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**FACULTY OF GRADUATE AND
POSTDOCTORAL STUDIES**

Nadia Hamel

AUTEUR DE LA THÈSE / AUTHOR OF THESIS

Ph.D. (Population Health)

GRADE / DEGREE

Institute of Population Health

FACULTÉ, ÉCOLE, DÉPARTEMENT / FACULTY, SCHOOL, DEPARTMENT

**Knowing is not Enough:
Organizational Capacity of Developing Countries' Health Professional Associations to Utilize
Research**

TITRE DE LA THÈSE / TITLE OF THESIS

Peter Tugwell

DIRECTEUR (DIRECTRICE) DE LA THÈSE / THESIS SUPERVISOR

Douglas Angus

CO-DIRECTEUR (CO-DIRECTRICE) DE LA THÈSE / THESIS CO-SUPERVISOR

Caroline Andrew

David Doloreux

**Ken Bassett (U. of British
Columbia)**

Ian Graham

Gary W. Slater

Le Doyen de la Faculté des études supérieures et postdoctorales / Dean of the Faculty of Graduate and Postdoctoral Studies

KNOWING IS NOT ENOUGH
Organizational Capacity of Developing Countries'
Health Professional Associations to Utilize Research

Nadia Hamel

Thesis submitted to the Faculty of Graduate and Postdoctoral studies
in partial fulfilment of the requirements for
the PhD degree in Population Health

Population Health PhD Program
University of Ottawa

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Your file *Votre référence*
ISBN: 978-0-494-66012-6
Our file *Notre référence*
ISBN: 978-0-494-66012-6

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« Knowing is not enough, we must apply.

Willing is not enough, we must act. »

- Goethe

Table of Contents

Table of Contents	iii
List of Tables	vii
List of Figures	viii
Glossary and Acronyms	ix
Thesis Abstract	xii
Acknowledgments	xiv
Statement of Contributions	xvi
Chapitre 1	
Introduction: Literature Review, Rationale and Objectives	1
Context of the Research	2
Current State of Knowledge	4
<i>Knowledge Capacity for Health Systems Strengthening</i>	4
<i>Organizational Innovativeness and Research Utilization</i>	12
Purpose of the Thesis	17
<i>Rationale</i>	17
<i>Objectives</i>	19
Thesis Conceptual Framework	20
Overview of the Thesis.....	22
References	29
Chapitre 2	
Unpacking Capacity to Utilize Research: a Tale of the Burkina Faso Public Health	
Association	37
Abstract	38
Introduction.....	40
<i>Purpose of the Study</i>	42

Methods.....	43
<i>Setting</i>	43
<i>Data Sources</i>	44
<i>Data Analysis</i>	45
Findings.....	46
<i>Organizational Motivation</i>	47
<i>Triggers</i>	48
<i>Acquisition of Research Findings</i>	49
<i>Transformation of Research Findings</i>	50
<i>Dissemination Strategies</i>	52
<i>Moderating Factors</i>	54
Discussion.....	56
Conclusion.....	61
References.....	64
Chapitre 3	
Health Professional Associations in Low- and Middle-Income Countries: How Do They Use Research to Influence Health Policy?	68
Abstract.....	69
Background.....	70
<i>Study Objectives</i>	72
Methods.....	72
<i>Sample Population</i>	72
<i>Study Protocol</i>	73
<i>Study Questionnaire</i>	74
Results.....	75
<i>Sample Characteristics</i>	75
<i>Using Research Findings to Influence Health Policy</i>	76
<i>Acquisition and Assimilation of Research Findings</i>	77
<i>Transformation and Application of Research Findings</i>	78
Discussion.....	80

<i>Limitations</i>	82
Conclusion	83
References	92
Chapitre 4	
OCUR: an Operational Framework for Investigating the Knowledge Translation Potential of Health Professional Associations in Low- and Middle-Income Countries	95
Abstract	96
Introduction	98
<i>Purpose of the Study</i>	100
Methods.....	100
<i>Study Sample</i>	100
<i>Study Design</i>	101
Organizational Perspective.....	102
Organizational Capacity to Utilize Research (OCUR)	105
<i>Potential Organizational Capacity to Utilize Research (OCUR)</i>	105
<i>Realized Organizational Capacity to Utilize Research (OCUR)</i>	107
<i>Antecedents</i>	108
<i>Moderators</i>	110
<i>Knowledge Translation Performance</i>	114
Future Research.....	115
Conclusion	117
References	122
Chapitre 5	
Conclusion: Integrated Discussion and Implications	126
Synthesis of the Research Findings	127
<i>Organizational Elements and Processes that Underlie OCUR</i>	128
<i>Potential Determinants of OCUR</i>	131
<i>Mechanisms that Link OCUR to Knowledge Translation Performance</i>	133
Overall Strengths and Limitations of the Research.....	135

Implications for Population Health, Practice and Policy.....	139
<i>Relevance to Population Health</i>	139
<i>Recommendations to International Development Community</i>	143
Outstanding Questions	148
Dissemination Strategy	152
References	155
Appendix 1 Research Ethics	160
Appendix 2 Consent Form for Qualitative Phase	166
Appendix 3 Interview Guide	170
Appendix 4 Survey Questionnaire	172

List of Tables

Chapter 1

Table 1.1. Models of Knowledge-Utilization in Policy-Making25

Table 1.2. Health Systems and Civil Society Organizations Roles.....27

Chapter 2

Table 2.1. Key Dimensions of the Association's Capacity to Utilize Research 63

Chapter 3

Table 3.1. Respondents' Characteristics 84

Table 3.2. Descriptive Statistics of the Survey- Relevant Items 86

Chapter 4

Table 4.1. Elements of the Operational Framework for LMICs Health Professional
Associations' Organizational Capacity to Utilize Research (OCUR)119

List of Figures

Chapter 1

Figure 1.1. Relationships among Health, Health Research and Research Systems 24

Figure 1.2. Initial Framework for Organizational Capacity to Utilize Research (OCUR)..... 28

Chapter 4

Figure 4.1. Operational Framework for LMICs Health Professional Associations’
Organizational Capacity to Utilize Research (OCUR) 121

Chapter 5

Figure 5.1. Ultimate Impact of LMICs Health Professional Associations’
Organizational Capacity to Utilize Research (OCUR) on Population Health..... 140

Glossary and Acronyms

Association burkinabé de santé publique (ABSP)	Burkina Faso Public Health Association
Canadian International Development Agency (CIDA)	Canada's lead agency for international development assistance. It has a mandate to support sustainable development in developing countries in order to reduce poverty and to contribute to a more secure, equitable, and prosperous world.
Capacity-building	Process of strengthening abilities of individuals, organizations or systems to perform appropriate functions effectively, efficiently and sustainably. (Milen, 2001)
Civil Society Organizations (CSOs)	<p>The wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or the society, based on ethical, cultural, political, scientific, religious or philanthropic considerations.</p> <p>Civil Society Organizations refers to a broad view of which non-governmental organizations that are an important part; including peoples' movements, trade unions and cooperatives, community-based and organizations, indigenous peoples' organizations, youth and women's associations (United Nations Development Programme, 2008)</p>

Evidence	The findings of high-quality, methodologically appropriate research are the most accurate evidence. Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined to balance rigour with expedience—while privileging the former over the latter. (Canadian Health Services Research Foundation, 2005)
Health professional association (HPA)	Formally organized groups of individuals or organizations with common professional interests, working together for the benefit of society and for their professions. (Joint Learning Initiative, 2004)
Health research system (HRS)	The people, institutions, and activities whose primary purpose in relation to research is to generate high-quality knowledge that can be used to promote, restore or maintain the health status of populations. (Pang et al., 2003)
Health system	The people, institutions, and resources that operate as a whole to provide health services and improve the health of the population it serves. (World Health Organization, 2004)
Knowledge translation	The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health. (World Health Organization, 2006)

Low- and middle-income countries (LMICs)	There is no established convention for the designation of “developed” and “developing” countries. The levels of development may vary widely within so-called developing countries; and the term might be interpreted as a judgment about the stage reached by a country in the development process. Since it’s generally used to describe a country with a low level of material well-being, the thesis will refer to them as low- and middle-income countries.
Organizational absorptive capacity	Organizational ability to recognize the value of new external knowledge, to assimilate it, and to apply it to improve its performance (Van den Bosch, Van Wijk, & Volberda, 2003; Cohen & Levinthal, 1990)
Organizational capacity to utilize research (OCUR)	A set of organizational routines and processes by which a LMIC health professional association acquires research findings, assimilates, transforms and applies them. OCUR is a capability that shapes the knowledge translation performance of an organization.
Organizational knowledge translation performance	Organizational ability to recognize the value of research findings, to synthesize, utilize, exchange and apply them in planning and decision-making; this encompasses the organizational ability to foster an “evidence-based culture” within the organization and among its members.

Thesis Abstract

The need for effective interfaces to translate research into policy-making is one of the most important challenges in addressing population health in low- and middle-income countries (LMICs). The capacity to acquire, manage and apply research findings in programs' decision-making is essential for all health systems actors, including health professional associations in their roles as civil society organizations.

The purpose of this dissertation was to understand better how organizational capacity to utilize research influences the knowledge translation performance of LMICs health professional associations. The research used a mixed methods exploratory sequential design. Phase one was an interview-based case study of the Burkina Faso Public Health Association. Phase two consisted of a survey of all nineteen LMICs health professional associations in a CIDA-funded partnership program focussing on institutional capacity strengthening. Triangulation of data was carried out, applying the concept of organizational "absorptive capacity" to shape the foundations of a framework.

The qualitative inquiry identified factors influencing the capacity to utilize research, such as the organizational motivation to utilize research, triggers that persuade an association to invest in this capacity, and the processes to exploit and present the research findings in a useful way. The quantitative inquiry revealed that the utilization of research findings is a priority for these associations. Key organizational elements that underlie associations' organizational capacities to utilize research were identified. For example, half have used evidence from scientific journals and over a third have developed arrangements with researchers. However, associations' capacities are jeopardized by scarcity of resources to ensure that research is accessed, adapted and applied, and to recruit staff for knowledge

translation strategies. Finally, the potential relationships among identified determinants were integrated in an operational framework capturing the *organizational capacity to utilize research (OCUR)*.

This multi-method study was the first to map institutional capacity needs for research utilization of LMICs health professional associations. The framework provides a guide to investigate associations' organizational capacity to utilize research and can aid in tailoring capacity-building strategies to strengthen associations' knowledge translation potential.

Acknowledgments

Achieving a PhD while working is truly a marathon event, and I would not have been able to complete this journey without the aid and support of important people over the past six years.

I must first express my gratitude towards my supervisor, Peter Tugwell, who was both rigorous and encouraging in his leadership. In addition, my co-supervisor Doug Angus provided timely and constructive comments and evaluation at every stage of the thesis process. I am also grateful to my two other thesis committee members, Michael Orsini and Ted Schrecker, who offered their support and insight that guided as well as challenged my thinking. The thesis committee meetings made a tremendous contribution to generating momentum. These people's vast knowledge, understanding, and patience, added considerably to my graduate studies experience.

I would also like to thank my classmates for our regular support dinners. They gave me advice at times of critical need and each helped make my time in the PhD program more fun and interesting. I would like to thank especially Isabelle Gaboury for our exchanges of ideas, knowledge and skills, and for her patient ear when I needed to vent frustration, which helped to enrich the experience. Appreciation also goes out to the Centre for Global Health staff, in particular Elizabeth Lacasse, for all the instances in which her administrative assistance helped me along the way.

Most importantly, I am grateful to my family for instilling in me the curiosity and this urge for discovery in seeking new landscapes, but also in having new eyes. They provided me love and support through my entire life. Thanks to all my close friends who have also encouraged me to pursue this degree. These individuals always helped me keep perspective and were tolerant

enough to stick by my side despite me having so little time for them. They know who they are and they make me a rich, rich woman.

Finally, I am very grateful to all the developing countries' health professional associations that took the time to participate in this research project. Their comments and insight resulted in a stimulating project.

Statement of Contributions

Nadia Hamel, the doctoral candidate, assumed responsibility for this research project. This thesis, and the research to which it refers, is the product of Nadia Hamel's work, and consists of material that is the result of her own research project. She has properly acknowledged the contribution of other researchers.

Nadia Hamel generated all the key ideas and performed all the work associated with this research: development of the project design and proposal; data collection, analysis and interpretation; and writing of the draft and final versions of the series of chapters that form this thesis.

Nadia Hamel was supported throughout her research by a thesis committee from the University of Ottawa that included Professors Peter Tugwell, Doug Angus, Michael Orsini and Ted Schrecker. The interdisciplinary thesis committee provided expertise in methodologies and content. The contribution of co-supervisors (Doug Angus and Peter Tugwell) and thesis committee members (Michael Orsini and Ted Schrecker) was primarily done through regular meetings and significant guidance at each stage of the thesis. They participated in the conceptual development and provided assistance with the interpretation and analysis of data. They advised on chapters' content, gave key recommendations and collaborated in the editing. All reviewed and approved the final version of this thesis. Margaret Sears, medical writer with the Children's Hospital of Eastern Ontario Research Institute, reviewed all chapters for style and English grammar.

This thesis would not have been possible without financial assistance. Nadia Hamel gratefully acknowledges the Fonds de la recherche en santé du Québec for her doctoral award, as well as

the Canadian Professional associations Supporting Each other – PASE members (Canadian Nurses association, the Canadian Public Health association and the Society of Obstetricians and Gynaecologists of Canada) for providing seed funding for the data collection phase.

Chapitre 1

Introduction:

Literature Review, Rationale and Objectives

Context of the Research

Health systems in low- and middle-income countries (LMICs) have undergone years of policies meant to realize economic growth without achieving the expected improvements in population health. Strengthening knowledge capacity in LMICs is critical to attaining the Millennium Development Goals. Indeed, health systems strengthening is facilitated not simply by knowledge but by “knowledge capacity,” which is the ability of health systems to produce, synthesize and share relevant knowledge, as well as the ability to foster a “knowledge culture” that facilitates and encourages its use and application in planning and decision-making (ter Kuile & Neufeld, 2006). Yet, health systems strengthening is hampered by major human resources shortages, weak institutional capacity of systems and stakeholders, as well as chronic underinvestment in human resources for health (World Health Organization, 2006b; Joint Learning Initiative, 2004). Additional aspects that warrant increased attention are enhancing the knowledge base and developing knowledge-translation strategies (Santesso & Tugwell, 2006; World Health Organization, 2004b; Nchinda, 2002; Sitthi-amorn & Somrongthong, 2000).

International development organizations are increasingly aware of the importance of knowledge capacity in health and development, and the role the developed (high income) countries can play (Global Ministerial Forum on Research for Health, 2008; Nuyens, 2005; World Health Organization, 2004b; Nchinda, 2002). The Canadian International Development Agency (CIDA) has stated that the use of research-based knowledge to formulate evidence-informed strategies and interventions is an excellent way to enhance aid effectiveness. Investments in relevant knowledge and the role of knowledge capacity have also been recognized as crucial for development (Canadian International Development Agency,

2002; Canadian International Development Agency, 2000). As a result, there has been a growing focus and interest in investing in health systems and their stakeholders. CIDA's Canadian Partnership Branch recognizes and supports the pivotal contribution of health professional associations as stakeholders in health systems and understands the necessity to strengthen their institutional capacity. For example, CIDA has been funding North-South partnership programs such as the ones of the Canadian Public Health association, the Canadian Nurses association and the Society of Obstetricians and Gynaecologists of Canada. These programs aim to reinforce institutional capacities, technical knowledge and leadership in their LMICs health professional associations partners (Society of Obstetricians and Gynaecologists of Canada, 2008; Canadian Nurses Association, 2008; Canadian Public Health Association, 2007; Canadian International Development Agency, 2006; Delisle, Roberts, Munro, Jones, & Gyorkos, 2005; Hamel, Massey, Perron, & Chauvin, 2005).

Thus, North-South collaboration with the goal of building capacity for knowledge translation is recognized as essential for health systems development in LMICs (World Health Organization, 2004b; Nchinda, 2002; Sitthi-amorn et al., 2000). Thus health systems stakeholders must not only acquire the research-based knowledge, they also require the organizational capacity to manage and apply this knowledge in policy, programs and decision-making. In this context, there is a pressing need to consolidate the organizational elements of LMICs health professional associations that relate to knowledge translation. To achieve this goal, however, Canadian health professional associations require an operational framework to support and strengthen the knowledge translation potential of their LMICs health professional associations partners.

Current State of Knowledge

The following section reviews the literature on knowledge capacity in strengthening health systems. A specific focus on the determinants of knowledge utilization from an organizational perspective was used, as this perspective has gained significant support in recent years in discussions on institutional capacities of LMICs in “bridging the know-do gap.”

Knowledge Capacity for Health Systems Strengthening

In the past decades, application of knowledge from health research has led to gains in health worldwide. To achieve this, well-functioning health systems must be able to access and to implement research-based knowledge about more effective strategies in practices.

Strong health systems are key to achieving improved health outcomes, but improvements in health care are unequal in extent, depth and quality between North and South. In LMICs, health systems are under pressure, facing constraints such as shortages of skilled health workers, funds and medicines, inability to use and generate information, and inadequate public health information systems (Travis et al., 2004). In addition, weak institutions and lack of critical mass in most health research systems in LMICs reduce the potential for positive impacts of research on health system development (World Health Organization, 2004b; Gonzalez Block & Mills, 2003; Sitthi-amorn et al., 2000)

Bridging the “know-do gap” has emerged as one of the most important challenges for global health, and one of the major obstacles to the attainment of the Health Millennium Development Goals. Researching health systems has been essential to find appropriate solutions to population health problems as well as to implement those solutions effectively. In some cases, research has demonstrated that mortality can be avoided by applying simple

proven interventions (e.g. utilization of insecticide-treated bednets for malaria prevention); however, the health system must also have the capacity to integrate this innovation in its operations (e.g. using an evidence-informed approach to reallocating resources, and redirecting health funding for bednets in endemic regions).

The idea of linking research to action in strengthening health systems and ultimately achieving equity in global health has captured a great deal of international attention and gained significant support recently. In 2004, the World Health Report emphasized the central role knowledge plays in health of LMICs. It argued that linking health research with the health system will generate knowledge that is relevant and will strengthen the capacity of the health system to respond to the needs of the population (World Health Organization, 2004b). Moreover, the 2004 Ministerial Summit on Health Research and the 58th World Health Assembly recognized the need for strategies that support the generation, use and application of knowledge to improve the capacity of health systems to be responsive; and again recently with the Bamako Call to Action on research for health (Global Ministerial Forum on Research for Health, 2008; World Health Organization, 2005; World Health Organization, 2004a).

This perspective positions the health research system at the intersection of two larger, complex systems: the health system and the research system; relationships are illustrated in Figure 1.1. The health system consists of all actors and organizations whose primary goal is to promote, improve or maintain health and health equity. To achieve their goals, all health systems have to carry out many basic functions, grouped into a set of six essential “building blocks.” Health systems must: i) provide services, ii) provide medical products and technologies; iii) develop the health workforce; iv) gather information and evidence; v) mobilize and allocate finances, and vi) ensure health system leadership and governance

(World Health Organization, 2007a; World Health Organization, 2000). On the other hand, health research systems are defined as “the people, institutions, and activities whose primary purpose in relation to research is to generate high-quality knowledge that can be used to promote, restore or maintain the health status of populations” (Pang et al., 2003).

Hence, these systems should ideally be interdependent. The health research system may produce reliable and rigorous evidence that might help to address any or all of the “building blocks.” If this knowledge is relevant, ministers of health or health service managers might use it appropriately and efficiently; this would then contribute to improving population health. This approach integrates the mechanisms to encourage the utilization of research, and to promote an interactive framework that includes all actors involved in knowledge generation, research synthesis, and research utilization. This means that health systems stakeholders must not only acquire the research-based knowledge, they also require the organizational capacity to manage and apply this knowledge in decision-making, as well as in programs and policy development.

While the creation of relevant knowledge through research is critical, it is not adequate in itself. Knowledge must be embedded within its context and population. Indeed, the way evidence is used might be influenced by other considerations such as timing, economics, politics and rapid change, how new ideas are valued in the organization, or a lack of synthesized evidence (Bowen & Zwi, 2005). As a result, knowledge translation has emerged as a paradigm to learn and act towards closing the “know-do gap.” The Canadian Institutes of Health Research defines knowledge translation as “dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve health of Canadians, provide more effective health services and products and

strengthen the health care system” (Canadian Institutes of Health Research, 2009). Knowledge translation has also been defined as the synthesis, exchange and application of knowledge by relevant stakeholders to accelerate global and local innovation to strengthen health systems and to improve people’s health (World Health Organization, 2006a). Therefore, knowledge translation not only integrates mechanisms to encourage the utilization of research to transform policies and practices, but also promotes an interactive framework that includes all actors involved in knowledge generation, research synthesis, and research utilization.

