtured relationships with government and NGOs, valued cross-disciplinary and cross-organisational collaboration, and developed links with universities, research centres, NGOs, community groups and other stakeholders. They also had experienced media staff who worked with the team to promote their work attractively and accurately. Some interviewees intentionally relied on colleagues within their organisation to take responsibility for these roles.

The importance of personality in developing relationships with colleagues, policymakers and journalists was a recurrent motif. Determination, passion, persistence, commitment to advancing public health, and communication skills were highlighted, as were interpersonal factors: 88.6% of respondents agreed that *A researcher's interpersonal characteristics (e.g., likeability, friendliness, sense of humour) can affect their influence*. Colleagues who were “prickly”, “dogmatic” or “selfish” were seen as less influential.

*The policy world*

The world of policy was conceptualised as inherently political and thus more responsive to public
opinion and the career needs of ministers than to research. Operating influentially within this milieu demanded special knowledge and tactics:

Policy is politics and being able to get some evidence in there, being able to influence, means you have to be able to deal with the politicians and the politics of it and you have to play that game otherwise [research] doesn’t get taken up.

The majority of survey respondents (60%) agreed that Researchers and policymakers 'speak different languages', thus the ability to “speak policy” was highly valued. Despite these cultural and linguistic challenges, most interviewees had formed friendly and trusting relationships with some policymakers and saw these as a critical means of advancing research-informed policy. Most participants (91.4%) particularly cultivated informal relationships with policymakers. Some maximised conversational opportunities after meetings or over coffee; others through serendipitous social contact. Several of the most highly influential researchers said they were friends with senior bureaucrats. When interviewees were asked what made their nominated colleagues influential, a common response was: they are well connected with policymakers. A few interviewees admitted they had insufficient interpersonal skills or policy understanding to develop these relationships, but they worked in teams with colleagues who took this role.

Most (91.5%) agreed that Understanding policymakers’ needs and constraints has helped me to influence policy. Several interviewees used their understanding to target specific strata of government, for example, to form strategic alliances with middle-level bureaucrats and help them to deliver research-informed briefs for managers and ministers which were framed to be politically tenable. Such participatory relationships enhanced mutual understanding and ensured that the research met policymakers’ needs. One interviewee put it this way,

...because they funded part of our group we had a formal relationship with them but we built on that as well so... we had actually a very good personal relationship.... We
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... feel comfortable. They would chat to us about other things. We like them and they actually like us and we understand their constraints and they understand our constraints. I think that’s a really important part of research influencing policy and practices.

Others emphasised how relationships helped them to identify and maximise policy opportunities:

... You don’t publish the result and then everything is changed. No. There’s a change in government or a change in minister or whatever…there is an opportunity and that’s why it’s good [that] I have a great relationship with the manager of X so we constantly catch up for coffee, talk about what I’m doing, what opportunities there might be.

The major forums for engaging with policymakers were state, federal or international reference groups, advisory committees and taskforces. Some researchers were sceptical about the value of their input but continued to attend in the hope of making influential contributions. Others had experienced positive results, for example, “It’s amazing how easy it is to influence committees” and,

... national committees [were] obviously a place where you’d have an opportunity to have an influence. You’d get research directly into the policy process. You’re often speaking directly to senior bureaucrats in a face-to-face way.

Government commissioned research had been undertaken by most participants. Only 5.7% agreed with the statement: I would not conduct research that was commissioned by state or federal government. In a few cases, government funded research had been instigated by the researcher or their organisation as a mutual benefit: “…this is a way of us getting more academic outcomes but helping them to inform some of the things that they’re interested in doing”.
Nevertheless, some interviewees were suspicious of the potential pressure to work to a policy agenda. Survey responses reflected the diversity of opinion: 20% agreed that *The independence of research is compromised when policymakers are involved in its development*, but 20% were neutral, and 60% disagreed. Some warned that policymakers dictate restrictive terms: “If you want really mundane and inane ideas and to go round in smaller and smaller concentric circles then get the Department of Health to tell you what sort of research to do”. Or, worse, they may attempt to skew, delay or suppress unwelcome findings. One researcher talked about a senior bureaucrat’s expectation that his institute would deliver government-friendly findings:

He wanted…evidence which supported the government’s stance…. There is…[an] issue which arises in these relationships which is how much you are actually providing research to suit their needs and whether it is evidence-based or whether it’s ‘world view’ about what’s a good thing to do…. It’s interesting as you think…about other relationships which are viewed negatively because…a lot of people talk about conflicts with or having to declare relationships with the pharmaceutical industry or with other groups whereas actually the relationships with government has tainted a whole lot of [research].

All but one of the interviewees who mentioned this problem had avoided it by negotiating contracted rights to publish the findings of their government-funded research in peer-reviewed journals.

For many, the potential hazards of working participatively with policymakers were offset by the increased ability to influence outcomes. A typical pragmatic response was:

The stakeholder is involved in formulating the questions and helping to review the evidence as it comes out, and signing off on the final reports and things. So it’s a bit of
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a high risk manoeuvre but I think that if we want to influence policymakers we kind of have to go down that track.... If you don’t... that’s when the stuff ends up on the shelf and nobody listens.

Thus, despite the challenges, the majority of participants (65.7%) stated they would rather have direct dialogue with policymakers than sit on an independent committee; 28.6% were neutral. A greater proportion (85.7%) agreed that it was important for some researchers to have close relationships with policymakers. Responses to the issue of researcher-policy detachment were more mixed, as Figure 3 illustrates.

**Figure 3.** Survey responses to researcher-policymaker relationship statements (%)
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as policy “outsiders”; agitators who were able to criticise policy and fuel policy agendas; a role that
would be off-limits for researchers who are more “cosy” with government. They noted that this strategy
also required diplomatic “insiders” who could work alongside policymakers helping them to frame
research-informed policy agendas and responses.

Interviewees distinguished between different spheres of policy-related influence: the policy climate
(public opinion and debate), agenda-setting (policymakers’ consideration of problems and possible
solutions) and policy development per se (legislation, practice standards/guidelines, intervention
programs, etc.). They believed that research has an important role to play in each sphere and cautioned
against narrow definitions of influence that focus solely on instrumental policy change. The majority
stressed the incremental and sometimes “tortuously slow” nature of research-policy influence, and
expressed “realistic expectations” about the limitations of research in the policy mix: “…you can’t just
expect that they are going to take what you say and think that you’re God and then go and do it”.
Indeed, 62.9% of respondents agreed that Most public health researchers have little influence on the
development of policy, and 100% acknowledged that Sometimes policies need to be made, even when we
don’t have robust evidence.

The media world
Media coverage was generally seen as a critical way of influencing policymakers and public opinion:

Getting good media coverage is another way of getting policy into action indirectly by
preparing the community for things, or creating a demand in the community that then
starts to be felt politically, which ultimately leads then through to action in the political
sphere.

Success with the media required an understanding of what journalists want and the ability to deliver it.
To this end, many interviewees had had employer-funded media training which they found beneficial.
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Researchers who were “good talent” had the skills to “give a short interview with lots of nice sound bites”, articulate research clearly, and contextualise health issues in everyday language without “overstepping the evidence”.

Trusting relationships with journalists were nurtured by most interviewees. Several gave examples of how these relationships provided opportunities for them to write and correct copy about their research, to have important opinion pieces published, or to provide briefings which minimised “silly stories”. In some cases journalists provided the impetus to promote research, or even generated new research directions: “…very often they ask interesting questions that are worth attending to.” Reciprocity was important: the media needs expert comment to support stories, while researchers need media coverage to raise public awareness and inform debate.

Some researchers believed the media seeks to be even-handed. Others argued that it can be so unbalanced that even dispassionate comments are construed as strong advocacy: “…the media, they’re highly polarised, and if you’re out there you’re inevitably seen as taking sides because you’re undermining the case for one or either side”. Several said that some colleagues criticised researchers in the media, and one explained his team limited their exposure to avoid peer disapproval: “We didn’t want to be seen as being excessively vocal and big noting ourselves.” So, while media engagement was regarded as a legitimate and highly influential channel for data dissemination, being seen to “overdo it” risked one’s credibility as an impartial scientist.

The vast reach of the media compared to academic journals or conferences, and its power to “allow a few people” to have enormous influence, was regarded as a double-edged sword. Prominent concerns were: the media inevitably truncates and oversimplifies research; the “loudest voices” have the most coverage; and that information can be—and often is—spun for sensationalist effect: “If you are getting reported in the newspaper 70% of the time accurately you are doing pretty well”.
Consequently, most interviewees expressed some reticence about media coverage of their research. Several attempted to minimise risk by only talking to journalists from ‘quality’ media. Others didn’t take the chance: “I refuse to do any media unless it’s vetted by our media officer because you just get into trouble.” All those who mentioned in-house media officers described them as helpful in disseminating research and in avoiding the major pitfalls of media engagement.