Almost three decades ago, the literature on knowledge utilization started to distinguish among three categories of use of research in policy-making: instrumental, conceptual, or symbolic (Weiss, 1979). An instrumental use is research knowledge that directly shapes policies; a conceptual use refers to a more general and indirect form of enlightenment on a particular issue; and a symbolic use merely justifies already existing policies (“political use”) or justifies inaction or another direction (“tactical use”). Thinking has evolved in the contemporary knowledge translation literature. Table 1.1 summarizes the four common models that attempt to explain knowledge utilization in health-care decision-making.

More recently, “knowledge exchange” emerged as a result of growing evidence that the successful uptake of knowledge requires more than one-way communication (Mitton, Adair, Mckenzie, Patten, & Perry, 2007). The linkage between researchers and decision-makers¹ may

¹ Decisions about the use of research evidence are made at a variety of levels, by administrators, health program managers and even ministers of health. In this thesis, the term “decision-maker” refers to individuals from health organizations (e.g. community-based health institutions, hospitals, regional health authorities, ministries of health) who are involved in the development of programs and/or in the formulation of policies that aims to improve population health.

increase the use of evidence in policy development (Lavis, Robertson, Woodside, Mcleod, & Abelson, 2003; Lomas, 2000). If involving decision makers in the research process will make it harder for them to ignore the findings, interactions between the two parties has been proven to increase the prospects of research use (Lavis, 2006; Lomas, 2000). Actually, personal contact between researchers and decision makers is perhaps the most important facilitator of research use in policy making (Innvaer, Vist, Trommald, & Oxman, 2002). Partnerships can also benefit the decision-making process by providing opportunity for decision makers to “internalize” research evidence over time through constant interaction with researchers (Lavis, Ross, McLeod, & Gildiner, 2003).

Even though there are many strategies for knowledge transfer and exchange, it currently is not clear which ones should be used in which contexts (Mitton et al., 2007; Lavis et al., 2003). A recent review and synthesis of the knowledge translation literature came to the conclusion that there is not yet an adequate evidence base for doing “evidence-informed” knowledge translation for health policy/decision-making (Mitton et al., 2007).

Overall, the knowledge translation literature has focused primarily on the researcher/policy-maker “dyad” to identify their roles in policy development and the means by which policy-relevant research is transferred to and utilized by decision-makers. However, this omits the role of civil society. Civil society organisations refers to a broad view of which non-governmental organizations that are an important part; including peoples’ movements, trade unions and cooperatives, community-based and organizations, indigenous peoples’ organizations, youth and women's associations (United Nations Development Programme, 2008). Civil society organisations have a long history of involvement in public health. In more

recent years, however, they have grown in scale and influence on health. Outline of some of their potential contributions to various aspects of health are shown in Table 1.2.

Indeed, for knowledge translation to result in good public policies, models must include thoughtful consideration of the value of civil society participation. Therefore this should really be a “triad” since “the pathways of knowledge translation are influenced by all the actors in the health system given that the transitions from research to policy to actions and eventually to health improvements are non-linear processes” (Pang et al., 2003). In LMICs, and sometimes even in developed countries, the lack of proactive involvement of civil society organisations in this “triad” often leads to a failure in solving difficult problems in the health system, in creating knowledge but little action (Labonte & Spiegel, 2003; Wasi, 2000). Much greater investment has been made in LMICS’ capacity for priority-setting and knowledge generation than in working with policy-makers and civil society organisations to increase the use of research findings in policy-making (World Health Organization, 2007b). Hence, the role of civil society organisations must be addressed if we are to gain a comprehensive understanding of knowledge translation (Input to the Global Ministerial Forum on Research for Health, 2008).

Civil society organisations are also health research system stakeholders and they have a role in the sharing and utilization of research findings and capacity development. They are often at the interface of applied research and policy-making, connecting research with policies, programs, and training (Nuyens, 2007; Bhan, Singh, Upshur, Singer, & Daar, 2007; Kornswieg, Osborne, Hovland, & Court, 2006; Delisle et al., 2005; Pollard & Court, 2005; Sanders, Labonte, Baum, & Chopra, 2004; United Nations Development Programme, 2002). Their potential input into research utilization for policy-making and into the translation of

knowledge to action needs to be valued. Actually, the article 8 of the Mexico Statement on health research states: “Civil society, NGOs and communities must be involved in the governance, definition, generation and conduct of health research; in the application of the knowledge and technologies it provides; in monitoring progress and in maintaining the public debate about resources and priorities” (World Health Organization, 2004a). This was more recently reinforced in the Bamako Call to Action on research for health (Global Ministerial Forum on Research for Health, 2008).

In this context, health professional associations, such as professional nursing associations, public health associations or association of health professionals in obstetrics and gynaecology, are a type of civil society organisation. They are key players contributing to effective national health research system and strengthening knowledge capacity of health systems (Lavalle, Acharya, & Houtzager, 2005), and are more and more involved in the common functions of health systems, such as stewardship, human resources creation and sustainability, and utilization of research (Joint Learning Initiative, 2004; Pang et al., 2003). Strong health professional associations provide leadership in advocating, educating and informing health policy at the country level, as well as in providing culturally appropriate, evidence-based skilled health care to their population. The role of health professional associations is different from trade unions, whose main goal is ensuring public protection and promoting good professional practice.

Health professional associations also work with governments and other stakeholders in setting and implementing health policies to improve the population health of their country. While only anecdotal evidence in the literature suggests a role of health professional associations in reducing mortality; nonetheless, their presence within a developing country

seems to improve population health to at least some degree (Chamberlain, McDonagh, Lalonde, & Arulkumaran, 2003). Health professional associations lobby, promote and educate regarding the essentials of effective health care at the level of the general public, governments and international organizations (Hamel, Pedneault, Perron, & Salewski, 2007).

Health professional associations also represent a significant proportion of human resources for the health system, and its biggest reservoir of knowledge. Hence, they have a critical role to play in ensuring that health professionals are well-prepared for their contribution in improving population health (World Health Organization, 2006b; Chen et al., 2004). Indeed health professional associations are often involved in the legislation and regulation of their profession, and they set the standards for education and care by emphasizing best practices based on scientific evidence, and avoiding harmful practices. Further, they are also involved in the mobilization and research skills development of human resources as well as they are often responsible for the development and dissemination of evidence-based standards and competencies. They also maintain linkages with education institutions and communication channels with their membership, which makes them one of the best means to reach health professionals (World Health Organization, 2006b; Hamel et al., 2005; Joint Learning Initiative, 2004).

All of this involvement lends credibility to their leaders, on behalf of the health workers that they represent, to advocate for social change, promote health priorities, collaborate on planning and migration policies in human resources for health, and contribute to equity and population health programs (Hamel et al., 2007). In fact, the call to action for workforce development has demanded strong alliances across all stakeholders of health systems, including health professional associations, in setting national goals, designing programs and

gathering data, and implementing human resources for health planning and strategies (Joint Learning Initiative, 2004; Chen et al., 2004). However, successes of health professional associations in strengthening sustainable health systems and building its knowledge capacity will only be realised if they can improve their capabilities and performance (Chen et al., 2004).

The potential influence of health professional associations regarding research utilization for policy-making, and the translation of knowledge into action, needs to be better understood in order to increase evidence-informed health policy (World Health Organization, 2007b; Kornswieg et al., 2006; Pollard et al., 2005). Although some have attempted to better understand how civil society organisations use evidence to influence policy, there is no clear evidence specific to health systems (World Health Organization, 2007b; Kornswieg et al., 2006; Pollard et al., 2005). As a result, there is still a lack of systematic knowledge on current organizational capacity of health professional associations.

Indeed, the Alliance for Health Policy and Systems Research has identified that the most important challenges in addressing population health in LMICs are the capacity of institutions to monitor relevant health system and policy research and the need for effective interfaces between knowledge generation and use in policy-making. Yet, this has been little examined (World Health Organization, 2007b).

Organizational Innovativeness and Research Utilization

A significant body of innovation diffusion literature related to health has accumulated since the fifties, yet only very recently has it been used to understand the dissemination and use of research-based knowledge in the health system (Lemieux-Charles & Champagne, 2004b). The broader interdisciplinary research-based knowledge utilization field is, however, full of

different terminologies. Diverse metaphors are used when it comes to spreading the innovation; some fields refer to this concept as diffusion, dissemination, while others use the term of knowledge transfer. The move from the concept of knowledge transfer to that of knowledge translation is intrinsically linked to understanding knowledge as a process rather than a product (Dickinson, 2004).

The literature on diffusion of innovations (the dissemination and adoption of techniques, behaviors or products in a population) has been useful to better understand the transfer of research-based knowledge into practice and health policy as well as the adoption of research evidence among health organizations. For some, innovation is defined as any idea, practice, or item that is perceived to be new by a unit of adoption (e.g. individual or organization); while innovation typically adds value it may also have negative effect (Wikipedia contributors, 2006; Dickinson, 2004; Lemieux-Charles & Barnsley, 2004a). If the generation, translation and utilization of research-based knowledge constitute an innovation process per se, then the capacity to use research could be considered a feature of a LMIC health professional association's organizational innovativeness.

Models of evidence-based medicine that look at managerial and clinical practices have usually fell under two main streams: planned change approaches (Graham & Logan, 2004) and diffusion frameworks (Rogers, 2003). Evidence-informed practice might be seen like a "software" innovation that promotes the value of research evidence and its application in health care services. Related diffusion frameworks will imply a dissemination of research as a natural process, sometimes with some tailoring of the research per se (Lavis et al., 2003; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). For others, the innovation process can be defined as the planned and rationale creation, translation, and application of scientific

knowledge. In general, planned change frameworks (Kitson et al., 2008; Jacobson, Butterill, & Goering, 2003; Rycroft-Malone et al., 2002) first identify the need that should be addressed and then determine what is required to produce the change.

Early health research analyzed individuals as adopters and examined variables such as adopter attributes and innovation attributes to increase the utilization of research. Nevertheless the evaluation should encompass the process as a whole, including the organization as the adopting unit (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Lemieux-Charles et al., 2004a). Empirical work in the field of organization and management clearly shows that successful individual adoption is only one component of the assimilation of innovations in health-care organizations (Bapuji & Crossan, 2004; Fleuren, Wiefferink, & Paulussen, 2004). The organizational context seems to be one of the major factors that affect the assessment, interpretation and utilization of research. These findings imply the need to commit organizational resources to ensure successful adoption of research findings for effective decision-making by the individual within the organization (Lemieux-Charles et al., 2004b). Unfortunately, the organizational capacity to support the utilization of research is complex, and still not well understood.

Decision support tools exist such as clinical practice guidelines or health policy and programs simulation systems, and may assist a clinical team or a decision-maker to assess and address gaps in using research (Scott & Edwards, 2005; Fieschi, Dufour, Staccini, Gouvernet, & Bouhaddou, 2003); but there are few tools that have been developed for use at the organizational level. To improve evidence-informed decision-making at this level requires a better understanding of the processes and routines to use health services research in an organization. Actually, the Canadian Health Services Research Foundation has developed the

tool “Is Research Working for You” to be used by a group of individuals to elicit a discussion about how their organization acquire, assess, adapt, and apply research evidence to inform decisions. This instrument collects perceptual responses about how the organization gathers and uses research, and its potential for improvement (Canadian Health Services Research Foundation, 2006). Nonetheless, the advantage is that it has gone through scientific validation and the evaluation process was done among health organizations (Kothari, Edwards, Hamel, & Judd, 2009).

Yet, the issue is that only some knowledge translation models attempt to include organizational elements (Hanney, Gonzalez-Block, Buxton, & Kogan, 2003; Logan & Graham, 1998; Beyer & Trice, 1982). Understanding how organizational determinants impacts the utilization of research is indeed important, however there is still a lack of evidence on the institutional capacity’s influence (World Health Organization, 2007b). While, a LMIC health professional association’s organizational attributes that support the utilization of research need to be better understood, there is not yet an integrated conceptual framework that can be used to examine their capacity to use research, as a feature of their organizational innovativeness.

There are as many different contexts for innovations as there are different types of organizations; and little is known about the conditions for, or determinants of, the successful implementation of innovations (research) specifically to health organizations. To better understand this organizational capacity, it is worth turning to the literature on organizational learning. In the 1990’s, knowledge-based approaches redefined the construct of innovation and diffusion as the creation and distribution of knowledge. This led to the emergence of theories on organizational learning and organizational knowledge, as well as growth in

empirical research (Bapuji et al., 2004; Easterby-Smith & Lyles, 2003; Nonaka & Takeuchi, 1995; Senge, 1990)².

In the organization and management literature, organizational innovativeness was first considered as influenced mainly by “structural determinants.” It will assimilate innovations more readily if it is large, mature, functionally differentiated (with semi-independent department) and specialized, with strong professional knowledge, enough resources and decentralized decision-making structures (Damanpour, 1991). Similar determinants of innovation within health care organizations were also found, including the capacity of the staff and the availability of expertise (Fleuren et al., 2004).

A systematic review of services organizations, including the health sector, more recently identified some organizational features that are implicated in the successful assimilation of an innovation (research evidence). The “structural determinants” were confirmed to be significantly associated with the adoption of innovations in these organizations. But there were also two non-structural determinants that impact what is called organizational innovativeness: receptive context for change and absorptive capacity (Greenhalgh et al., 2004).

There is a growing consensus that research utilization is associated with the “learning organization” and the value the organization places on using knowledge in practice and in decision-making (Senge, 1990). The receptive context for change refers to the organization’s

² “Organizational Learning” and “Organizational Knowledge” are descriptive streams examining the micro-processes by which organizations learn and by which they manage their knowledge. This research is rooted in the resource-based view of organizations, or “knowledge-based theory of the firm”. In contrast, “Learning Organization” and “Knowledge Management” are prescriptive views of how organizations should effectively learn and manage knowledge.

ability to assimilate innovations by providing strong leadership, clear strategic vision and possibility for experimentation. An organization will be more likely to use and apply research evidence if it promotes an “evidence-based culture” by encouraging innovation, data collection and analysis, and critical appraisal skills of its staff (Walshe & Rundall, 2001). Moreover, a receptive context for change will impact organizational innovativeness as it enables the organization to assimilate innovations by providing strong leadership, clear strategic vision and opportunity for experimentation (Greenhalgh et al., 2004). The organization’s capacity to absorb innovation is its ability to acquire, assimilate, transform, and exploit new knowledge; to link it with its own prior related knowledge; and to facilitate organizational change (Zahra & George, 2002). This systematic review strongly recommended to further research on how to improve absorptive capacity in health service policy and management in order to understand how new ideas and research are captured, shared within the organization, adapted and implemented (Greenhalgh et al., 2004).

Purpose of the Thesis

Rationale

Innovation and health systems strengthening are facilitated not simply by knowledge but by “knowledge capacity.” Knowledge capacity encompasses the ability of health systems to produce, synthesize, use and apply relevant knowledge in planning, decision-making and practices, as well as the ability to foster a knowledge culture (ter Kuile et al., 2006).

At the country-level, knowledge capacity may be enabled by a functional national health research system. The literature review has shown that health professional associations are key

players in contributing to effective national health research system and strengthening knowledge capacity at health systems level. Governments, which are typically responsible for the health research systems, are more and more involving health professional associations in the functions of health research systems, such as stewardship, human resources creation and sustainability, and utilization of research (Pang et al., 2003).

In fact, utilizing and translating research-based knowledge into health policy, decision-making or practice has gained significant support in the past decade (World Health Organization, 2004b). Knowledge translation has emerged as a paradigm to bridge the “know-do gap.” However, weak institutional capacity and lack of critical mass for most health research systems in LMICs reduce the positive impact of research-based knowledge on health system development (World Health Organization, 2004b; Gonzalez Block et al., 2003; Sitthiamorn et al., 2000). Plus, strengthening national health research systems’ capacity should not be limited to increasing the number of researchers, or to building capacities to conduct research into the system. It must be related to the further development of actual resources (e.g. human, physical, institutional) to acquire, assimilate, transform and apply research-based knowledge.

LMICs health professional associations often lack material and human resources in addition to institutional capacity. To maximize their contribution to the health policy process and health system, these health professional associations ought to enhance their knowledge translation potential. Recently, the Third High-Level Forum on Aid Effectiveness emphasized the importance of ensuring that civil society organisations contributions to development reach their full potential (Third High Level Forum on Aid Effectiveness, 2008). This may be done through a North-South capacity-building partnership; however, tailoring strategies to

reinforce organizational capacity to utilize research-based knowledge effectively, efficiently, and sustainably might be difficult. To date, most literature on utilization of research has focused on organizational structural determinants and little is known on organizational capacity per se (Greenhalgh et al., 2004). In fact, evidence on organizational level capacity to use research is almost absent and no framework exists to assist in its assessment for LMICs health professional associations.

Therefore, it is important to examine what constitutes the capacity to utilize research of LMICs health professional associations. This understanding would inform the capacity-building interventions of developed countries to assess and strengthen the capacity to utilize research of their LMICs health professional associations partners. This would increase LMICs health professional associations' knowledge translation potential, leverage research resources and promote knowledge-sharing. Ultimately this process would enhance these health professional associations' contribution to strengthening health research system capacity and to population health.

Objectives

The goal of this project was to explore the notion of *organizational capacity to utilize research (OCUR)* in expanding empirical understanding and the potential mechanisms that link this capacity to knowledge translation performance in LMICs health professional associations. Organizational capacity is the result of various complex processes, practices, decision making, resource availability and other organizational elements. Hence it cannot be identified using solely a quantitative methodology. As a result, a sequential mixed methodology was used, combining qualitative and quantitative methods (Tashakkori & Teddlie, 1998).

The project had three (3) objectives with respect to the *organizational capacity to utilize research (OCUR)* of LMICs health professional associations:

1. To determine the key organizational elements and processes that underlie the *OCUR* of LMICs health professional associations.
2. To identify the potential determinants (barriers and facilitators) of *OCUR* of LMICs health professional associations.
3. To describe the mechanisms that link *OCUR* to knowledge translation performance.

First, a case study of one LMIC health professional association revealed new theoretical insights from rigorous examination of the organizational processes. These findings then supported the development of a survey of LMICs health professional associations in partnership with a Canadian health professional association to gather descriptive information on key factors that influence the *organizational capacity to utilize research* of LMICs health professional associations. The third phase was conducted with triangulation techniques to shape the foundations of an operational framework.

Thesis Conceptual Framework

There is a lack of available frameworks regarding the use of research at an organizational level. Hence, this research project proposed to conceptualize *organizational capacity to utilize research* as a capability arising from the organizational innovativeness of health professional associations in LMICs.

A recent systematic review examining the diffusion of innovation in services organizations identified a new critical concept and non-structural determinant of organizational

innovativeness: an organization's absorptive capacity for new knowledge. Different organizational features determine organizational innovativeness; the small but significant effect of structural determinants is well established. For that reason, results suggested that the next generation of research on organizational innovativeness should attempt to describe the process by which new external knowledge is captured, adapted, transformed and exploited in health organizations (Greenhalgh et al., 2004).

The concept of "absorptive capacity" was developed in the context of innovation for which outside knowledge is critical; this was based on the seminal work of Cohen and Levinthal (Cohen & Levinthal, 1990). Absorptive capacity is defined as the ability of a firm to recognize the value of new external knowledge, to assimilate it, and to apply it to commercial ends (Van den Bosch, Van Wijk, & Volberda, 2003; Cohen et al., 1990). Recently, the definition was extended to "a set of organizational routines and processes by which firms acquire, assimilate, transform and exploit knowledge to produce a dynamic organizational capability" (Zahra et al., 2002). Overall, each organization has a certain level of absorptive capacity based on its ability to recognize, assimilate and put new knowledge to appropriate use.

Many authors indicate clearly that an organization's absorptive capacity is not a goal in itself, but that it may help to determine important organizational outcomes, such as innovative capabilities and performance, competitive advantage, strategy formulation, organizational learning in alliances and knowledge transfer (Van den Bosch et al., 2003; Zahra et al., 2002; Lane, Salk, & Lyles, 2001; Lane & Lubatkin, 1998; Lyles & Salk, 1996; Cohen et al., 1990).