A few researchers gave examples of inaccurate and sensationalist media coverage causing a “storm”; but most felt that their engagement had been productive:

> I’ve had the odd occasion where there’s been poor reporting or misrepresenting… or a trivialisation of something I’ve said—that stuff happens—but I think overwhelmingly my view about the way in which the media relate to my work has been that it’s been a positive force. It’s enabled a lot more people and decision-makers to be able to understand the research that I’ve been doing and to start thinking about problems in a different way.

During interviews, many researchers cautioned against any simple cause and effect analysis of their influence. They saw their careers as driven more by serendipity than strategy. What was important, they explained, was that they had indentified windows of opportunity and maximised them: monitoring social and political change via the media, conversations with colleagues and policymakers in government and NGOs, and targeted emerging issues through advocacy, research collaborations and grant applications.
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Discussion

Using peers to nominate influential researchers was an effective way of identifying key players in the relatively small and interconnected community of Australian public health researchers. The domains of enquiry provided a comprehensive framework for investigating and coding the data, allowing multifaceted themes to emerge across dimensions spanning behavioural, attitudinal, aptitudinal, contextual and interpersonal factors.

Identity and practice

The consistent allusions in interviews to the archetype of the detached and impartial traditional scientist was striking. The differentiation between the traditional scientist and the notion of a more socially engaged contemporary researcher is well established in the literature (e.g., Ernø-Kjølhede, 2000; Hessels & van Lente, 2008). The former is characterised as subscribing to Mertonian values (Merton, 1973) and sees “the accumulation of institutionally certified knowledge as an end in itself” (Ernø-Kjølhede, 2000, p.13). The contemporary researcher, by contrast, questions Merton’s values and believes in producing applied research, often through collaborative means (Ernø-Kjølhede, 2000). Interviewees referred to the traditional scientist archetype as a means of situating values and behaviours, appearing to use it as a heuristic framework used to guide and evaluate the ethical foundation of decisions about conducting and disseminating research in a socio-political world.

Most interviewees valued aspects of both archetypes as illustrated by their dual aspirations to conduct high quality research that was rigorous, independent and highly regarded by peers and which also influenced policy and practice. Thus they attempted to balance the risks and benefits inherent in the competing paradigms (although, of course, the merit of any position in such contested territory is ambiguous).
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Given that the best strategy for maximising influence was thought to be participative research-policy relationships, this risk-benefit analysis was particularly evident in decisions about collaborative work with policymakers. Such collaboration requires substantial engagement with a world governed by political interests and expediency (Greenhalgh, 2006; Pawson, 2006)—a stark contrast and potential threat to the disinterestedness and methodological rigour said to underpin academic research. Thus, if researchers prioritised academic independence they risked policy irrelevance and impotence, but if they prioritised policy influence they risk politicising their research and compromising their integrity. Balancing these risks required resisting pressure to produce “policy-based evidence” (Banks, 2009), and insistence on retaining the freedom to frame problems and ask uncomfortable questions to hold policymakers accountable (Bacchi, 2007). Given these tensions, robust debate about the values, goals and roles of researchers is warranted and some diversity of views is to be expected.

**Influence in intersecting worlds**

The recurrent theme of different worlds suggested disparate environments and paradigms for the inhabitants of academia, policy and media. Yet most interviewees seemed able to understand and respond to “alien” needs and to form productive relationships across the worlds. Even those who described themselves as traditional, detached scientists noted and reacted to shifting policy and media agendas. This was most evident in interviewees’ discussion of “windows of opportunity” in policymaking. They acknowledged the haphazard nature of research utilisation but also monitored ebbs and flows in the “streams [of] problems, policy and politics” (Kingdon, 2003, p 87), responding strategically when opportunities arose. Thus, influential researchers contributed to understandings in the problem stream through research that helped to frame public health concerns; they or their organisations also contributed to the policy stream via collaborative relationships with policymakers and stakeholder groups; and they contributed to the politics stream through ministerial briefings, public comment and advocacy in the media. This diversity of skills in engaging with and influencing the complex relationship between research, public opinion and policy illustrates the complementary ways in which public health researchers function as a group. It also highlights the limitations of the different
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worlds metaphor, indicating that its frequent use in interviews was shorthand for conveying distinctive institutional cultures rather than a reflection of parochial ("single world") views and practices or an acceptance of insurmountable differences.

Weiss’ (1991) discussion of the multiple uses of research within policy—as data, ideas and argument—was strongly evoked by researchers’ accounts of how they increase the influence of their research. High impact, well-cited peer reviewed papers in the traditional scientific mode were valued as a cornerstone of data provision, but contemporary research strategies were used to increase the utility of research in contributing ideas and argument. Clear policy recommendations; public health commentary and critique; and the use of narrative, metaphor and polemic were employed to engage with the rhetorical and moral debates that underpin policy agenda-setting (Greenhalgh, 2006). As one interviewee put it, “The story is more powerful for most people than the research finding”. This may account for the emphasis interviewees placed on research innovation and creativity in reframing issues or drawing attention to neglected problems. For some, it meant using research to intentionally provoke controversy.

Critically, influential researchers strove to understand and have some mastery in each of the worlds of research, policy and media—either as individuals or as part of team. However, support, recognition and rewards by the academic establishment for activities in the policy and media worlds was often lacking, creating disincentives to engage in many of the activities that interviewees described as most influential.

Advocacy

The robust and at times adversarial views expressed on the topic of advocacy were somewhat surprising in a sample of researchers identified by their peers as influential. Those who engaged in advocacy were frustrated by the perceived indifference and failure of more conservative colleagues to advance public health. They nonetheless professed to respect the academic traditions underpinning this position and
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situated it within a professional context. By contrast, researchers who criticised advocacy expressed grave concerns about the dangers of poorly-informed influence. Some regarded advocates as transgressive, showing disdain for the objectivity they saw as a prerequisite of trustworthy research. A few attributed advocates’ motivations to personal foibles. These contrasting views referenced the values ascribed to the professional archetypes discussed earlier and appeared to epitomise our current state of pre-paradigmatic flux (Kuhn, 1962) in which researchers struggle to reconcile the demand for “socially robust knowledge” with the dominant ethos of traditional, scientific “reliable knowledge” (Nowotny, Scott & Gibbons, 2001).

**Relationships**

The role of relationships as a facilitator of research influence appeared to be complex and pivotal. Although many interviewees talked about themselves as providers, with the implication that they simply hand over data, their accounts revealed far more transactional encounters. Relationships provided a platform for research translation but also enabled reciprocal exchange of information, mutual learning and negotiating about the meaning and implications of public health problems and solutions, a means of identifying future policy-relevant research and emerging policy opportunities. The emphasis on relationships together with interpersonal skills and likability supports arguments in the literature that influence is not solely about the research, but is also very much about the researcher (e.g., Kothari, 2009).

**Trust**

The tension between independence and close ties was a critical theme in many accounts of relationships with policymakers and journalists. While most nurtured these relationships, they also stressed the need to report findings accurately regardless of their fit with political agendas. The most productive relationships were with policymakers who understood and respected this position. Trust was a two-way street. Having established a shared understanding about the nature of their relationship, researchers
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were more inclined to work participatively with policymakers and journalists who reciprocated while avoiding those who were untrustworthy. Trust, it seemed, balanced the risks in these uncertain relationships.

Conclusion

Our findings strongly suggest that influential public health researchers are rarely just curiosity-driven producers of research that “speaks for itself”. Rather, they are strategists with a keen awareness of the applied nature of public health who have moved beyond a scientific modus operandi towards a more contemporary research paradigm. Although the enlightenment model (Weiss, 1986) of research influence was often evoked in interviews—“Good ideas will have their day”—all participants accepted the need for some active facilitation of research understanding by the public, practitioners and/or policymakers. They strove to facilitate research utilisation in multiple ways: encouraging policymaker participation in research development; increasing the relevance, utility, timeliness and accessibility of research findings; monitoring and capitalising on emerging policy opportunities; and nurturing positive relationships with other researchers, policymakers and the media.

Given that professional awards and incentives in academia still focus on traditional models of scientific impact, there is a pressing need to expand our conceptualisation of research influence to include social impacts. We also need to develop meaningful methods of supporting, evaluating and rewarding influential research and activities.

The importance of values and role definition in determining researchers’ behaviour indicate the need for more debate about the goals of public health research and the roles that researchers can play in furthering these goals. The tension between the values and objectives of traditional science and contemporary research provide an important frame for this debate.
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