Different models of absorptive capacity exist (Lane et al., 2001; Van den Bosch, Volberda, & de Boer, 1999; Lane et al., 1998; Cohen et al., 1990); however, the initial framework developed for this research project, in Figure 1.2, is mainly guided by a recent model that distinguishes

between “potential” and “realized” absorptive capacity (Zahra et al., 2002). This comprehensive model considers absorptive capacity as a capability embedded in organizational routines. Therefore, it will assist in the development of an operational framework to identify key organizational elements, processes and determinants that underlie the *organizational capacity to utilize research* of health professional associations in LMICs.

The concept of “absorptive capacity” is thus useful for the operationalization of the *organizational capacity to utilize research* of LMICs health professional associations. It is particularly valuable in relation to the ability to recognize, assimilate and put research findings to appropriate use. This may, in turn, moderate an important organizational outcome: knowledge translation performance. Better understanding of what constitutes the *organizational capacity to utilize research* of a LMIC health professional association could serve to develop capacity-building strategies to assess and strengthen its knowledge translation potential.

Overview of the Thesis

This section provides a perspective on the thesis itself; it serves as an orientation to the chapters that follow and form the thesis.

Chapter One introduces the issue addressed by the dissertation along with a description of the purpose and the rationale for the thesis; it includes the objectives of the project and the methodology. The first chapter also reviews the current state of knowledge in the field of health policy and systems research and the practices of research utilization. The introduction ends with the initial thesis conceptual framework that guided the research development.

Chapter Two uses an interview-based case study of a LMIC health professional association as an example to examine the processes and to deepen our understanding of the different organizational mechanisms that underlie their capacity to utilize research.

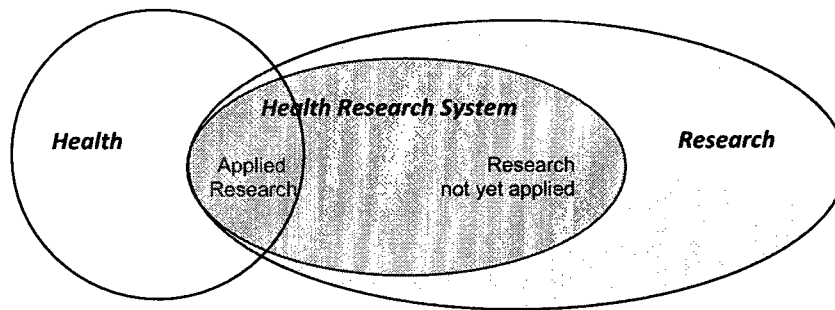
Chapter Three presents the results of a survey on how LMICs health professional associations use research to influence health policy. That phase of the dissertation aimed to describe the knowledge translation potential of health professional associations in LMICs by identifying elements that impact their capacity to utilize research.

Chapter Four triangulates the data obtained from the quantitative and qualitative phases described above to explore the foundations of an operational framework to enable strategies to strengthen the *organizational capacity to utilize research* of LMICs health professional associations.

The body of the thesis (chapters two through four) consists of a series of articles prepared for publication in scholarly journals; and thus there is some repetition, particularly in the literature review and methods sections.

The Chapter Five provides a summary and analysis of the main findings in light of the strengths and weaknesses of the thesis. It also suggests areas that require further research to develop a model of *organizational capacity to utilize research* for LMICs health professional associations. The chapter concludes with a general discussion on the implications for the field of population health.

Figure 1.1. Relationships among Health, Health Research and Research Systems



Source: Adapted from Pang, T., et al. (2003). Knowledge for better health - a conceptual framework and foundation for health research systems. *Bulletin of the World Health Organization*, 81, 815-820

Table 1.1. Models of Knowledge-Utilization in Policy-Making

Model	Key Attributes	Criticisms	Utilization Determinants
Science push model	<p>Researchers are the source of ideas for directing research.</p> <p>Users are receptacles for the results of research.</p> <p>Linear sequence from supply of research advances to utilization.</p>	<p>Transfer of knowledge is not automatic.</p> <p>No one assumes responsibility for the transfer.</p> <p>Raw research information is not usable knowledge.</p>	<p>Notable content attributes are efficiency, compatibility, complexity, observability, trialability, validity, reliability, divisibility, applicability and radicalness.</p> <p>Types of research include basic/applied, general/abstract, quantitative/qualitative, particular/concrete, research domains and disciplines.</p> <p>No relation between technical quality of research results and utilization.</p>
Demand pull model	<p>Users are the major source of ideas for directing research.</p> <p>Linear sequence starts with the identification of the research problems by users.</p>	<p>Focus on the instrumental use of research.</p> <p>Too much stress on users' interests.</p> <p>Omits the interaction between producers and users.</p>	<p>Organizational structures, rules, and norms.</p>
Dissemination model	<p>Dissemination mechanisms used to identify useful knowledge and transfer it to potential users.</p>	<p>Potential users are neither involved in the selection of the transferable information, nor production of the research results.</p>	<p>Types of research results and the dissemination effort.</p>

<i>Interaction model</i>	Interaction and relationships existing between researchers and users at different stages of knowledge production, dissemination, and utilization.	<p>Can lead to a selective use of research.</p> <p>Can be difficult to establish due to time and turnover issues.</p> <p>Overcomes the criticisms of the previous models.</p>	<p>Explanatory factors identified in the prior models.</p> <p>Four categories of factors are: types of research and scientific disciplines, needs and organizational interests of users, dissemination, and linkage mechanisms.</p>
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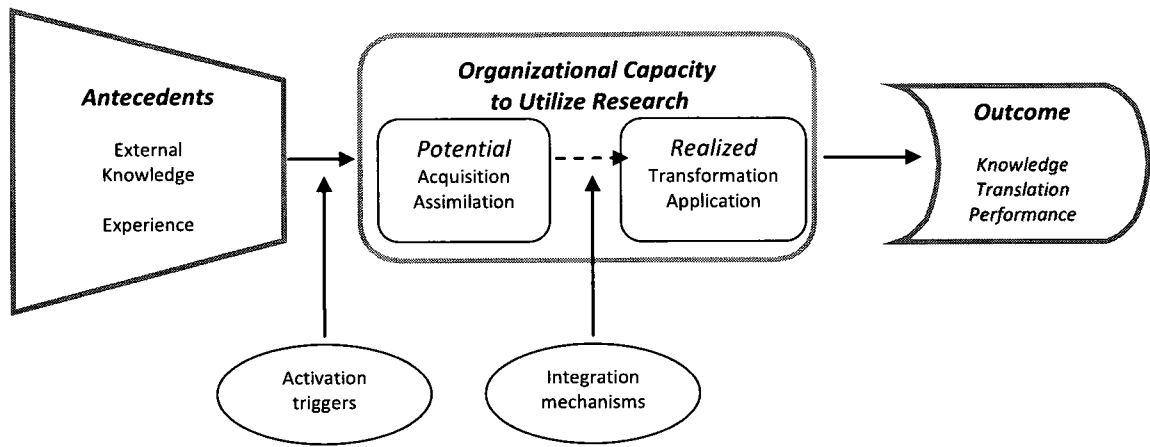
Source: Adapted from Belkhdja, O., et al. (2007). *The extent and organizational determinants of research utilization in Canadian health services organizations. Science Communication, 28, 377-417.*

Table 1.2. Health Systems and Civil Society Organizations Roles

Health system function	Examples of roles of civil society organizations
Health services	Service provision; Facilitating community interactions with services; Distributing health resources such as condoms, bed nets, or cement for toilets; and Building health worker moral and support.
Health promotion and information exchange	Obtaining and disseminating health information; Building informed public choice on health; Implementing and using health research; Helping to shift social attitudes; and Mobilising and organizing for health.
Policy setting	Representing public and community interests in policy; Promoting equity and pro-poor policies; Negotiating public health standards and approaches; Building policy consensus, disseminating policy positions; and Enhancing public support for policies.
Resource mobilization and allocation	Financing health services; Raising community preferences in resource allocation; Mobilising and organising community co-financing of services; Promoting pro-poor and equity concerns in resource allocation; Building public accountability and transparency in raising, allocating and managing resources.
Monitoring quality of care and responsiveness	Monitoring responsiveness and quality of health services; Giving voice to marginalised groups, promoting equity; Representing patient rights in quality of care issues; and Channelling and negotiating patient complaints and claims.

Source: Adapted from World Health Organization. *Strategic alliances. The role of civil society in health.* 2001. Geneva, World Health Organization. *Civil Society Initiative: Discussion Paper No. 1.*

Figure 1.2. Initial Framework for Organizational Capacity to Utilize Research (OCUR)



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Chapitre 2

Unpacking Capacity to Utilize Research: a Tale of the Burkina Faso Public Health Association

Abstract

One of the most important challenges in addressing global health is for institutions to monitor research, and for it to be incorporated in policy-making. In low- and middle-income countries (LMICs), civil society organizations such as health professional associations can be key contributors to effective national health systems. However, there is little empiric data on their capacity to utilize research.

This study was to gain insight into the factors that affect the knowledge translation performance of health professional associations in LMICs by describing the organizational elements and processes constituting capacity to utilize research, and examining the determinants potentially influencing this organizational capacity.

Case study methodology was chosen for its flexibility to capture the multiple and often tacit processes within organizational routines. The Burkina Faso Public Health Association (ABSP) was studied, using in-depth, semi-structured interviews and key documents review. Direct content analysis was used to identify the key themes.

Six key dimensions emerged, affecting the association's capacity to utilize research to influence health policy: organizational motivation; catalyst factors; acquisition and transformation of research findings; dissemination strategies; and moderating factors. Also examined were the abilities of the ABSP to enhance its capacity through networking, to advocate for more relevant research and to develop its potential role as knowledge broker, as well as limitations due to scarce resources.

Better understanding of the organizational capacity to utilize research of health professional associations in LMICs could inform the strategies to assess and reinforce their institutional

capacity. Increased knowledge translation potential may leverage research resources and promote knowledge-sharing.

Introduction

Strengthening capacity for knowledge translation is recognized as essential for health systems in low- and middle-income countries (LMICs). In fact, bridging the “know-do gap” has emerged as one of the most important drivers of improvements (Nchinda, 2002; Sitthi-amorn & Somrongthong, 2000; World Health Organization, 2004b). This led to a push for health systems policy-makers around the world to commit to evidence-informed policy-making (Global Ministerial Forum on Research for Health, 2008; World Health Organization, 2004b) and to use the most appropriate research to inform the policy process.

Yet, health systems in LMICs are under pressure and weak institutions reduce the potential for positive impacts of research on health system development (Sitthi-amorn et al., 2000; Gonzalez Block & Mills, 2003; World Health Organization, 2004b). Indeed, the capacity of institutions to monitor relevant research and to increase the use of research findings in policy-making is now known as one of the most important challenges in addressing population health in LMICs (World Health Organization, 2007). Recent international attention has also recognized the potential contribution of Civil Society Organisations (CSOs) (World Health Organization, 2004a; Third High Level Forum on Aid Effectiveness, 2008; Global Ministerial Forum on Research for Health, 2008). However, to date, interest has been focused on LMICs’ capacities for priority-setting and knowledge generation rather than on development of effective interfaces to enable knowledge translation, for policy-makers and CSOs (World Health Organization, 2007).

Although researchers have attempted to understand better how CSOs use evidence to influence policy, there remains limited evidence specific to health sector (Kornsweig, Osborne, Hovland, & Court, 2006; World Health Organization, 2007; Pollard & Court, 2005).

Two surveys of LMICs, one of a wider range of CSOs and one of health professional associations, showed that for the majority of respondents the objective of influencing policy was considered highly relevant to their organisation's agenda. However, the main barrier for them to use and adapt evidence in policy processes was their limited capacity (Chapter 3; Kornswieg et al., 2006). Hence, there is need to increase our knowledge of what constitutes the organizational capacity to utilize research of CSOs and health professional associations in LMICs.

The organizational context seems to be one of the major factors affecting the assessment, interpretation and utilization of research. However, the organizational resources and processes to support the utilization of research are complex, and still not well understood. Most literature on utilization of research in health organizations has focused either on individuals or on the organization's structure, rather than on organizational capacity per se (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004).

In order to understand better how research findings are captured, adapted, transformed and exploited by health professional associations in LMICs, this article explores some of the organizational factors by using the concept of "absorptive capacity:" the ability of an organization to recognize the value of new external knowledge; to assimilate it; and to apply it to improve its performance (Cohen & Levinthal, 1990; Van den Bosch, Van Wijk, & Volberda, 2003). Understanding what actually constitutes the capacity of these associations to utilize research would inform strategies to assess and reinforce their institutional capacities, and could lead to increase their knowledge translation potential.

Purpose of the Study

This study was part of a larger research project that explores how the organization capacity to utilize research influences the knowledge translation strategies of health professional associations in LMICs. The goal of this study was to gain insight into the factors that affect the capacity of health professional associations in LMICs to use research by: describing the organizational elements and processes that constitute this capacity; and examining the potential determinants that might influence it. An interview-based case study of a single organization was chosen for this phase of the project, as it is flexible enough to capture the multiple and often tacit processes that are embedded within organizational routines.

Selection of a single case study reflects Flyvbjerg's (Flyvbjerg, 2006) insights regarding the value of case studies and the choice of what he calls information-oriented selection as a method for selecting cases "on the basis of expectations about their information content." Study of a single organization is needed to capture typical circumstances. It is instructive to show the organizational-level dynamics requiring data collection from different sources (Creswell, 1998). An information-rich setting was chosen for its potential manifestation of the theoretical phenomenon, i.e. organizational capacity to utilize research (Yin, 2003; Patton, 2002). In other words, an association that does not use research would not be a useful setting. The case study, in turn, informed the development of a survey to gather descriptive information on key factors that influence the effectiveness with which LMIC health professional associations use research (Chapter 3).

Methods

Setting

The participant organization was recruited from the LMICs health professional associations that were in partnership with the Canadian Nurses Association, the Canadian Public Health Association (CPHA), and the Society of Obstetricians and Gynaecologists of Canada. These partnerships were funded by the Canadian International Development Agency and focused on strengthening institutional capacity (Society of Obstetricians and Gynaecologists of Canada, 2008; Canadian Nurses Association, 2008; Canadian Public Health Association, 2009). The goal of these partnerships programs is to strengthen these national organizations by providing financial and technical assistance. As health professional associations mature, many reach a point where they are capable of achieving their planned objectives and they no longer require direct support through their Canadian partners. Canadian managers from these international programs were asked to identify a partner that had reached a mature level of institutional capacity, and had utilized research in its operations.

Thereafter, the Burkina Faso Public Health Association (ABSP) was contacted by a letter describing the research project and was invited to participate in the study. The ABSP was established in 1991 and entered a partnership with the CPHA 4 years later. The ABSP graduated in 2005 after 10 years of support. As of the summer 2007, they had over 100 members (teachers, physicians, health officers, and administrators with public health as a main interest) and a single active branch. The mission of the association is to promote the health of the greatest number of the Burkinabe people possible and to bring together interested parties working in areas affecting public health. Since the establishment of the ABSP, its main activities have been raising awareness; continuing education of the

membership; consultation services for other associations; and research. Its work targets several primary public health issues: HIV/AIDS; smoking; reproductive health; youth health; and fair access to health care services.

Data Sources

Between June and December 2007, this study drew from four data sources: in-depth interviews; questionnaires; annual and project progress reports, newsletters and newspaper articles; and regular conversations and informal meetings with the office staff and stakeholders of the ABSP. The six key informants were comprised of all professional staff (three part time), one volunteer, and two members of the executive board. All participants were assured regarding confidentiality and appropriate use of the research. The study received ethics approval from the University of Ottawa's Ethics Board.

The interview guide was based on the questionnaire "Is Research Working for You?," developed by the Canadian Health Services Research Foundation (Canadian Health Services Research Foundation, 2006; Kothari, Edwards, Hamel, & Judd, 2009). This instrument, available in French, the working language in Burkina Faso, is intended to stimulate a discussion about how organizations use research. The interview guide was not meant to be used rigidly, but rather as a tool to keep the conversation focused. Topics of interest were captured by the questions of the interview guide, but questions also emerged from field observations, informal discussions and from the interviewee's responses (Patton, 2002). As a result, questions were asked about participants' overall understanding of their organizational activities related to utilization of research, the objectives pursued, as well as their opinions about potential determinants that might influence their capacity to utilize research.

The six key informants were invited to participate in a 45-60 minutes interview in a setting of their choice. Interviews were taped, and written notes were taken for later analysis and to support the formulation of new questions.

Two interviews were cancelled due to emerging competing priorities in the interviewees' respective full-time jobs. As a result, they agreed to complete the self-assessment tool individually and submitted it by email. Interviewees were also invited to complete the questionnaire, and one participant returned it.

The organization's documents and records (annual reports, project reports, newsletters, etc) from 2004 to 2007 were obtained from the key informants. Interviews were taped, and written notes were taken for later analysis and to support the formulation of new questions. Notes of informal meetings and discussions, both reflective and descriptive, provided a better understanding of the context (Patton, 2002).

Data Analysis

Using different data sources allowed in-depth understanding of the organization, triangulation of the facts and inferences, and also enhanced the robustness of the findings and improved the understanding of the ABSP's capacity to utilize research (Tashakkori & Teddlie, 1998; Patton, 2002; Eisenhardt, 1989; Creswell, 1998; Yin, 2003). Shortly after data collection, to enhance trustworthiness, interview tapes were transcribed verbatim; the interviewer verified the transcripts by listening to the interviews, reviewing the transcribed text and correcting segments unrecognized by the transcriptionist. Qualitative data was entered into the qualitative software NVivo (Creswell, 1998; Yin, 2003; Patton, 2002).

Iterative analyses were carried out, with validation by comparisons and data re-examination. Data analysis was also conducted using directed content analysis (Hsieh & Shannon, 2005). The theoretical propositions underlying the concept of “absorptive capacity” guided the deductive phase to create the initial coding categories. Relevant passages were identified and highlighted excerpts were coded with the initial categories. In the inductive phase, emerging relevant themes that did not fall under the predetermined scheme received new codes, to extend and enrich the analysis. The narrative was both descriptive and analytical in order to present as completely as possible the different organizational elements and how they interact (Yin, 2003).

To increase the reliability of the process, a reviewer was asked to verify the analysis procedure and to corroborate the relevance of the codes. In addition, the respondents were offered the opportunity to revise their transcript to ensure that the key findings reflect their insights and thus, increase accuracy and validity of data analysis (Hsieh et al., 2005; Patton, 2002). However, no changes were suggested. Content analysis of the documents, the three questionnaires and the field notes was also performed to corroborate the information received during interviews and to complete the narrative.

Findings

Six factors emerged from the analysis that appear to be important for the association’s capacity to utilize research (Table 2.1).

Organizational Motivation

Research utilization is important to the ABSP, as its mission includes bringing together public health stakeholders by “supporting and encouraging research that provides solutions to public health issues.” One member in an informal discussion also raised the importance of distinguishing the ABSP from other associations that first protect their profession and individual members’ interest. He was proud to emphasize that the utilization of research findings is a core value of the association, to serve the advancement of the population’s health.

All key informants recognized the shift towards evidence-based public health and the emphasis on evidence-informed policy-making. For that reason, the ABSP considers that its capacity to utilize research is a key strategic goal as it contributes to its credibility and visibility. As one put it:

[...] to be able to discuss [research results] in depth with the Ministry so that we ourselves have arguments, and research seemed to us to be an excellent way to equip ourselves for the discussions, in concert with the authorities. [...] That enhances the potential of the dialog of the association’s members. (Interview 4)

The past achievements of the ABSP has also shaped the importance it puts on its capacity to utilize research in order to be able to influence health policy. The 2006 Annual Report states (Association Burkinabé de Santé Publique, 2007):

Since 1998, [the association has been developing] research/action themes with the Université de Montréal and the IDRC as technical and financial partners. Those themes include immunization, the impacts of political decisions and indigents’ access to care. Its efforts have had an impact in the areas of youth reproductive

health, maternal and child health, immunization and equitable access to health care.

Triggers

The ABSP is concerned with population health problems that are not systematically addressed by the health system; and hence, they are compelled to bridge the gap between applied research and practice. Most of the research they have been involved in has dealt with issues of equity, accessibility and quality of service delivery. The informants also gave examples of disconnects between national health priorities and the type of research being undertaken. They outlined that the transfer of information from research institutions to policy-makers is very poor, and operational research is lacking. A participant illustrates this:

We will continue to do so until the situation changes and research, as a factor for strengthening the health system, has been taken into account. But the day when we will really help induce political decision-makers and research players to take particular actions as regards health development policies [...] research professionals will do it while we use and exploit the results. (Interview 1)

The association recognizes the need for arguments based on evidence to react to draft policy documents or to compare alternative approaches. One participant describes this:

When service subsidies don't work, they are of no use to you whatsoever. Now, we are going to work with local players and conduct systematic research to clearly understand what factors might influence their use. (Interview 2).

Last, by shifting some of its activities to research, the ABSP can recover indirect costs associated with a research project from the funder, and this contributes to maintaining its financial viability:

[one] added value is independence, a certain financial autonomy. The resource budget is allocated to researchers. But since we manage – we have overhead costs. It is important for an association and because of this relative independence, we have a headquarters, staff and means of communication. (Interview 3)

Acquisition of Research Findings

While the Internet was mentioned as useful, the association has limited access to online or even paper sources (e.g. scientific journals, databases and even grey literature). Hence, these sources are used sporadically. The returned questionnaires corroborate this pattern of use by ranking “poorly” or “inconsistently” how they look for research in scientific journals. They “with some consistency” make arrangements with experts who use critical appraisal skills and tools to access and assess publications. A participant confirms that the ABSP finds and obtains the research findings it needs most of the time through its networks of external experts:

In fact, it is very, very hard [to find relevant information for Burkina Faso]. I get all my papers on Burkina Faso from the Université de Montréal. Those are publications – when they are major publications, they always come from elsewhere - and locally it’s true, we don’t even have a journal. (Interview 4)

As a result, when a need for local relevant research findings is identified, the association seeks opportunities to work with a research institution or experts, and initiates proposal development as a host or decision-maker partner. The ABSP does not consider that the role of a public association is to generate research findings, and to date the association has not conducted a research project by itself.

The association’s limited capacity to assess research findings was also stated as hindering their use. There are only three professional staff, part-time, in the organization. Both have

graduate level education, but no additional training in research methods. Despite having qualified members, the participants acknowledge the importance of having sufficient competent staff to assess the quality of research findings, their reliability, relevance and applicability.

[It] would have been good for us to have somebody specially trained in research methodology, at least at masters' level or with a very good knowledge of research methodology. It would be good for us to also have an epidemiologist. (Interview 1)

While most felt that the members were qualified, some agreed that more training in research methods is needed to further motivate them to utilize research findings in their practice:

One limitation is really the issue of technical competency in research. It is true that we have many willing people [...] but there not many who are capable of guiding them. (Interview 4).

Transformation of Research Findings

Each time, research activities are overseen by a steering committee comprised of key stakeholders (e.g. the research team, ministry representatives, members of the association). This technical committee is in place from the onset of proposal development to the results validation. One participant comments on the process:

[...] The Ministry of Health sends a representative. We have national research institutes that send representatives. The theme on which we are working, for example, if we are working on indigence, there are also social resources that send an expert to attend. (Interview 2)

The ABSP establishes linkages and has regular contact with potential users of research findings such as representatives from local communities, regional and national decision-makers. In some cases it sets up an extended steering committee. One participant explains:

They are aware that solutions are needed. But they have never been able to get together to find solutions. And thus, the extra thing we contribute there is to bring players together, in contact, so they can think about things, and that through themes to which they are sensitive. (Interview 3)

The association makes sure that the full array of stakeholders (ministry of health or district representatives, community-based organizations, potential users of services and others) are involved at the outset to discuss the importance of the problem and how it could be addressed. These stakeholders meet at every step of the research project and discuss the results. All key informants believe that this approach is the only one that leads to better uptake of results.

The association promotes research findings through informal channels; there are few communication and outreach tools. The communication plan is limited to discussions with stakeholders, and identification of potential national health venues to disseminate their work. However, no systematic regular publications are developed. The limitation of their communication strategy was discussed in great depth, often accompanied by the statement, “we do not have the means, the resources.” Participants acknowledged that: “Ideally, we have lobbying and social mobilization missions, so we have to have an expert in communication!” (Interview 1).

At the time of data collection, the ABSP was hosting a practicum for a graduate student in communication, hoping that this student would be able to provide them with an analysis of the situation, suggest mechanisms to disseminate efficiently research findings, and propose a strategic communication plan supported by tools and products.

Dissemination Strategies

The inability to produce and disseminate highly relevant products was identified as a key limitation. These activities are done infrequently and unsystematically. Participants recognized this as something to improve, and the main weakness identified was the lack of time available from key and competent staff.

[It is the] question of resources, the question of writing, for example, to produce newsletters. These are often the individual efforts of a member who wants to do something because we try to publish, so we try to bring in the press, we start a newsletter, we set up a website, ... but we really don't have the technical skills.
(Interview 2)

Products are developed sporadically and are tailored to a general audience such as newsletters or newspaper articles. For example, as the main stakeholder of an action research project to improve equitable health care access to indigent people, the ABSP contributed to the development of toolkits for community-based organizations. Participants also explicitly stated on several occasions that publication in scientific journals should be left to their research partners; their role is to disseminate the research findings in a user-friendly way to decision-makers, communities and members. Their website and a national public health journal have also been in development for some time.

The ABSP's role is to promote healthy public choices, by building more effective interactions and enhancing community involvement in the development of health interventions. The ABSP annual reports describe its lobbying efforts with the Ministry of Health to adopt health programs on tobacco, HIV/AIDS prevention, malaria prevention, reproductive health, traffic accident prevention and health equity issues. However, to move beyond advocacy and anecdote to strategic, coordinated action, more resources are needed:

If we had enough resources, we would set up mechanisms to ensure that research helps strengthen the health system. These mechanisms would include organizing symposiums on our results... more lobbying is needed, to inform the general public of the requirements produced by research. (Interview 3)

ABSP uses research findings in attempts to directly or indirectly influence policy-making. Informal meetings with community health workers, local decision-makers and health district leaders normally include a presentation of the results of a particular research project, a discussion of the conclusions, and how best to monitor progress and follow-up.

The ABSP has been a member of the World Federation of Public Health Associations since 2006 (World Federation of Public Health Associations, 2009), so is in regular contact with other organizations to exchange information and experiences. Being part of an international organization was acknowledged by the key informants as an important strategy for learning, collaboration, and action. Since 2001, the ABSP has helped to spawn two civil society networks: a youth health association working in the city of Ouagadougou, and the “Union des associations de lutte contre le tabagisme,” a tobacco control coalition. In addition, the ABSP developed jointly with the CPHA a “Strategy for the Development of Francophone Public Health Associations in Sub-Saharan Africa.” This is an opportunity to reinforce links between the public health associations of the region, sharing similar issues, challenges and best practices. The regional network of Public Health Associations in Francophone Africa (RASPAF) was finally created in 2007, and the ABSP is the chair and hosts the secretariat (World Federation of Public Health Associations, 2008; Canadian Public Health Association, 2007).

The ABSP provides information on its activities to the general public and its members through infrequent knowledge-sharing fora (e.g. committees, workshops). Their biannual

general assembly was also an opportunity to organize a colloquium to inform the general public. Unfortunately, the ABSP's last meeting was held in 2004, during their last year of funding before graduating from their Canadian partnership program.

Moderating Factors

With limited resources, increasing and combining resources in order to scale up research-related activities is an ongoing challenge. The ABSP is constantly on the lookout for opportunities to obtain both funding and personnel. For example, participants described having insufficient funds to implement knowledge translation activities to develop a formal strategic communication plan to inform the general public or members, set up permanent committees, develop reports and/or press kits, carry out lobbying activities, and to hold regular public health colloquia. One participant explains that unfortunately, knowledge translation activities are often not considered by funders in research budgets:

[the main problem is that] the research budget is gone with the research activity and does not always include the "value of research" dimension. So, after that, it costs us money to organize a workshop, put out brochures, publish in newspapers, but we have to find someone who can write well and format things. OK, even if that's not a big deal, we have to give them a little money but where are we going to get it? (Interview 4)

To staff a dedicated position for knowledge translation activities and to train people is also essential. To link closely the human resource planning to the organization's strategic objectives of using research is a challenge for the ABSP. Most of the staff is volunteer and as one participant put it, this often has an impact on their performance:

For the moment, people are getting by. That is, you manage to reach a balance between economic activities that are very profitable individually, then you can

give as much of yourself as you can [...] That is, I share my time, but after that I have to spend time doing other work. (Interview 2)

All key informants agreed that they do not have sufficient qualified staff. The questionnaire items related to staff being competent in research methods and having good writing skills were ranked “poorly” or “inconsistently.” The reasons raised were determinants such as the “brain drain;” the limited pool of people with the knowledge, skills and experience; and poor access to training or assistance for the ABSP to increase its capacity to utilize research. Further, Burkina Faso’s official language is French, and many key informants stated that their limited skills in English to assess peer-reviewed literature were a problem, including for their audience (members and policy-makers, among others).

The ABSP has very limited partnerships with the local and sub-regional research structures, because it is not a research institute itself. However, it has worked with other funders since the late 1990s, such as Health Canada, UNICEF and Helen Keller International, and it has had a long-term relationship with University of Montreal and the International Development Research Centre. These types of partnerships offer important opportunities for resource generation, but also give the ABSP an occasion to develop formal arrangements with researchers or experts. These arrangements allow the ABSP access to research sources, as well as critical appraisal skills to assess, conduct and monitor research on its behalf. One participant stated this clearly:

Even if we manage to develop, to identify problems and develop protocols, etc., we still have to have them carried out by organizations whose missions include research, among other things. We do not have [the resources] and it is not our mandate to conduct research. (Interview 3)

A small core of ABSP members are the ones actively involved in research utilization. For example, they take part in proposal development, research teams, steering committees, etc. Nonetheless, there is not yet a structure and a consultation process in place to reach out to the rest of the membership, and communications are irregular. One of the reasons identified is the scarcity of resources to put in place mechanisms to mobilize their membership:

Given our limited means, members get information from irregularly published newsletters. In addition, members get information after the fact. Only members directly involved in an activity and association management are aware of all information throughout the process. (Questionnaire 3)

The members have an opportunity to review and to contribute to the strategic directions, through the biannual general assembly. However, as mentioned, the last annual meeting was held in 2004. The association also does not have dedicated resources to develop and provide tools (e.g. evidence-based guidelines, fact sheets and position statements) to members to support their practice. All key informants recognized that being more reactive than proactive was having an impact of the level of commitment of their members:

If we were able to mobilize enough people to deal with the various issues, we could play the same role as the CPHA – a coordinating, encouraging and energizing role. But we are not able to. (Interview 3)

Discussion

This study uncovered several factors that influence the utilization of research findings by a LMIC health professional association. The most interesting findings to emerge from the data were the ABSP's ability to enhance its capacity through networking, advocating for more

relevant research and acting as a knowledge broker, as well as the extent to which its capacity to utilize research is impeded by limited resources.

It is a common view that CSOs are in a good position to participate in health research because of their knowledge of, and their presence in local communities. The ABSP has been involved chiefly by engaging with research conducted by others through formal and informal partnerships between communities and universities. It participates to improve the relevance and effectiveness of the research, and potentially may be key in translating the findings into actions (Delisle, Roberts, Munro, Jones, & Gyorkos, 2005; Labonte & Spiegel, 2003; Nuyens, 2007; Bhan, Singh, Upshur, Singer, & Daar, 2007; Sanders, Labonte, Baum, & Chopra, 2004; Kornswieg et al., 2006; Pollard et al., 2005; United Nations Development Programme, 2002). The results highlight how the ABSP has been involved in promoting, priority setting, and sharing and utilization of research findings through their networking.

The ABSP has played important roles in using the results of research by mobilizing communities, utilizing mechanisms for advocacy and acting as an interface between the researchers and policy-makers. Yet, like other CSOs, the ABSP's involvement in research is downstream from knowledge production and it takes usually the form of a partnership with academic researchers (Delisle et al., 2005). Indeed, the ABSP does not operate in isolation; it communicates with a variety of stakeholders, including policy-makers, researchers and community representatives. It develops its own networks, including formal relationships based on contractual agreements with international organizations, as well as collaboration with community-based organizations.

All of these linkages are breaking down the boundaries of the organization and are contributing to the way it operates to use research findings. Having regular contact with other

organizations and groups seems to result in an exchange of approaches and resources (including knowledge and expertise). This gives the ABSP the capacity to extend their role in influencing the policy process at different stages (World Health Organization, 2007).

CSOs can influence health research priority-setting and the commissioning of research, as well as advocate for relevant research in terms of development, health and equity (World Health Organization, 2007; Delisle et al., 2005). The ABSP has not only identified population health issues of importance to research, but it has also stimulated a demand that will make a difference. It has also collaborated on the formative and evaluative research on health programs for vulnerable populations, and in doing so it has contributed to making the evidence available to policy/decision-makers to address these challenges.

All key informants of this study commented on the lack of systematic dissemination mechanisms between the researchers and the ministry of health, and among the research community itself. They noted a disconnect between national health priorities and the research being undertaken. This is consistent a report commissioned by COHRED that noted the institutions in Burkina Faso are conducting health research often based on funding opportunities rather than based on population health priorities. They concluded that a coordinated system would contribute to improving the national health research system (Traore, 2003). Indeed, country-level actors could capitalize on the ABSP's significant efforts to make research findings more visible. In fact, organizations, like the ABSP, that have developed an extensive network with limited resources in implementing and using health research may play a key role in developing such a coordinated system.

Although the development of actionable messages and products tailored to audiences has been a challenge to the ABSP, the findings suggest that the association has the potential to

play a role similar to a knowledge broker. Knowledge brokering might be defined as supporting evidence-based policy/decision-making by encouraging the connections that ease knowledge transfer (Canadian Health Services Research Foundation, 2003). The core functions associated with this role are the facilitation of the exchange of information, the promotion of relevant research and its utilization in health policy and planning, and the synthesis of research for utilization by policy/decision-makers (World Health Organization, 2007). In their work, the ABSP contributes to bridging the two communities of researchers and policy-makers.

There is increasing interest in roles for knowledge broker organizations. Regardless of where knowledge broker roles are housed (health ministries, universities, or independent organizations), capacity strengthening is likely to be needed in LMICs (World Health Organization, 2007). Given that there is limited existence of knowledge broker organizations in LMICs, the possible roles that could be played by health professional associations deserve more research attention.

Like other health professional associations, the ABSP admits that even if its capacity to utilize research is essential to its mission, it is hampered by limited resources (Chapter 3). This is reflected in its “organizational culture” where research results are not always communicated effectively, even to its members. This is again similar to the results found by the Overseas Development Institute, that CSOs identified one of the main barriers to using research to be their limited capacity to use and adapt evidence in policy processes (Kornsweig et al., 2006).

An organization will assimilate innovations (research results) if it has a strong professional knowledge base and sufficient resources (Damanpour, 1991). Similar determinants of innovation within health care organizations were also found, including the capacity of the

staff and the availability of expertise (Fleuren, Wiefferink, & Paulussen, 2004). Furthermore, organizational facilitating factors are well recognized: provision of support and training (capacity building), sufficient resources (money, access to technology), and collaborative research partnerships (Mitton, Adair, Mckenzie, Patten, & Perry, 2007). Nevertheless, an organization might be generally amenable to using research, but it will only be ready to assimilate it if it has the dedicated resources (allocation of resources is adequate and continued) and if it has the capacity (the appropriate skills in place) to monitor and evaluate its potential impact (Greenhalgh et al., 2004). Thus, the extent to which research will be used routinely will also depend on the competencies of individuals and ongoing funding.

Individuals cannot adopt or implement research findings on their own; they require organizational support and resources. The need to commit organizational resources is an organizational issue (Lemieux-Charles & Barnsley, 2004). The provision of undedicated resources that the ABSP can direct to programs that they deem to be most relevant is important. While it is often difficult to justify expending resources on ineffective strategies that ultimately are outside their control, the findings suggest that the ABSP is using its limited resources effectively in this manner by concentrating on what they do best - using research through unique partnerships.

The findings represent the key informants' perceptions. It is important to recognize that this study intent was not to measure the association's actual performance, nor did it measure objective factors that influence their utilization of research findings. In addition this study did not take into account researchers' and policy-makers' perceptions of these issues.

Conclusion

The ability of LMICs to draw from research in terms of lessons learned, application to interventions, and health policies is often lacking. This study highlights the importance of adopting an organizational perspective of knowledge utilization, in order to strengthen the institutional capacities of organizations that contribute to researching and carrying out health policies.

With the limited number of studies from LMICs on this topic, the factors emerging from this study warrant further investigation and should be considered in the planning of strategies to bridge the “know-do gap.” It will be important to continue examining the effectiveness of strategies used to improve the uptake of research findings in LMICs, such as case studies of collaborative research projects and analyses of the use of knowledge brokers to bridge the communities of researchers, civil society organizations and decision-makers.

Further research is needed to extend the concept of evidence-based medicine to all areas of public policy in LMICs, in similar ways as in high income countries. This study neither evaluated the socio-political barriers to using research in the policy process nor addressed the most effective strategic actions to influence health policy. As a result, there are limitations to the extent to which we can generalize the findings of this study to other health professional associations in other LMICs. Nevertheless, an overarching understanding of organizational capacity per se, its elements and processes, is useful to assess institutional capability to use research to influence the policy process.

In the end, examining the organizational processes that underlie health professional associations’ capacities to utilize research, and understanding the different organizational mechanisms might influence the knowledge translation performance of these organizations,

contributes to the development of studies on a topic on which there is sparse empirical evidence.

Table 2.1. Key Dimensions of the Association's Capacity to Utilize Research

Dimensions	Characteristics
Organizational motivation	Factors that drive the organization to use research include: clear placing value on research in the mission statement; utilization of research findings being central to the association's strategy; and prior experience in using research findings.
Triggers	Organizational stimuli that persuade the association to use research: the need to act on health issues; a change in government health policy/program; a national health research system being perceived as weak; and the association's financial viability.
Acquisition of research findings	The organizational processes and resources to locate, obtain, and assess the quality and relevance of research findings it needs: access to sources of information; research partnership; and staff with research methods skills.
Transformation of research findings	The transformation, adaptation, and promotion of research findings through steering committees, a full array of stakeholders' involvement in the implementation of research projects, and a strategic communication plan.
Dissemination strategies	The activities that reflect the exploitation of research findings (management, synthesis and exchange) to present them in a useful way: development of products tailored to specific audiences; advocacy activities; and knowledge-sharing networks.
Moderating factors	Determinants that attenuate or amplify the association's capacity to utilize research findings: extent of dedicated organizational resources (human and financial); support and access to researchers or experts; and membership involvement.

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Chapitre 3

Health Professional Associations in Low- and Middle-Income Countries: How Do They Use Research to Influence Health Policy?

Abstract

The capacity of health professional associations to use health policy and systems research was examined by: 1) identifying factors that influence, foster or limit how health professional associations in low- and middle-income countries (LMICs) use research to influence health policy; and 2) examining how health professional associations in LMICs acquire, assimilate, transform and apply research findings.

An exploratory survey targeted 19 health professional associations from LMICs that were in a partnership project, funded by the Canadian International Development Agency, with the Canadian Nurses association, the Canadian Public Health association or the Society of Obstetricians and Gynaecologists of Canada. A self-assessment tool was designed to help health organizations to examine and to understand their capacity to gather, interpret and use research evidence.

Eighteen of nineteen questionnaires (95%) were returned. The majority of respondents (89%) reported that seeking to influence health policy in their country was important. The four most influential types of evidence were surveys, statistics, academic research papers and field reports. Half of the associations had not used printed issues of leading international journals, and 56% had never used electronic journals. Most associations (94%) attested that transformation and application of research should have a higher priority in their organization.

Health professional associations are important civil society organizations using research, and actively developing, advocating and implementing health policies. This study identifies the need to tailor organizational capacity development strategies for health professional associations in LMICs to enhance the use of health policy and systems research.

Background

Health systems must be knowledge-based, but in low- and middle-income countries (LMICs) a critical challenge in improving population health is capacity to monitor and incorporate research in health systems. Moreover, the capacity of health policy and systems research institutions positively impact health systems has been little examined (World Health Organization, 2007); a better understanding of organizations' capacity to utilize research could underpin capacity-strengthening strategies to assess and strengthen potential knowledge translation.

Until now, knowledge translation research has all but ignored the role of civil society, focussing primarily on the researcher/decision-maker "dyad" in policy development and the transfer and utilization of policy-relevant research by decision-makers. Inclusion of civil society transforms this into a "triad", with a range of actors influencing pathways of knowledge translation in the health system. This would reflect the fact that transitions from research, to policy, to actions and eventually to health improvements are non-linear processes (Pang et al., 2003). In LMICs, a lack of involvement of civil society organizations often leads to failure to solve difficult problems in the health system, as the knowledge generated is not translated into action (Wasi, 2000; Labonte & Spiegel, 2003). Much greater investment has been made in LMICs' capacity for priority-setting and knowledge generation than in working with policy-makers and civil society organizations to increase the use of research findings in policy-making (World Health Organization, 2007).

The role of civil society should be addressed if we are to gain a comprehensive understanding of knowledge translation. Although some have attempted to understand better how civil society organizations use evidence to influence policy, several authors have noted no clear

evidence specific to the health sector (World Health Organization, 2007; Kornswieg, Osborne, Hovland, & Court, 2006; Pollard & Court, 2005).

The 2006 World Health Report recognized that human resources are pivotal for health systems, and that health workers may be considered to be the biggest reservoir of knowledge in a country (World Health Organization, 2006). In this context, health professional associations, such as professional nursing associations or public health associations, can be key players, contributing to effective national health research systems and strengthening health systems (Lavalle, Acharya, & Houtzager, 2005). The role of health professional associations is different from unions, in that their main goal is to ensure protection of public and to promote good professional practice.

In addition to frequent involvement in regulation of professional practice, these associations usually maintain networks with both educational institutions and their membership, which places the associations as one of the best links to health professionals (Joint Learning Initiative, 2004; Hamel, Massey, Perron, & Chauvin, 2005). Thus, health professional associations may have an important role to play in the sharing and utilization of research findings and capacity development. As members of civil society, health professional associations are situated at the interface of applied research and policy-making, with a demonstrated potential to play a key role in influencing health research priority-setting and connecting research with policies, programs, and training (Sanders, Labonte, Baum, & Chopra, 2004; Bhan, Singh, Upshur, Singer, & Daar, 2007; Delisle, Roberts, Munro, Jones, & Gyorkos, 2005; Nuyens, 2007). Furthermore, they are also often involved in the development of research skills and mobilization of human resources, and are responsible for the development and dissemination of evidence-based practice standards. Hence, health

professional associations may develop knowledge translation strategies to foster better practices in their respective professional domain, or to influence health policy-making.

Little is known about health professional associations' organizational capacity to utilize research in bettering health policy, and translating knowledge to action. A better understanding could aid in developing strengthening strategies to enhance capacity for evidence-informed health policy.

Study Objectives

This exploratory study was an attempt to provide an overall portrait of how health professional associations in LMICs use research to influence health policy-making. In particular, the objectives were: 1) to identify factors that may influence, foster or limit how the associations use research to influence health policy; and 2) to examine their organizational capacity to acquire, assimilate, transform and apply research findings.

Methods

This survey was part of a larger research project combining qualitative and quantitative methods to explore how the organizational capacity to utilize research influences knowledge translation strategies of health professional associations in LMICs. The study received ethics approval from the University of Ottawa's Ethics Board.

Sample Population

The Canadian International Development Agency (CIDA) has been supporting the work of the Canadian Public Health association, the Canadian Nurses association and the Society of

Obstetricians and Gynaecologists of Canada by funding their partnership programs, which aim to reinforce institutional capacities, technical knowledge and leadership of health professional associations in LMICs (Canadian International Development Agency, 2008; Society of Obstetricians and Gynaecologists of Canada, 2008; Hamel et al., 2005; Canadian Nurses Association, 2008; Canadian Public Health Association, 2007). These associations' general purpose is to promote good professional practice and to contribute to public health policies. This survey targeted all the nineteen health professional associations from LMICs that were in CIDA-funded partnership with one of these Canadian health professional associations. These associations were from Burkina Faso, Congo, Costa Rica, Ethiopia, Guatemala, Haiti, Indonesia, Malawi, Mozambique, Nicaragua, Niger, El Salvador, South Africa, Uganda, and Vietnam.

Study Protocol

The survey was sent by email, addressed to the spokesperson of the organization, usually the president or the executive director. She/he was invited to complete the attached questionnaire on behalf of their organization and to return it by email. We recommended that the survey be completed in consultation with the board and/or the executive committee and staff of the organization.

To maximize the response rate, emailed surveys were distributed using a modified version of Dillman's Total Design Survey Method (Dillman, 2000). A follow-up strategy was used for non-respondents consisting of a second and if necessary, a third email-reminder. An incentive was also used to ensure a good response rate: All participating organizations were informed that they would participate to a draw for a subscription to a scientific journal of their choice.

To assure confidentiality, participating organizations were assigned a unique identifier; only this code was used on related documentation and to enter data. In addition, any detail that may reveal a participating organizations' identity was omitted from this paper.

Study Questionnaire

There are very few tools that have been developed to assess and address gaps in using research at the organizational level. As a result, our questions were adapted from two questionnaires. Table 3.2 shows the categories and relevant items.

Section #1 (Do we have an influence on health policy in our country?) and #3 (Do we have access to research?) were developed based on a survey of a wider range of civil society organizations by the Overseas Development Institute (Kornsweig et al., 2006). This survey was designed to understand the types of evidence civil society organizations use for policy influence; it was also tested with 130 organizations from LMICs.

Sections #2 (Are we able to acquire research?), #4 (Do we have research and learning network?), #5 (Can we assess research quality and tell if research is relevant and applicable?), #6 (Can we summarize results in a user-friendly way?), #7 (Do we value research use?), and #8 (Do we integrate research in our decision-making processes?) were derived from the questionnaire "Is Research Working for You?". Designed explicitly for health organizations, this questionnaire solicits perceptual responses in order to elicit a discussion and a consensus about how the organization gathers and uses research (Canadian Health Services Research Foundation, 2006). This instrument was scientifically validated through focus groups of Canadian health organizations and it has also been seen to have face validity with policy-makers from LMICs (Thornhill, Judd, & Clements, 2009; Kothari, Edwards, Hamel, & Judd, 2009).

In all cases, a 5-point Likert scale was used, where a score of “1” means a low capacity or frequency of activity, while a “5” signifies that the organization is well-equipped to do so, or does so often. The respondents had to rate whether, given the unique circumstances of the organization, it was doing as much as it could and should be doing. Participants were also asked to provide additional comments to better explain the situation in their country using free text. The questionnaire was pilot-tested with the Canadian international program managers of the overseas health professional associations who had an excellent understanding of each of the sample participating organization’s context as they have been partners for a minimum of 5 years. The questionnaire was made available in English, French and Spanish, by certified translators.

Results

Sample Characteristics

The survey was conducted between February and April 2008. Nineteen health professional associations were contacted: professional nursing associations, public health associations and associations of health professionals in obstetrics and gynaecology. Eighteen (95%) questionnaires were returned; one did not reply.

Respondent characteristics are summarized in Table 3.1. Africa was the most widely represented continent with more than half of the participants, followed by Latin America and Asia. Most associations were founded over 16 years ago and most have more than 500 members. Most had very limited resources; half had fewer than five paid staff and only two organizations had more than ten employees. One third of the associations had more than

60% of their budget funded by their Canadian health professional associations, while 40% of the associations received less than 20% of their budget from their Canadian partner.

Issues promoted by associations included HIV/AIDS and Antiretroviral therapy, reproductive health and family planning, safe water and sanitation, code of conduct and standards of competencies for health workers, and malaria prevention, among others. In some cases, health professional associations reported participation in the process of formulating policy options; e.g. participating in a national review on maternal mortality, sitting on the national council on the health reform, and advocating for their country's ratification of the Framework Convention on Tobacco Control. Others have successfully influenced policy in their ministry of health by incorporating field epidemiologists and monitoring/evaluation specialists in the professional mix at all levels of the health sector. Others participated in their national plan for human resources for health.

The respondents' self-ratings are collated in Table 3.2; their additional comments are integrated in the description of results where significant.

Using Research Findings to Influence Health Policy

The majority of respondents (89%) stated that seeking to influence health policy in their country was important. Overall, 61% considered civil society organizations to be successful in influencing the government in their country.

For half of the associations, strengthening their organizational capacity to utilize research was an important objective, but fewer than half of the participants published newsletters to policymakers or disseminated research publications on policy issues. The majority learned from other health professional associations through their informal and formal networks via

exchange of ideas, experiences and best practices in using research to influence policy. Over the past 12 months, 35% reported that they worked poorly or not at all with individual researchers or research groups in their strategies to influence policy-making.

Acquisition and Assimilation of Research Findings

The four most important types of evidence when seeking to influence health policy were surveys, statistics, academic research papers and field reports. However, most of the respondents were either unaware of, or were aware of but could not access local scientific health journals from their own country (59% for online sources and 47% for paper sources) or from their own geographic region (53% for online sources and 35% for paper sources). Hence, the majority (83%) used grey literature such as papers or reports from public health organizations (e.g. their ministries of health, WHO, international NGOs). Half of them were either unaware or were aware but could not access printed issues of leading international journals while 56% had not accessed or used their electronic format. One of the periodicals they received consistently is the publication from their Canadian partner. Almost half of them have never heard of or never used the Cochrane Library. Many health professional associations, through their comments, indicated needing more research applicable to their local context, as well as difficulty reading English, limiting their ability to access international research.

Only a quarter agreed that paid staff had enough time for research utilization activities. 44% of participants agreed they had sufficient staff with critical appraisal skills to evaluate the reliability of research by identifying related evidence and comparing methods and results; and to relate it to their organization by pointing out similarities and differences.

Although 72% of the associations reported having qualified members involved in research activities that inform their decision-making, a third did not consistently invite them to assess whether research is applicable to their context and did not systematically engage them in the process of analysing and presenting research on behalf of the organization. Most health professional associations commented on the need to better engage their membership in knowledge translations activities.

Only 39% of the participating health professional associations had arrangements with external experts to conduct or monitor research for them. Half of the respondents worked well with researchers from their country through formal and informal networking meetings. In fact, close to a third of the respondents have arrangements with external experts who use critical appraisal skills and tools to assess methodology and evidence, and to compare results for them.

Transformation and Application of Research Findings

Sixteen out of 18 respondents (89%) agreed that the utilization of research findings is a priority in their organization. However, over a quarter of the participants indicated that they have not committed resources to ensure research is accessed, adapted and applied in decision-making. 65% noted having discussions among members on how research evidence relate to the goals of the organization and only 41% reported usually allowing enough time to consider research results and other evidence when making major decisions. When asked to indicate how they could improve their work, seventeen out of 18 associations (95%) recognized that the utilization of research in their organization should have a higher priority and two thirds felt that research should be considered and integrated more often in their decision making processes.

Scarcity of resources was a common theme in the comments collected through the survey. In particular, insufficient funds for recruiting capable staff or fully engaging members in association activities, and for tapping into quality sources of research on a regular basis, were identified as relevant issues. As a result, except for occasional ad hoc training and seminar sessions offered to their members based on availability of funding, a corporate culture valuing research was not yet internalized and institutionalized. The leaders of most participating associations would like to encourage their members to participate in knowledge translation activities in their respective disciplinary fields, including applied research for improving practice, management and education. They usually present research findings analysis at their national congress or conference or through their newsletter or journal, but this is not enough to converge into a research culture per se.

Summarizing results concisely and in an accessible language is a challenge. Over half of the respondents did not have staff with sufficient time, incentives, and resources who use research communication skills to synthesize research (56%), to link research results to key issues (50%), to develop and present recommended actions to the associations' decision-makers (61%). Furthermore, 72% of the participants did not have arrangements with external experts to do this type of work. None of the associations had full time staff appointed to synthesizing and summarising research results. Rather, skilled members were usually engaged voluntarily in research analysis for advocacy, most often under the form of a research committee, when they have some time away from their regular jobs. However, systematic continuity is hampered by lack of funds/resources.

Discussion

These health professional associations demonstrated a commitment to using research to influence policy, and for the majority this is highly relevant to their strategic orientations. This is encouraging given associations' roles as stakeholders in health policy and systems research.

These findings are consistent with many of the answers provided by a wider range of civil society organizations in LMICs in a survey conducted by the Overseas Development Institute (Kornsweig et al., 2006). However, in contrast with the present findings that the three most important types of evidence for health professional associations were surveys, statistics and academic research papers, in the larger survey of civil society organizations the most effective form of evidence when seeking to influence policy was case studies. Only 32% of respondents to the Overseas Development Institute survey regarded academic research papers as highly valuable. This might be explained by the fact that the vast majority of respondents were working in the policy areas of governance, agriculture, education and gender, whereas our study targeted organizations working specifically in the health sector where there is growing attention to evidence-based medicine.

Most of the health professional associations claim to contribute at all stages of the research knowledge translation cycle, promoting and advocating for relevant health research, fostering the relevance and effectiveness of the research into action, as well as the utilization and management of knowledge. Although they admit that this is important, their organizational capacity to utilize research is hampered by limited resources. This is reflected in their "organizational culture" where research results are not always communicated effectively, even internally. This is again similar to the results found by the Overseas Development Institute,

that civil society organizations identified as one of the main barriers to using research their limited capacity to use and adapt evidence in policy processes (Kornsweig et al., 2006).

health professional associations' dominant strategies for knowledge translation were networking with experts, researchers or other organizations involved at different stages of policy formulation. This is aligned with the literature on best approaches to transfer of research knowledge and its uptake by policy-makers. Indeed, research has demonstrated that personal contact, face-to face encounters, trust and interaction appeared to be important factors for success in getting research knowledge to be used by your audience (Innvaer, Vist, Trommald, & Oxman, 2002; Jacobson, Butterill, & Goering, 2003; Lavis, Ross, & Hurley, 2002; Landry, Amara, & Lamari, 2001). Other strategies include exchanges and networks, that help to foster the linkages among research, policy and practice (Mitton, Adair, Mckenzie, Patten, & Perry, 2007). When working well in LMICs, networks can fulfill some key functions of the knowledge translation cycle (Perkin & Court, 2005; World Health Organization, 2007).

Development of evidence-based messages that are readily acted upon, that are tailored to a targeted audience and that are aligned with the organization's objectives, is one of the performance measures of knowledge translation with policy-makers (Innvaer et al., 2002; Mitton et al., 2007; Lavis, Robertson, Woodside, Mcleod, & Abelson, 2003). Hence, when it comes to influencing policy processes, it is important that organizations "filter", "amplify" and disseminate research evidence (World Health Organization, 2007). The survey demonstrated that even when these associations have been relatively successful with strategies of advocacy and lobbying, it was still difficult for them to summarize results in a user-friendly way.

Difficulties making advocacy results accessible may be one of many results of organizational constraints. Associations have limited capacity to engage in locally responsive research, to

access scientific publications (either from their own country or region as well as from High-Income Countries), to select and assess the piece of evidence, and finally to package and tailor that information for transmission to policy-makers. Sufficient resources and provision of capacity building to organizations have been identified facilitating factors to increase the effectiveness of knowledge translation (Mitton et al., 2007). Hence, action empowers health professional associations' to improve the policy impact of research in LMICs will need to target capacities and resources.

Limitations

This study did not measure the associations' actual performance in using research; instead, the questionnaire represents their self-assessment of their organizational capacity to utilize research. In addition, indicators for level of capacity must also be regarded as tentative, given lack of knowledge of what constitutes an ideal level of capacity.

This self-reporting survey is subject to the possibility of social favourability bias, as respondents may not have accurately stated their current practice pattern because of their relationship with their Canadian partners, even though we assured them confidentiality. Although we recommended that the survey questionnaire be completed in consultation, answers to the survey might reflect the "official line" provided by the leaders of each organization and may not reflect what individual members would say.

Last, given the sample characteristics, the results may not apply to all LMICs health professional associations. However, this study could serve to support the generation of hypotheses for future research. For example, a large association (more than 2,000 members) seems more likely to commit resources to research activities, and to develop publications on policy issues. Younger associations seem more prone to access and adapt research from online

sources such as scientific journals (e.g. British Medical Journal) and international database (e.g. Cochrane Library). On the other hand, the longer an association has been in a Canadian partnership, the more likely it is to have incentives for its staff to do research, to involve systematically the membership in research that inform decision-making, and to have arrangements with external experts or researchers.

Conclusion

This descriptive, exploratory study identified substantial key factors in capacity-strengthening for LMICs health professional associations that are involved in enhancing evidence-informed health policy. It also maps their organizational capacity needs in relation to research utilization. A better understanding of their organizational capacity to utilize research to engage with the policy process could inform the development of capacity-strengthening strategies to assess and to reinforce the institutional capacity of health professional associations in LMICs. This could increase their knowledge translation potential, leverage research resources and promote knowledge-sharing. Ultimately this process would enhance their contribution to strengthening health system and to improving population health.

LMICs' national capacity for health policy and systems research is crucial, but we also should ensure that research is responsive to national needs and priorities. This would also mean tailoring strategies to ensure that research is summarized and packaged in ways that policymakers can use, as well as ensuring that national health research system stakeholders have the capacity to access and apply research findings.

Table 3.1. Respondents' Characteristics

	<i>Africa</i>	<i>Americas</i>	<i>Asia</i>	<i>Total</i>
Continent of work of health professional associations, n (%)	10 (56%)	6 (33%)	2 (11%)	18 (100%)
Years of existence, n (%)				
< 15 years	4 (22%)			4 (22%)
16-30 years	5 (27%)	2 (11%)	1 (6%)	8 (44%)
> 31 years	1 (6%)	4 (22%)	1 (6%)	6 (34%)
Length of partnership with Canadian partner, n (%)				
< 5 years	2 (11%)			2 (11%)
6-10 years	6 (34%)	4 (22%)	2 (11%)	12 (67%)
> 11 years	2 (11%)	2 (11%)		4 (22%)
Number of paid staff in the organization, n (%)				
< 5	6 (38%)	3 (19%)		9 (56%)
6-10	2 (13%)	1 (6%)	2 (13%)	5 (31%)
> 11	1 (6%)	1 (6%)		2 (13%)
Number of members, n (%)				
< 500	6 (35%)	5 (29%)		11 (65%)
500-5,000	2 (12%)	1 (6%)		3 (18%)
> 5,000	1 (6%)		2 (12%)	3 (18%)

Proportion of annual budget supported by Canadian partner, n (%)				
< 20%	4 (29%)	2 (14%)		6 (43%)
21-60%	2 (14%)		1 (7%)	3 (21%)
> 61%	3 (21%)	1 (7%)	1 (7%)	5 (36%)

* Frequencies may not add up to the total number of respondents due to non-responses.

Table 3.2. Descriptive Statistics of the Survey– Relevant Items

1. Do we have an influence on health policy in our country?	1 unimportant	2 somewhat important	3 moderately important	4 important	5 very important
To what extent does your organization seek to influence government policy in your country?	0%	0%	11%	39%	50%
In your organization's experience, what types of evidence are most effective when seeking to influence policy?	1 unimportant	2 somewhat important	3 moderately important	4 important	5 very important
<i>Surveys</i>	0 (0%)	2 (13%)	1 (7%)	6 (40%)	6 (40%)
<i>Statistics</i>	0 (0%)	0 (0%)	0 (0%)	9 (56%)	7 (44%)
<i>Academic research papers</i>	2 (13%)	1 (7%)	2 (13%)	3 (20%)	7 (47%)
<i>Field reports</i>	1 (6%)	3 (18%)	1 (6%)	8 (47%)	4 (24%)
<i>Case studies</i>	4 (27%)	2 (13%)	1 (7%)	4 (27%)	4 (27%)
<i>Personal testimonies from beneficiaries</i>	0 (0%)	4 (25%)	3 (19%)	3 (19%)	6 (38%)
<i>Anecdotal / success stories</i>	1 (7%)	2 (14%)	4 (29%)	6 (43%)	1 (7%)
2. Are we able to acquire research?	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree
We have skilled staff who can carry out research.	0 (0%)	2 (11%)	3 (17%)	6 (33%)	7 (39%)
Our staff has enough time for research.	0 (0%)	5 (29%)	8 (47%)	3 (18%)	1 (6%)

Our staff has the incentive to do research; research activities are part of their job description.	0 (0%)	4 (24%)	5 (29%)	5 (29%)	3 (18%)
We have qualified members who are involved in research activities that inform our decision-making.	0 (0%)	3 (17%)	2 (11%)	5 (28%)	8 (44%)
3. Do we have access to research					
Please indicate whether you had access to the following <u>electronic/online</u> sources of information over the past 12 months:	1 unaware of information source used/read	2 aware of, but not accessible	3 accessible, but never	4 used/read 3- 4 times per year or less	5 use/read about once a month
<i>International bibliographic databases (e.g. Medline, PubMed)</i>	2 (11%)	3 (17%)	3 (17%)	5 (28%)	5 (28%)
<i>Cochrane Library</i>	6 (35%)	2 (12%)	4 (24%)	(18%)	2 (12%)
<i>Scientific journals from developed countries (e.g. British Medical Journal, Advanced Nursing Science)</i>	3 (17%)	3 (17%)	4 (22%)	5 (28%)	3 (17%)
<i>Scientific journals from your country</i>	9 (53%)	1 (6%)	2 (12%)	1 (6%)	4 (24%)
<i>Scientific journals from your geographic region</i>	6 (35%)	3 (18%)	2 (12%)	4 (24%)	2 (12%)
<i>Articles, reports, and reviews from public organizations such as the Ministry of Health; from NGOs such as professional associations; and international organizations such as WHO</i>	0 (0%)	1 (6%)	2 (11%)	6 (33%)	9 (50%)

Please indicate whether you had access to the following <u>paper sources</u> of information over the past 12 months.	1 unaware of information source used/read	2 aware of, but not accessible	3 accessible, but never	4 used/read 3- 4 times per year or less	5 use/read about once a month
<i>Scientific journals from high-income countries (e.g. Social Science and Medicine, Lancet, British Medical Journal)</i>	2 (11%)	7 (39%)	0 (0%)	7 (39%)	2 (11%)
<i>Scientific journals from your country</i>	8 (47%)	0 (0%)	2 (12%)	4 (24%)	3 (18%)
<i>Scientific journals from your geographic region</i>	4 (24%)	2 (12%)	3 (18%)	4 (24%)	4 (24%)
<i>Articles, reports, and reviews from public organizations such as the Ministry of Health; from NGOs such as professional associations; and international organizations such as WHO</i>	0 (0%)	1 (6%)	1 (6%)	8 (44%)	8 (44%)
4. Do we have a research and learning network?	1 don't do	2 do poorly	3 do inconsistently	4 do with some consistency	5 do well
We work with researchers through formal and informal networking meetings with our staff.	2 (11%)	5 (28%)	2 (11%)	4 (22%)	5 (28%)
We collaborate with researchers in some of the following ways: hosting them, involving them in our decision-making, or sponsoring their research.	4 (22%)	2 (11%)	4 (22%)	4 (22%)	4 (22%)

We learn from other health professional associations through informal and formal networks to exchange ideas, experiences, and best practices.	1 (6%)	2 (11%)	5 (28%)	5 (28%)	5 (28%)
5. Can we assess research quality and tell if the research is relevant and applicable?	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree
Staff in our organization has the critical appraisal skills to evaluate the reliability of specific research by identifying related evidence and comparing methods and results..	2 (11%)	0 (0%)	8 (44%)	6 (33%)	2 (11%)
We invite qualified members to assess research application to our organization.	1 (6%)	5 (28%)	4 (22%)	7 (39%)	1 (6%)
6. Can we summarize results in a user-friendly way?	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree
Our organization has skilled staff with time, incentives, and resources who use research communication skills to present research results concisely and in accessible language.	2 (12%)	5 (29%)	6 (35%)	2 (12%)	2 (12%)
Our organization has skilled staff with time, incentives, and resources who use research communication skills to synthesize in one document all relevant research, along with information and analyses from other sources.	1 (6%)	9 (50%)	5 (28%)	2 (11%)	1 (6%)

Our organization has skilled staff with time, incentives, and resources who use research communication skills to link research results to key issues facing our decision makers.	1 (6%)	8 (44%)	6 (33%)	3 (17%)	0 (0%)
Our members are systematically engaged in the process of analyzing and presenting research on behalf of the organization.	2 (11%)	4 (22%)	4 (22%)	5 (28%)	3 (17%)
7. Do we value research use?	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree
Using research is a priority in our organization.	0 (0%)	0 (0%)	2 (11%)	7 (39%)	9 (50%)
Our organization has committed resources to ensure research is accessed, adapted, and applied in making decisions.	2 (11%)	3 (17%)	4 (22%)	6 (33%)	3 (17%)
Staff communicate internally in a way ensuring that information on research results are exchanged across the entire organization.	0 (0%)	3 (17%)	9 (50%)	4 (22%)	2 (11%)
Our members are involved in discussions on how research evidence relates to our main goals.	0 (0%)	2 (12%)	4 (24%)	8 (47%)	3 (18%)
8. Do we integrate research in our decision-making processes?	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree

When we make major decisions, we usually allow enough time to identify researchable questions and obtain, analyze, and consider research results and other evidence.	0 (0%)	2 (12%)	8 (47%)	7 (41%)	0 (0%)
Decision-makers in our organization give formal consideration to recommendations from staff, based on high-quality and relevant research.	2 (11%)	1 (6%)	5 (28%)	9 (50%)	1 (6%)
Staff and members who have provided research evidence and analysis participate in decision-making discussions.	0 (0%)	1 (6%)	4 (24%)	11 (65%)	1 (6%)
Staff and members are informed of how available evidence influenced the choices that were made in our organization.	0 (0%)	2 (11%)	3 (17%)	11 (61%)	2 (11%)

* Frequencies may not add up to the total number of respondents due to non-responses.

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Chapitre 4

OCUR: an Operational Framework for Investigating the Knowledge Translation Potential of Health Professional Associations in Low- and Middle-Income Countries

Abstract

A critical challenge in improving population health in low- and middle-income countries (LMICs) is the capacity of health systems institutions to monitor and incorporate research, to bridge the “know-do gap.” This research shifts attention in health policy and systems research capacity development away from training individuals towards an organizational lens, with the emphasis on health professional associations.

Building upon interdisciplinary literature, this study proposes an operational framework to expand the empirical understanding of what constitutes the capacity of LMICs health professional associations to use research findings. The specific objectives were to: determine the key organizational elements that underlie their organizational capacity to utilize research; and describe the potential mechanisms that link this capacity to their knowledge translation performance.

The usefulness of the concept of “absorptive capacity” from the knowledge management domain was explored for the operationalization of organizational capacity to utilize research. Its potential applicability was illustrated by using triangulation of data obtained from a multi-method study done in two phases -interview-based case study and a survey- with LMICs health professional associations.

This paper proposes that organization capacity to use research (OCUR) be defined as a set of organizational routines and processes by which an organization acquires, assimilates, transforms and applies research findings, in order to improve its knowledge translation performance. The operational OCUR framework illustrates that the processes of the utilization of research evidence at an organizational level are influenced by a variety of determinants (for example, organizational motivation, catalytic factors, communication

mechanisms, and availability of dedicated organizational resources) and describes potential relationships among them.

The framework provides a foundation to investigate how these elements and their combination influence how LMICs health professional associations use research to influence health policy. The framework can be used to underpin capacity-strengthening strategies, to assess and strengthen knowledge translation performance.

Introduction

The recent Bamako Call to Action urged to develop research for more robust health systems in low- and middle-income countries (LMICs). The Call to Action highlighted priorities such as knowledge translation to link scientific evidence to governmental policy-making, and stronger research and capacity-building institutions (Global Ministerial Forum on Research for Health, 2008). Indeed, health systems are strengthened not by knowledge alone, but by “knowledge capacity.” This is the ability of health systems to produce, synthesize and share relevant knowledge, as well as the ability to foster a “knowledge culture” that facilitates and encourages utilization of research in planning and decision-making (ter Kuile & Neufeld, 2006).

At the country level, knowledge capacity may be enabled by a strong national health research system, otherwise known as “the people, institutions, and activities whose primary purpose in relation to research is to generate high-quality knowledge that can be used to promote, restore or maintain the health status of populations” (Pang et al., 2003). This includes the mechanisms to encourage the utilization of research and the interactions among all actors involved in knowledge generation, and research synthesis and utilization. Hence, health systems institutions not only have to acquire knowledge, or research results, but they also require the organizational capacity to manage and apply research findings in policy, programs and decision-making.

Health professional associations can be key players, contributing to an effective national health research system and strengthening knowledge capacity. They are increasingly engaged with governments in functions relating to stewardship, human resources plans and utilization of research (Pang et al., 2003). However, weak institutional capacity in LMICs is one of the

most important barriers to the positive impact of research on health system development (Sitthi-amorn & Somrongthong, 2000; World Health Organization, 2004; Gonzalez Block & Mills, 2003). Strategies to strengthen national health research systems should not be limited to increasing the number of individuals who conduct research. The success of efforts to build LMICs' capacity will also depend on their ability to develop further the capacity of their institutions and organisations (Lansang & Dennis, 2004).

Health professional associations in LMICs often have weak institutional capacity. To maximize their contribution to the health policy process and health system, they ought to enhance their knowledge translation potential. Indeed, North-South collaborations with the goal of building research capacity have been recognized as essential for development of health systems in LMICs (Nchinda, 2002; Sitthi-amorn et al., 2000; World Health Organization, 2004). Unfortunately, tailoring strategies to reinforce organizational capacity to utilize research effectively might be difficult.

Progress is still being made in the modelling and operationalization of research utilization (Landry, Lamari, & Amara, 2003). To date, most literature on the utilization of research has focused either on individuals or on organizations' structure, and little is known about organizational capacity per se (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). In fact, evidence on organizational capacity to utilize research in LMICs is almost nonexistent. As a result, there is a need for an operational framework to assist in the assessment of LMICs' health professional associations' capacity to use research, in order to support strategies to strengthen their knowledge translation potential.

Purpose of the Study

The goal of this study was to explore and expand the empirical understanding of what constitutes the capacity of LMICs health professional associations to use research. The objectives were to: determine the key organizational determinants that underlie their capacity to utilize research; and describe the potential mechanisms that link this capacity to their knowledge translation performance. The foundation for an operational framework of LMICs health professional associations' organizational capacity to utilize research is offered for consideration.

Methods

Study Sample

The Canadian International Development Agency (CIDA) has supported the work of the Canadian Public Health Association, the Canadian Nurses Association and the Society of Obstetricians and Gynaecologists of Canada by funding their partnership programs. The goal of these programs is to reinforce institutional capacities, technical knowledge and leadership of health professional associations in LMICs (Society of Obstetricians and Gynaecologists of Canada, 2008; Canadian International Development Agency, 2008; Hamel, Massey, Perron, & Chauvin, 2005; Canadian Nurses Association, 2008; Canadian Public Health Association, 2008). Participants were all the nineteen LMICs health professional associations that were in a CIDA-funded partnership with one of these Canadian associations in 2007. These associations were from Burkina Faso, Congo, Costa Rica, Ethiopia, Guatemala, Haiti, Indonesia, Malawi, Mozambique, Nicaragua, Niger, El Salvador, South Africa, Uganda and Vietnam.

Study Design

Because of the complexity of the variables that affect organizational-level capacity, a sequential mixed methodology was used, combining qualitative and quantitative methods (Tashakkori & Teddlie, 1998). Ethics approval was obtained from the Research Ethics board of the University of Ottawa. First, an interview-based case study of the Burkina Faso Public Health Association (ABSP) identified new insights on organizational processes that underlie their capacity to use research. These findings were then incorporated into the development of a survey to gather descriptive information on key factors that influence the capacity of LMICs health professional associations to use research. Further details on both phases can be found elsewhere (Chapter 2; Chapter 3).

To explain the various elements of an organisation's capacity to utilize research, this study used the concept of "absorptive capacity:" the ability of an organization to recognize the value of new external knowledge, to assimilate it, and to apply it to improve its performance (Cohen & Levinthal, 1990; Van den Bosch, Van Wijk, & Volberda, 2003). Building on the application of this concept, the proposed operational framework was further developed using triangulation of the data obtained from the phases described above (Chapter 2; Chapter 3). The quantitative data was used to complement the qualitative results obtained in the first phase. A constant comparative analysis was done to identify key dimensions from across phases and to describe the convergence of the research findings. As a result, the model evolved as the analysis progressed.

Organizational Perspective

The process of adoption of research by health organizations is influenced by a variety of factors related to the individuals involved, the organization and the particular innovation (research findings). Indeed, organizational context was found to be one of the good predictors of Canadian government decision-makers' utilization of research (Landry et al., 2003). Nonetheless, studies of individuals as adopters of research have not generally addressed the roles of contextual issues. Few knowledge translation models include organizational elements influencing the use of research (Greenhalgh et al., 2004; Logan & Graham, 1998; Beyer & Trice, 1982; Kitson, Harvey, & McCormack, 1998; Hanney, Gonzalez-Block, Buxton, & Kogan, 2003). Therefore, the impact of organizational context is an area that is ripe for further research. Specifically system-level strategies, and receptive contextual elements required to achieve routine implementation of research, need to be identified and validated (Greenhalgh et al., 2004). There is no integrated conceptual framework that can be used to examine the attributes of organizations' capacity that impact the utilization of research.

Empirical work in the field of organization and management might help to elucidate organizational capacity to utilize research. The literature clearly shows that successful individual adoption is only one component of the assimilation of innovations in health organizations (Bapuji & Crossan, 2004; Easterby-Smith & Lyles, 2003). The user's system or the organizational context appears to be one of the major determinants affecting the assessment, interpretation and utilization of research. Individuals cannot adopt or implement research findings on their own; they require organizational support and resources. The need to commit organizational resources to ensure successful adoption of research moves the focus from the individual to the organizational level (Lemieux-Charles & Barnsley, 2004).

In the 1990's, knowledge-based approaches redefined the construct of innovation and diffusion as the creation and distribution of knowledge respectively. This led to the emergence of theories of organizational learning and organizational knowledge (Nonaka & Takeuchi, 1995; Easterby-Smith et al., 2003). This in turn set the stage for a prescriptive view of how organizations should effectively learn and manage knowledge (Senge, 1990), describing the "learning organization" wherein the value the organization places on using research leads to research utilization in its operations and decision-making.

Recently, a systematic review identified organizational features that may influence organizational innovativeness to be two non-structural determinants with the potential to impact the organizational assimilation of research findings: receptive context for change; and absorptive capacity (Greenhalgh et al., 2004). Structural determinants (such as organizational size, internal/external communication and decision-making process) also had a small but significant effect on the successful adoption of innovations (Greenhalgh et al., 2004; Damanpour, 1991).

"Receptive context for change" refers to the organization's ability to assimilate innovations by providing strong leadership, clear strategic vision and allowing possibilities for experimentation (Greenhalgh et al., 2004). This supports the growing consensus that health organizations must cultivate evidence-based decision-making. An organization that supports and encourages innovation, data collection and analysis, and critical appraisal skills among its members will be more likely to apply research findings (Walshe & Rundall, 2001).

The concept of absorptive capacity was developed in the context of innovation for which outside knowledge is critical, based on the seminal work of Cohen and Levinthal (Cohen et al., 1990). Recently, the definition was extended to "a set of organizational routines and

processes by which firms acquire, assimilate, transform and exploit knowledge to produce a dynamic organizational capability” (Zahra & George, 2002). Overall, every organization has a certain level of absorptive capacity. Many authors distinguish that the organization’s absorptive capacity is not a goal in itself, but that it may help to regulate important organizational outcomes, such as innovative capabilities and performance, competitive advantage, strategy formation, organizational learning in alliances and knowledge transfer (Lane & Lubatkin, 1998; Cohen et al., 1990; Zahra et al., 2002; Van den Bosch et al., 2003; Lane, Salk, & Lyles, 2001; Lyles & Salk, 1996).

The concept of absorptive capacity is thus useful to understand the organizational capacity to utilize research of LMICs health professional associations. It is particularly valuable in relation to their organizational capability to acquire, assimilate, transform and apply research findings. This may, in turn, affect an important organizational outcome: knowledge translation performance.

Among diverse models of absorptive capacity (Cohen et al., 1990; Lane et al., 1998; Lane et al., 2001; Van den Bosch, Volberda, & de Boer, 1999; Zahra et al., 2002), a recent one was of particular interest as it considers absorptive capacity as a dynamic capability embedded in organizational routines (Zahra et al., 2002). The model distinguishes between potential and realized absorptive capacity, a useful perspective when aiming to assess and tailor strategies to strengthen LMICs health professional associations’ organizational capacity to utilize research. Consequently, the application of this comprehensive model guided the development of the proposed operational framework.

All of the above potential operational framework elements are described in Table 4.1, and the proposed relationships between them are shown in the framework depicted in Figure 4.1. The

following discussion section describes the organizational elements and presents propositions of how they might influence each other.

Organizational Capacity to Utilize Research (OCUR)

Four capabilities, with separate but complementary roles, comprise an organization's absorptive capacity: acquisition, assimilation, transformation, and exploitation. These capabilities are common across diverse organizations, but they are distinct in the ways each organization practices, develops and uses them. They may serve as a foundation to develop the performance of organizations (Zahra et al., 2002).

Proposition 1

Organizational capacity to utilize research (OCUR) is a set of organizational routines and processes by which a LMIC health professional association acquires research findings, assimilates, transforms and applies them. OCUR is a capability that shapes the knowledge translation performance of an organization.

With "potential absorptive capacity," an organization is receptive to acquiring and assimilating external knowledge, but this potential does not guarantee application. "Realized absorptive capacity" includes the functions of transformation and exploitation (application), and thus, reflects the organization's capacity to leverage that knowledge and thereby improve its performance (Zahra et al., 2002; Cohen et al., 1990; Lane et al., 1998).

Potential Organizational Capacity to Utilize Research (OCUR)

"Acquisition capability" depends on the intensity of efforts to gather knowledge (Zahra et al., 2002), as well as the LMIC health professional association's ability to identify and acquire research findings relevant to its mission and operations. This is determined in part by the

association's resources dedicated for research utilization, its capacity to access scientific journals, or by its involvement with researchers.

Since research findings may be context-specific, the "assimilation capability" captures organizational routines and processes that support the assessment and interpretation of this knowledge (Zahra et al., 2002; Cohen et al., 1990). Consequently, the association's analysis of research findings promotes its assimilation, as the findings are incorporated in its knowledge base. This relates to its capacity to judge the quality, reliability and relevance of research findings. A LMIC health professional association might use its own internal resources to assimilate research findings to its knowledge base, or have arrangements with external experts.

The case study as well as the survey illustrated that associations have limited access to sources of scientific evidence, and that they need more research relevant to their local context (Chapter 2; Chapter 3). Only a third of the survey respondents have used the Cochrane Library, while 39% of them were aware of but do not access printed or electronic issues of leading international journals. Hence, the majority (83%) used grey literature such as papers or reports from national and international public health organizations (Chapter 3) These sources may have inadequate reporting of the quality of research findings, and thus the associations have limited ability to discern the best evidence to present. Similarly, most of the time the ABSP finds and obtains the research findings it needs through its networks of external experts. If they identify a need to generate research which is applicable to their context, they look for research partnership opportunities and initiate proposal development (Chapter 2). The case study findings highlighted the ABSP's limited human resources to assess the quality of research findings (Chapter 2), while a third of the survey respondents did not

have staff with enough time to ensure the reliability, relevancy and applicability of research to their situation (Chapter 3).

Realized Organizational Capacity to Utilize Research (OCUR)

The ability of a LMIC health professional association's to develop and improve the routines that facilitate the integration of its prior knowledge with new acquired and assimilated research findings refers to its "transformation capability" (Zahra et al., 2002). Hence, an association that internalized a "knowledge culture" will dedicate efforts to use research systematically in its activities, products and decisions.

The remaining capability contributing to organizational capacity to utilize research of a LMIC health professional association is the application of newly acquired and transformed research findings into its operations. It entails retrieving research findings for assimilation, internalization and use (Zahra et al., 2002). The emphasis of the "application capability" is on the procedures that allow an association to adapt, enhance and leverage its activities by incorporating the new research findings. For example, this might relate to the processes and resources involved in the synthesis of recommendations based on research, and the tailoring the format to targeted audiences in order to achieve the health professional association's objectives.

Summarizing results concisely and in an accessible language is a challenge for health professional associations in LMICs. None of the associations had full time staff appointed to synthesize research, link research to key policy issues, or present recommended actions based on evidence (Chapter 3). In the case of the ABSP, they usually set up a technical steering committee comprised of key stakeholders (e.g. research team members, ministry of health or

district representatives, and a local community leaders) to guide the utilization of research findings (Chapter 2).

The ability to produce highly relevant products, and to actively disseminate and facilitate access to these products was identified by all participants a key organizational weakness (Chapter 2; Chapter 3). These activities are done infrequently and not in a systematic manner. For example, one third do not do any kind of evidence-based publications on policy issues while 24% do not publish newsletters for policy-makers (Chapter 3). They operate mostly through informal channels and without a strategic communication plan. In the case of the ABSP, they usually disseminate research results through advocacy activities involving local community leaders and they share findings through occasional knowledge-sharing fora (Chapter 2).

Antecedents

The inclination of a for-profit firm to invest in its absorptive capacity will be influenced by the anticipation of a distinct competitive advantage. Civil society organizations, such as health professional associations in LMICs, operate in a different context, so their “organizational motivation” to create the conditions to support their capacity to utilize research is also different.

Proposition 2.1

A LMIC health professional association’s opportunity to develop its organizational capacity to utilize research (OCUR) is influenced by its motivation to use research, and its awareness of and exposure to research findings that are complementary to its knowledge base.

The mission of an organization shapes its role, giving it purpose and direction. Themes illustrating forces driving associations to use research better include a mission that clearly values research, with the utilization of research findings being central to their organization's strategy. The majority of surveyed associations (89%) reported that seeking to influence health policy in their country was important, and for half of them strengthening their capacity to utilize research was a priority to accomplish this end (Chapter 3). In some cases, using research was also part of their missions. The case study also suggested that the growing emphasis for evidence-informed policy-making implies that more consideration must be given to policy inputs based on research findings. For that reason, the ABSP believed that investing in its capacity to utilize research was key to its credibility and visibility (Chapter 2).

Proposition 2.2

Past successes and experiences in using research define the focus of a LMIC health professional association's search for research findings, and hence influence the development of its organizational capacity to utilize research (OCUR).

The premise of the concept of absorptive capacity is that the organization needs “prior related knowledge” to assimilate and use new knowledge (Cohen et al., 1990). For health professional associations in LMICs, key factors include awareness of where to obtain the research evidence and where to find complementary expertise within and outside the organization. Prior related knowledge in this context includes knowing who knows what, who can help with what issue and who can apply the information. This points to the importance for associations to have a broad and active network, including producers of research (e.g. academics) as well as users of research (e.g. policy-makers).

In the survey, most of the respondents were unaware of the existence of local scientific health journals from their own country (53% for online sources and 47% for paper sources) or from

their own geographic region (35% for online sources and 24% for paper sources). In addition, half of them were unaware of sources to access printed issues of leading international journals. Over half of the respondents had a research and learning network with other health professional associations through informal, formal and international exchanges. However, 39% reported that they have poor or no linkages and meetings with researchers and their staff (Chapter 3).

Hence, key antecedents of an organization's absorptive capacity are sources of external knowledge as well as experience. Exposure to diverse sources does not necessarily lead to absorptive capacity development, particularly if these sources are not related to the organization's knowledge base (Cohen et al., 1990; Zahra et al., 2002; Lane et al., 1998; Van den Bosch et al., 1999). In the case of health professional associations, sources of research findings not related to the health domain would have a lesser value, whereas exposure to health research findings relevant to their context would influence their decision to invest in the development of their capacity to use research.

Further, an organization's absorptive capacity might be influenced by internalized past experiences (Cohen et al., 1990; Zahra et al., 2002). Organizations tend to search for externally generated knowledge in areas where they have had past successes and experience. In the case of the ABSP, their reports show that past achievements in using research have shaped the importance they put on their capacity to use research to influence health policy (Chapter 2).

Moderators

The elements described above are all affected by moderating determinants that attenuate or amplify the organizational capacity to utilize research of health professional associations in LMICs.

Proposition 3.1

A LMIC health professional association's investment in its potential organizational capacity to utilize research (OCUR) is influenced by catalytic factors such as priorities identified by membership, the association's financial autonomy, emerging public health issues, and a perception of a weak national health research system.

The focus of an organization's search for external knowledge will be influenced by the source of the "activation trigger" (Zahra et al., 2002). "Catalytic factors" are determinants that may persuade a LMIC health professional association to support investment in the development of acquisition and assimilation capabilities (potential organizational capacity to utilize research). Endogenous stimuli could be linked to a priority-setting exercise conducted with the membership, or a resolution from a general assembly. In the case of the ABSP, the financial viability of the organization was an significant catalytic factor. The ability of an organization to raise the funds required to meet and maintain its functional requirements represents a capacity to maintain its financial viability. The ABSP is able to charge some overhead costs to research funds. Hence, shifting some of their activities to research also contributes to maintaining their financial autonomy (Chapter 2).

Exogenous stimuli were also identified during the interviews. These include the imperative to act on population health issues, or a change in a governmental health policy or program (Chapter 2). This was also aligned with the results of the survey, wherein almost 60% of the respondents had commented on health policy drafts and piloted alternative health programming approaches (Chapter 3). Nonetheless, perhaps the most important aspect for the ABSP to be involved in research activities was the need to address the perceived weaknesses of the national health research system and to provide relevant local data for policy/decision options (Chapter 2).

Proposition 3.2

The gap between a LMIC health professional association's potential and realized organizational capacity to utilize research (OCUR) is influenced by the organization's integration mechanisms.

“Integration mechanisms” that support the comprehension and sharing of relevant new external knowledge within the organization increase the efficiency of assimilation and transformation capabilities (Zahra et al., 2002). Certain organizational features may foster interaction, such as formal and informal structures of communication, that facilitate knowledge exchange and information sharing (Van den Bosch et al., 2003).

The ABSP, similar to other membership-based organizations, is an association in which the members elect their leaders and commit collectively to a mission. The governance structure is intended to provide both internal accountability (e.g. elected leaders) and external legitimacy (e.g. constituency representation). Membership involvement in the activities of the association is hence fundamental to its development and sustainability, and having members actively involved through the research utilization activities (e.g., proposal development, research teams, steering committees, etc.) is fundamental. Interestingly, 72% of the surveyed associations reported informing their staff and members of how available evidence influenced the choices that were made in their organization. Nevertheless, a third of the associations do not consistently engage their membership in determining whether research is applicable to their context, or in analyzing and presenting research on behalf of their association. As well, only 33% of the respondents have staff that communicates internally to ensure that research results information are exchanged across the entire organization (Chapter 3).

Typical results were seen for the ABSP, where there is not yet a structure and a formal consultation process in place to reach out to the wider membership base (besides a core

group of individuals). On the other hand, the association makes sure that the full array of stakeholders (national or regional decision-makers of the ministry of health, community representatives, researchers) are involved at the outset of a research activity, and they establish strong links and regular contact with these potential users of research findings (Chapter 2).

Two other moderators have emerged from the data and are of particular interest in the context of health professional associations of LMICs: the extent of dedicated organizational resources (human and financial) and the support and access to researchers/experts.

Proposition 3.3

A LMIC health professional association's potential to invest in its organizational capacity to utilize research (OCUR) is influenced by two other determinants: the extent of dedicated organizational resources; and arrangements with researchers.

Organizations require financial resources to operate - for example, to purchase services, develop products, or staff a position with competent person. Scarcity of “dedicated organizational resources” was a common theme in both the survey and the case study. Matching resources to scale up activities related to the utilization of research was a challenge because of lack of available resources in the critical areas of funding and personnel. Insufficient funds to develop and implement knowledge translation activities or a strategic communication plan, as well as the limited capacity to recruit competent staff, were seen by the case participants as barriers that impact all stages of their capacity to use research (Chapter 2). Limited staff capacity and the fact that they rely on volunteers seem to hamper their knowledge translation performance. This was reinforced by the survey results. Over a quarter of the participants indicated that they have been unable to commit resources to ensure that research is accessed, adapted and applied in decision-making. Less than half

(44%) of the respondents agreed that their organization has staff with the critical appraisal skills to evaluate the applicability of research by identifying related evidence and comparing methods and results (Chapter 3).

To be involved at all stages of the research cycle, health professional associations in LMICs rely on the support of and access to researchers/experts, to develop arrangements to acquire and apply research findings. In the case of the ABSP, it compensates for its limited organizational resources by engaging the association with researchers and getting their support. These partnerships allow for access to research sources, provide them with critical appraisal skills to assess the evidence, and even result in research being conducted for them (Chapter 2). However, health professional associations do not all have equal access to researchers. More than half of the survey respondents do not have arrangements with external experts to assess research quality and relevance. The 44% that do collaborate, involve them by: hosting them, involving them in the association's decision-making, or sponsoring their research (Chapter 3).

Knowledge Translation Performance

An organization's capability to manage and exploit knowledge effectively is a critical determinant of its performance. In this context, a LMIC health professional association's knowledge translation performance refers to its ability to recognize the value of research findings as well as to synthesize, use, exchange and apply this knowledge in planning and decision-making. This encompasses the association's ability to foster a "knowledge culture" within the organization and among its members.

Proposition 4

A LMIC health professional association with well developed organizational capacity to utilize research (OCUR) is more likely to achieve and enhance its knowledge translation performance than those with less developed capacity.

Indeed, a high level of absorptive capacity makes an organization more proactive in using external knowledge to improve their performance (Cohen et al., 1990; Van den Bosch et al., 1999). Strong potential absorptive capacity entails the organization's continued update of its knowledge by exploring the environment and by internalizing new relevant knowledge. Realized absorptive capacity entails knowledge exploitation to enhance performance (Zahra et al., 2002).

Thus, an association with mature organizational capacity to utilize research would be expected to have well developed "knowledge translation performance". This could be seen in: sophisticated evidence-based advocacy for decision-making (proactive position statements, efficient contribution to health policy); promotion of evidence-based practice among their members (best practice and continuing competences guidelines); and involvement as a stakeholder or sponsor in health policy and system research. Further, a LMIC health professional association with refined realized organizational capacity to utilize research would be more likely to achieve knowledge translation performance, while well-developed potential organizational capacity to utilize research is more likely to sustain it.

Future Research

A significant body literature regarding health-related innovation diffusion has accumulated since the 1950s, yet only very recently has it been used to understand the dissemination and

use of research in health systems (Lemieux-Charles & Champagne, 2004). This study draws attention to the importance of adopting an organizational perspective on research utilization.

Construct measurement is needed in order to model absorptive capacity (Van den Bosch et al., 2003). Potential absorptive capacity has received much less attention than the realized absorptive capacity, which is more readily measured as it is reflected in organizational outcomes. However, authors suggest that organizations with a high “efficiency factor” (ratio of realized to potential capacity) are likely to increase their performance (Zahra et al., 2002). This is of particular interest for developing strategies to improve the knowledge translation performance of LMIC health professional associations. Integration mechanisms such as communication with membership, internal communication with staff and involvement of a full array of stakeholders would then attract more empirical scrutiny, as these affect the efficiency factor.

Another aspect worthy of future research is the organization’s adaptation to its changing environment, as contingencies in the external knowledge environment influence the level of absorptive capacity. Organizations evolving in stable knowledge environments tend to be more reactive, whereas those in rapidly evolving knowledge environments are likely to dedicate more efforts to increase their absorptive capacity (Van den Bosch et al., 1999; Van den Bosch et al., 2003). Understanding how LMIC health professional associations’ capacity to utilize research evolves, depending on the external context, could also be informative to develop and strengthen strategies. For example, one could think that associations working in stable environments will increase their performance if they put more importance on efficient communication and focus on their realized organizational capacity to utilize research in order to exploit the research findings. On the other hand, associations working in unstable

environments will tend to focus on their potential organizational capacity to utilize research to increase their exploration of relevant research findings.

Again, an organization's absorptive capacity is not an end in itself. Rather, absorptive capacity may moderate important outcomes. As a matter of fact, it was recently suggested that the next generation of research on organizational innovativeness should attempt to describe the process according to which new external knowledge is captured, adapted, transformed and exploited in health organizations (Greenhalgh et al., 2004). This study explores the relationships between some variables that constitute organizational capacity to utilize research and knowledge translation performance. However, the proposed hypotheses need to be validated in subsequent research. For health professional associations in LMICs, the proposed operational framework could be tested to assess to what extent their utilization of research findings has led to the development of new evidence-based product, more sensitised and knowledgeable stakeholders and members, increased accountability, and meaningful health policy change.

Conclusion

Generating or acquiring research findings is not sufficient to strengthen LMICs health systems; the capacity to manage and to apply the findings in policy, programs and decision-making is essential. In this context, the proposed operational framework can serve as a starting point to evaluate partnership programs funded by donor agencies such as CIDA, which aim to reinforce institutional capacities, technical knowledge and leadership of health professional associations in LMICs.

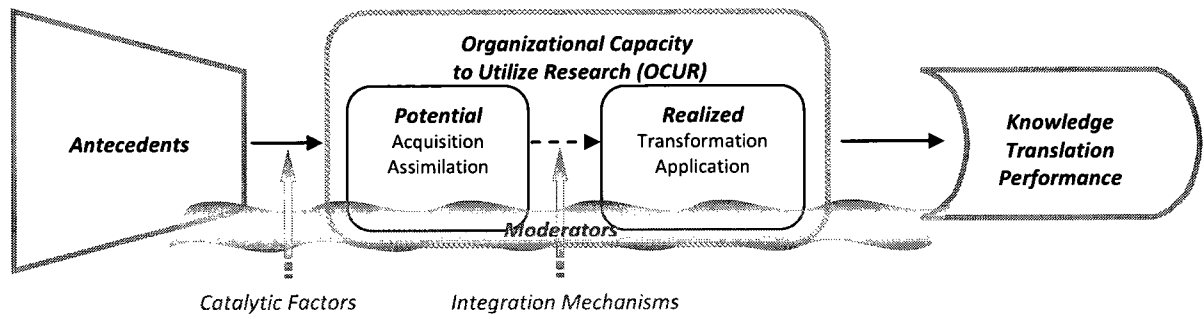
Examining the organizational processes that underlie the capacity to use research of health professional associations in LMICs is pivotal to understanding better how the different organizational mechanisms influence the knowledge translation performance of LMICs health professional associations.

Table 4.1. Elements of the Operational Framework for LMICs Health Professional Associations' Organizational Capacity to Utilize Research (OCUR)

Elements	Characteristics
<p>Organizational Capacity to Utilize Research (OCUR)</p> <p><i>Potential OCUR (acquisition and assimilation)</i></p> <p><i>Realized OCUR (transformation and application)</i></p>	<ul style="list-style-type: none"> ▪ Access to sources of research findings ▪ Competent staff to assess research findings ▪ Research partnership opportunities ▪ Systematic integration of research findings <ul style="list-style-type: none"> · Internal decision-making · Exchanges through networks · Research committee ▪ Development of products tailored to targeted audience ▪ Dissemination routines and procedures <ul style="list-style-type: none"> · Communication plan · Advocacy strategy
<p>Antecedents</p>	<ul style="list-style-type: none"> ▪ Organizational motivation <ul style="list-style-type: none"> · A mission that values research · Utilization of research findings is central to the association's strategy ▪ Related knowledge <ul style="list-style-type: none"> · Awareness of research findings sources · Research and learning networks ▪ Prior experience and successes in using research findings

<p>Moderators</p>	<ul style="list-style-type: none"> ▪ Catalytic factors <ul style="list-style-type: none"> · Action needed on public health issue · Change in government health policy or programs · A national health research system perceived as weak · Financial viability of the association ▪ Integration mechanisms <ul style="list-style-type: none"> · Communication with membership and staff · Involvement of full array of stakeholders ▪ Dedicated organizational resources <ul style="list-style-type: none"> · Financial resources · Competent staff) ▪ Support and access to researchers or experts
<p>Knowledge Translation Performance</p>	<ul style="list-style-type: none"> ▪ Evidence-based Decision-making <ul style="list-style-type: none"> · Position Statements or Policy Briefs · Contribution to health policy ▪ Evidence-based Practice <ul style="list-style-type: none"> · Best Practices Guidelines · Continuing competencies ▪ Research Project Stakeholder and/or Sponsor

Figure 4.1. Operational Framework for LMICs Health Professional Associations' Organizational Capacity to Utilize Research (OCUR)



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Chapitre 5

Conclusion:

Integrated Discussion and Implications

This chapter summarizes the findings of the thesis, organized around the three primary objectives outlined in the introduction. The strengths and limitations of the research are examined, followed by a discussion of the contributions to the field of population health and international development in terms of practice and policy. This concluding chapter finishes with suggestions for further research.

Synthesis of the Research Findings

This health policy and systems research in capacity development, shifts attention away from training individuals towards an organizational lens. This doctoral thesis project was undertaken to explore how the *organizational capacity to utilize research* (OCUR) of health professional associations in LMICs influences their knowledge translation strategies:

1. To determine the key organizational elements and processes that underlie OCUR of LMICs health professional associations.
2. To identify the potential determinants (barriers and facilitators) of OCUR of LMICs health professional associations.
3. To describe the mechanisms that link OCUR to knowledge translation performance.

The organizations of interest for this exploratory research project were the health professional associations from LMICs that were in one of three CIDA-funded partnership programs with the Canadian Nurses Association, the Canadian Public Health Association or the Society of Obstetricians and Gynaecologists of Canada. The objectives of the study were addressed through three phases, using mixed methods.

The first phase of the thesis involved an interview-based case study (Chapter 2) that provided a rich description of the structure, processes, outputs, and perceived strengths and

weaknesses of a particular health professional association from a LMIC. This led to an in-depth examination of the factors that can influence its *organizational capacity to utilize research*.

The second phase of this thesis drew on the findings of the qualitative phase to develop a questionnaire. The resulting survey (Chapter 3) might be considered to be preliminary. However, a wide range of associations participated, which provided essential insights into the topic of LMICs' health professional associations and their use of evidence to influence policy-making. This phase mapped these associations' institutional capacity needs, in relation to research utilization.

The third phase applied a triangulation technique to the data obtained from the two previous phases. The usefulness of the "absorptive capacity" concept, from management, was explored for the operationalization of *organizational capacity to utilize research*. An operational framework that highlights the elements shaping this capacity is also offered (Chapter 4).

In the previous chapters, more details about the methods and findings from each of the phases are provided. In this section, a synthesis of findings across phases and methods is presented, organized according to the three objectives.

Organizational Elements and Processes that Underlie OCUR

The survey chiefly assessed the elements contributing to the *organizational capacity to utilize research*, while the case study focused on the processes linked to the capacity of a particular health professional association in LMIC. In addressing this primary objective, the findings of this research project add to the literature on civil society organizations in the health sector of LMICs by providing an overview of the organizational capacity of health professional

associations to utilize evidence to influence health policy-making. Hence, application of the research project findings might not be generalizable beyond the LMICs' context. Five areas are highlighted.

First, health professional associations in LMICs generally used a combination and a variety of different forms of evidence when attempting to influence policy. This finding concurs with the results of a survey of a wide range of civil society organisations in LMICs (Kornsweig, Osborne, Hovland, & Court, 2006). When identifying the types of evidence that are used in seeking to influence policy, the four most influential types of evidence were surveys, statistics, academic research papers and field reports. While the Internet was mentioned as useful, half of the associations had not used electronic journals; and they all had limited access to printed issues of leading international journals. An important point raised was the necessity to access research applicable to their local context.

Second, these associations have very limited resources. For example, one third of the associations had more than 60% of their budget funded by their Canadian partner. As a result, over a quarter of the participants indicated that they do not have committed resources to ensure that research is accessed, adapted and applied in decision-making. In fact, none of the associations had full-time staff appointed to synthesize and summarize research results, nor did they receive additional training in research methods. They all acknowledge the importance of having sufficient competent staff to assess research findings, but this was impeded by limited technical competency in research. Low level of proficiency in English was also indicated to be a challenge for health professional associations, particularly in Asia and in Francophone Africa.

Third, the findings demonstrated that even when these associations have been relatively successful with strategies of advocacy and lobbying, summarizing results concisely and in an accessible language remains a challenge. Over half of the respondents did not have staff with sufficient time, incentives and resources to synthesize research, to adapt the results by linking them to key policy issues, and to develop and present recommended actions to the associations' decision-makers. As a result, the development of products based on evidence that targets policy-makers, and their dissemination, is done sporadically and not systematically.

Fourth, health professional associations' dominant strategy for knowledge translation was networking with experts, researchers or other organizations involved at different stages of policy formulation. This is consistent with the shift towards models that emphasize exchanges and linkages between researchers and decision makers, where interactive approaches to research utilization are perceived to be more valuable by decision-makers and hence are important factors for success in utilization of research findings (Innvaer, Vist, Trommald, & Oxman, 2002; Jacobson, Butterill, & Goering, 2003; Lavis, Ross, & Hurley, 2002; Landry, Amara, & Lamari, 2001).

Other strategies include exchanges and networks, that help to foster the linkages among research, policy and practice (Mitton, Adair, Mckenzie, Patten, & Perry, 2007). For example, these associations tend to compensate for their limited capacity through knowledge sharing and exchange activities by networking with other civil society organizations or by developing arrangements (official or unofficial) with researchers.

Fifth, the operationalization of *organizational capacity to utilize research* makes an important contribution to the literature by offering a definition: "OCUR is a set of organizational

routines and processes by which a LMIC health professional association acquires research findings, assimilates, transforms and applies them.” The elements and processes identified by the thesis are embedded in this definition. The proposed OCUR operational framework also distinguishes the potential (acquisition and assimilation) from the realized (transformation and application) capabilities, setting the foundation to assess and tailor strategies to strengthen the organizational capacity of LMICs health professional associations to utilize research.

Potential Determinants of OCUR

A number of distinct factors were found to shape a health professional association’s *organizational capacity to utilize research*. Some of these factors create the conditions to support the use of research, while others affect its organizational capacity.

First, when assessing LMICs health professional associations’ agendas to influence policy, the majority of respondents considered the objective of influencing government policy as highly relevant, and utilization of research findings to do so was identified as a priority. While details of their mission statements were not available, these findings suggest an organizational commitment to use research to support their strategic orientations. This is consistent with the conclusion of a recent and comprehensive survey of a wide range of LMICs civil society organizations’ use of evidence (Kornsweig et al., 2006). Therefore, motivation to utilize research is apparent when an association’s mission clearly values research, the utilization of research findings is central to its strategy and the association has prior experience in using research findings.

Second, factors were identified with the likelihood of an association utilizing research, and hence investing in this organizational capacity. Potential external determinants included a

necessity to act on arising health issues or a change in government health policy. Almost 60% of the associations that participated in the survey had commented on health policy drafts and had piloted alternative health programming approaches. Interestingly, this is not consistent with the results of the larger survey above, where working on projects commissioned by policymakers was one of the lowest responses (Kornsweig et al., 2006). An internal determinant that was identified through the case study was the financial viability of an association. By shifting some of their activities to research, the association is able to allocate administrative costs to research funds, and thus contribute to its financial autonomy.

Third, scarcity of resources was perhaps the most important theme common to both inquiries. In particular, health professional associations have limited resources to tap into the existing local research capacity, to sponsor prioritized research issues, to access research evidence sources (online and paper), or to recruit competent staff. Hence, it is difficult for them to assess the quality of research and to discern if the research is relevant and applicable to their situation. The provision of discretionary resources that an association can direct to the utilization of research is important. Sufficient resources to build capacity have been identified as organizational facilitating factors that may increase the effectiveness of knowledge translation (Mitton et al., 2007)

Fourth, all health professional associations commented on the need to engage their membership further in knowledge translation activities. However, none of the associations had a structure and a consultation process in place to reach out to the rest of the membership to have them actively involved through the research utilization activities (e.g., proposal development, research teams, steering committees, etc.). In fact, a third of the associations did not consistently and systematically invite the members to participate in the process of

analyzing and presenting research on behalf of the organization. As member-based organizations, membership involvement is essential to develop sustainably and to maintain relevance.

Through the use of qualitative and quantitative methods, this thesis examined other factors that influence the elements and processes that comprise *organizational capacity to utilize research*. In particular, the framework depicted in Chapter 4 makes a substantive contribution by categorizing the constructs and their relationships, and by describing their potential mechanisms of influence. They are discussed and regrouped under “antecedents” (motivation, awareness of related knowledge sources and prior successful experience) and “moderators” (catalytic factors, mechanisms of integration, and dedicated organizational resources).

Mechanisms that Link OCUR to Knowledge Translation Performance

This thesis represents, in essence, a shift of focus away from training of individuals towards an organizational lens in health policy and systems research utilization. There was previously no model of what constitutes the capacity to use research at the organizational level. The new knowledge acquired in this research project contributes to the research utilization domain, by furthering our understanding of what is meant by capacity to utilize research at an organizational level and how it potentially shapes knowledge translation performance.

The theoretical assumptions that guided this thesis, based on the concept of absorptive capacity from the management literature, provided an initial framework (Figure 1.2, Chapter 1) that served as a reference to examine *organizational capacity to utilize research*. The conceptual framework was then reconfigured to integrate the findings from both the qualitative and quantitative phases, to advance this new knowledge.

The elements, processes and determinants of *organizational capacity to utilize research* were further defined and arranged in four main categories (Table 4.1, Chapter 4): Antecedents; Potential and Realized Organizational Capacity to Utilize Research; Moderators; and Knowledge Translation Performance. Proposed potential mechanisms of influence and the relationships among these factors are described and presented in the OCUR operational framework view.

The *organizational capacity to utilize research* is considered to be a capability embedded in organizational processes and routines. Within *organizational capacity to utilize research*, this work distinguishes potential and realized capacities. The potential *organizational capacity to utilize research* includes organizational acquisition and assimilation, while realized *organizational capacity to utilize research* amounts to the transformation and application of research findings. The knowledge translation performance (the potential outcome) reflects an association's realized *organizational capacity to utilize research*.

A first cluster of factors that affect *organizational capacity to utilize research*, or moderators, was identified to be integration mechanisms, and dedicated organizational resources. When strong, these moderators are likely to increase the knowledge translation performance, as they close the gap between potential and realized *organizational capacity to utilize research*. The proposed mechanisms of influence take into account the roles of key antecedents such as organizational motivation, related knowledge, and prior experience or successes in using research findings. Internal and external catalytic factors also affect antecedents, and hence potential and realized *organizational capacity to utilize research* and in turn the knowledge translation performance (outcome).

Thus, the identification of organizational variables as well as the proposed mechanisms that lead them to influence knowledge translation performance, provides an evaluation framework for assessing interventions to improve knowledge translation.

Overall Strengths and Limitations of the Research

Like all research, this is not perfect. A description of the strengths as well as the limitations of the thesis follows.

Organizational capacity to use research is the result of different and complex practices, decision making, resources and other organizational elements. As a result, one strength of this research project is that it provides a rich description of the processes as well as perceived capacity of a particular LMIC health professional association, which can be useful for those establishing or leading a similar organization in a LMIC. The study drew on multiple sources of data (in-depth interviews, documentary analysis and informal meetings). By using several data acquisition methods, the document analysis permitted corroboration of participants' statements and the validity of the findings was strengthened.

Another strength is the survey's high response rate (95%) and its inclusion of a wide range of health professional associations (public health association, nursing professional associations and the societies of obstetricians and gynaecologists) from fifteen different LMICs on three continents (Burkina Faso, Congo, Costa Rica, Ethiopia, Guatemala, Haiti, Indonesia, Malawi, Mozambique, Nicaragua, Niger, El Salvador, South Africa, Uganda, and Vietnam). Despite the preliminary nature of this study, this broad geographical range contributes to the applicability of insights into the topic of health professional associations, research utilization and policy.

Further, the research project used a questionnaire with 75% of the items adapted from an instrument validated among different sectors of Canadian health organizations. “Is Research Working for You?” demonstrated good usability and strong response variability, as well as adequate discriminant validity (Kothari, Edwards, Hamel, & Judd, 2009). However, the fact that the validity process was not carried out in the context of LMICs could be seen as a limitation.

Nevertheless, the tool utilized in this thesis is being taken up internationally and it has shown face validity with policy-makers from LMICs (Thornhill, Judd, & Clements, 2009). Still, the tool's usefulness may be limited in less democratic environments where it may be a challenge for participants to discuss openly their organizational context. In the present work, the survey was sent by email to the associations' spokespersons, inviting them to complete the questionnaire in consultation with their staff and leaders. The same spokespersons returned the questionnaires, so this limitation could not be controlled. However, in the absence of a better tool, the benefits of this questionnaire seemed to outweigh its limitations. In fact, a recent literature review compared different measurement tools for organizational context and acknowledged that research utilization was the domain with the least coverage overall (French et al., 2009). This work sets the stage for the development of a composite tool to measure the organizational context for research utilization.

To gain an understanding of the practices and resources related to an organization's capacity to use research, it was attempted to arrange a focus group discussion, with the expectation that the group synergy would prompt more ideas than individual interviews. In addition, organizational routines emerge from discussions and interaction among co-workers and it is believed that a focus group is one of the best means to collect data that reflects such social

context (Patton, 2002; Kitzinger, 1995). The instrument “Is Research Working for You?” (Canadian Health Services Research Foundation, 2006; Kothari et al., 2009) was selected to facilitate the process as it is intended for use by a group of individuals and is helpful to stimulate discussion about how organizations use research. Unfortunately this proved to be impossible with the competing priorities in the individuals’ full-time jobs, so the research did not include the dynamics that could have arisen from such a strategy.

There are also limits to the extent to which the findings of this study can be generalized to other health professional associations from other LMICs, due to its exploratory nature. Perhaps the main limitation lies in the selection of LMICs health professional associations in CIDA-funded partnership programs with Canadian Health Professional Associations. This might have yielded an inherent bias towards associations which are likely to be involved in policy influence activities, or to a social desirability bias in their responses. Despite efforts to ask questions in neutral ways, many organizations may have been motivated by a desire to provide “socially acceptable” responses, and dissenting voices might not have been included. In addition, the mechanisms adopted by the participating organizations might have been influenced in the immediate term by the level of support they were getting from their Canadian partner, and in the medium to long term, by their ability to maintain their financial autonomy and relevance.

Another point worth being raised is that the assumptions underpinning evidence-based medicine may not translate directly to policy-making. Policy decisions are not always based upon the best available evidence; indeed, the policy process is much more complex, often having to account for various political, social, cultural and other factors. Depending on its socio-geographical context, policy might not draw heavily upon the findings of scientific

research. Hence, *organizational capacity to utilize research*, and ensuring that research is available in an accessible and meaningful form do not necessarily translate into uptake of research findings in the development, implementation and delivery of policies.

The research project literature review might also have missed potentially eligible scientific literature. In fact, a recent domain analysis using bibliometric methods mapped the development of the field of research utilization over time. Findings demonstrated the growth of specialized domains, including evidence-based medicine in the mid 1980s. However, despite the rapid acceleration of related published literature, a discipline of knowledge utilization has not yet emerged (Estabrooks et al., 2008). Actually, a wide range of terminology is used to describe the field of research utilization, including knowledge utilization, innovation adoption, evidence-based practice, research-based practice, technology transfer, research translation, and evidence-based decision-making. Knowledge utilization is the most common terminology in the social sciences, whereas research utilization is more common in health sciences. These variations are associated with different groups of scholars from diverse disciplines. Transdisciplinarity is about transcending academic boundaries, yet understanding the language of other disciplines takes time. While they are readily identifiable to those acquainted to the discipline of these scholars, the different ways literature is indexed makes thorough transdisciplinary examinations challenging.

The capacity of an organization is not simply the sum of the skills and competencies of its employees. It is therefore useful to consider the management literature and the construct of absorptive capacity, for capabilities that are distinctly organizational. One other strong point of this research project is its demonstration that absorptive capacity has the potential to be a multilevel and transdisciplinary construct, able to bridge and enrich the literature on research

utilization, and to contribute to the understanding of how antecedents and organizational determinants influence a LMIC health professional association's capacity to use research.

To end, the fact that it is the first multi-method study to use an organizational lens to examine LMICs health professional associations' capacity to use research is certainly the main strength of this thesis. Furthermore, this exploration was achieved with both breadth (through a survey) and depth (through a case study based on interviews and documentary analysis). The use of mixed methodologies applied sequentially throughout this research complemented and strengthened the findings.

Implications for Population Health, Practice and Policy

Relevance to Population Health

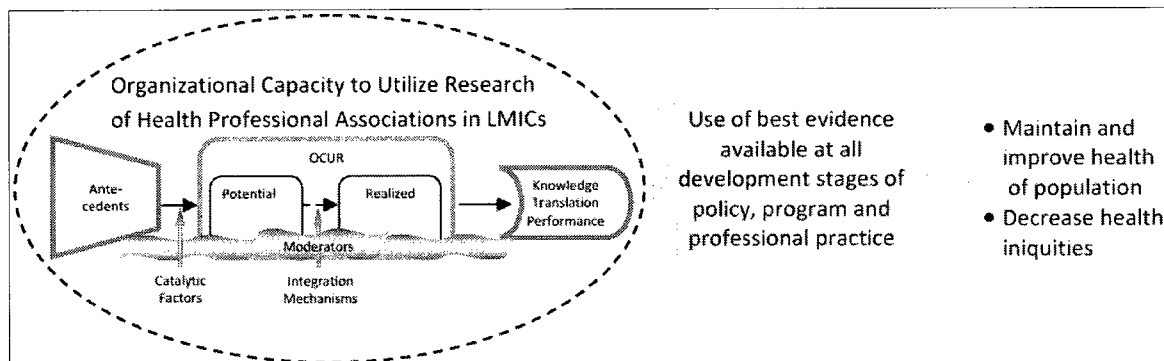
This research project was conceptualized in many ways from a Population Health perspective. A system approach was applied in order to examine a different group of actors in health systems (health professional associations). A transdisciplinary approach was used to move beyond the boundaries of research utilization that traditionally focused on the individual capacity towards a different level of analysis, an organizational lens.

Population Health provides a framework to consider why some populations are healthier than others. It is also concerned with setting priorities for research and applying research findings to develop and implement policies and programs to enhance the health of populations and reduce health inequities. To do so, the field of Population Health needs to focus on the knowledge transfer that it required for positive change to occur (Evans, Barer, & Marmor, 1996; Kindig & Stoddart, 2003; Hayes, 1998). Policy is hence considered to be the cornerstone

of population health (Kindig, 2007; WHO, Health & Welfare Canada, & Canadian Public Health Association, 1986). Stronger emphasis should be placed on translating knowledge into action to improve the health of populations, by increasing the effectiveness of research-to-policy linkages (Sitthi-amorn & Somrongthong, 2000; Pang et al., 2003; Nuyens, 2005; World Health Organization, 2004b).

Ensuring that research informs policy and decision-making by developing effective strategies for knowledge transfer is an integral part of a population health approach. Figure 5.1, draws upon the framework refined throughout this dissertation to illustrate its contribution to Population Health.

Figure 5.1. Ultimate Impact of LMICs Health Professional Associations' Organizational Capacity to Utilize Research (OCUR) on Population Health



Rather than simply focusing on issues of access to evidence or development of individual capacity, the operational framework (Figure 4.1, Chapter 4) contributes to a better understanding of the contextual and system level elements involved in the process of applying research by health professional associations in LMICs. It recognizes that the impact of their *Organizational Capacity to Utilize Research (OCUR)* is the uptake of research in health policy, program and professional practice that will ultimately improve the health of populations.

The effectiveness, efficiency and equity of national health systems are critical determinants of population health. Improvement in population health thus requires the attention and action of the multiple actors within health systems, for which the players must be able to access and utilize health research. Thus, we must examine the role of civil society, such as health professional associations, if we are to gain a comprehensive understanding of knowledge translation at the health system level.

In addition to positioning health professional associations as actors at the intersection of research system and health system, this research project provides an overview of their institutional needs and enhances our understanding of the organizational elements and processes that affect their capacity to utilize research. This contribution is important, as there is sparse evidence specific to the health sector with regard to how civil society organizations use evidence to influence policy (World Health Organization, 2007; Kornswieg et al., 2006; Pollard & Court, 2005). In particular, the OCUR operational framework can support the development of strategies to strengthen knowledge translation performance. As a result, these associations would be better equipped to contribute to practices and policies that improve population health.

Reinforcing the institutional capacities of health professional associations is a first step towards dialogue between the various stakeholders involved in research capacity. This research project reflects a comprehensive approach, to promote an evidence-based culture expanded beyond academic institutions to include health providers, policy makers and civil society (World Health Organization, 2004b).

Population Health also calls for transdisciplinary analyses, in order to interpret the diverse perspectives of a phenomenon (Higginbotham, Albrecht, & Connor, 2001). The challenges in

promoting evidence-informed decision-making are not simply impediments to research transfer; they also include structural, contextual and system level barriers. Yet, most literature on utilization of research has focused either on individuals or on the organization's structure. In line with a Population Health perspective, this research project offers a transdisciplinary understanding of research utilization by adopting an organizational level study of knowledge translation. Therefore, this thesis contributes to the much needed evidence regarding the impact of organizational processes and capacity to utilize research (Bowen, Erickson, Martens, & Crockett, 2009; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004).

Population Health promotes a system thinking approach. A system perspective considers the connections among different components and requires transdisciplinary thinking that implies transgressing disciplinary boundaries to tackle complex health challenges facing populations (Leischow & Milstein, 2006). Indeed, a transdisciplinary approach can provide a systematic, comprehensive analysis framework. By definition, there is no one pathway to transdisciplinarity. Transdisciplinary approaches address common problem by "drawing together disciplinary-specific theories, concepts and approaches" (Rosenfield, 1992; p.1351).

The perspective and approach taken for this research project brings together the insights of social, management, public health, health services and political sciences, as well as the strengths of both quantitative and qualitative methods. Thus, this thesis contributes to the field of Population Health by providing an example of transdisciplinary research to further our understanding of how to improve the uptake of research in policies that affect population health.

Furthermore, the knowledge gained by this project contributes to the field of management by answering the need to expand the concept of absorptive capacity to a wider range of settings,

like nongovernmental organizations and non-profit organizations (Salk & Simonin, 2003); and this in resource poor-settings such as LMICs. Building on the literature of organizational growth and development, the operational framework could also serve to further develop dynamic models by examining maturity issues and analysing the effectiveness of different interventions on health professional associations in different stages.

Last, the thesis adds to the efforts for more emphasis on absorptive capacity model building (Van den Bosch, Van Wijk, & Volberda, 2003). The operational framework for *organizational capacity to utilize research* highlights different aspects of the absorptive capacity construct and may be seen as a complementary model.

This Population Health research project is a small answer to the challenges facing the conventional manner of conducting research on health at the global level. Mobilizing all stakeholders in more interdisciplinary research is now recognized as critical (Global Ministerial Forum on Research for Health, 2008). Researchers are increasingly encouraged to turn to transdisciplinary investigations, as alternative pathways are required to create “integrative expertise,” to complement “depth expertise” in global health research (MacLachlan, 2009). This could greatly facilitate research utilization, by making research more relevant to global health practitioners and policy makers.

Recommendations to International Development Community

Over the past few years, there has been a great deal of international discussion about how to harness health research evidence more effectively in order to advance global health equity in LMICs (World Health Organization, 2004b; World Health Organization, 2004a). This led to the 2005 World Health Assembly’s adoption of a resolution calling for strengthening of mechanisms to transfer knowledge, in support of the utilization of research evidence in health

policy (World Health Organization, 2005). In November 2008, the paradigm shift from health research to *research for health* was embraced during the most recent Global Ministerial Forum on Research for Health. This emphasized the need for civil society organizations to be involved in research in a practical way, advocating for governments and decision-makers to apply the results of research for improvements in population health (Global Ministerial Forum on Research for Health, 2008).

The results of applied research, such as that undertaken in this thesis, have the potential to impact program practice and health policy. This synthesis of findings from the multi-method study, along with the more detailed findings from each of the three phases of the study, provide a strong basis on which researchers, international organizations and funding agencies can respond to the call for efforts to support the use of research evidence in developing health policy.

Key strategies and recommendations to strengthen the role of civil society organizations in research for health have been discussed, including enabling them to participate in the research process, from priority setting to implementation and evaluation of policies and programs (Input to the Global Ministerial Forum on Research for Health, 2008). This urged that civil society be involved, to play a crucial role in communicating and translating research so that evidence informs the development of health policy and programs. In that sense, this research offers a modest contribution to the Bamako Call to Action by documenting to what extent health professional associations, as civil society organizations in LMICs, use research to influence health policy. It increases our understanding of their organizational capacity to use research and the OCUR operational framework could aid in development of capacity-building strategies to assess and strengthen knowledge translation potential.

In 2008, the international community also endorsed the Accra Agenda for Action to increase the capacity of multiple players in development, including civil society and research institutions, to take an active role in the development agenda of LMICs (Third High Level Forum on Aid Effectiveness, 2008). Canada, among the other donors, committed to support strategies to ensure that civil society organizations reach their full potential. This builds an extraordinary opportunity to recognize and support civil society organizations as full partners in development and in research capacity.

Research capacity at a country level can only be enhanced by strengthening individuals, organizations and institutions in combination with promoting an enabling environment at the system level (Lansang & Dennis, 2004). This research has described the capacity needs of health professional associations, as civil society organizations involved in research utilization. It has shown that their contribution as non-academia is valuable and that efforts to strengthen their institutional capacity should be sustained. Representatives from 53 countries have adopted the Bamako Call to Action that fixes ambitious targets for increasing investment in research for health. In parallel, international donors, are urged to invest at least five per cent of development assistance to country-led health research strategies (Global Ministerial Forum on Research for Health, 2008). Part of Canada's investment should serve to maintain its support to partnership programs with the aim of reinforcing the capacity to use research of civil society organizations.

In terms of strengthening research capacity, another point raised by this research project worth mentioning is that policy-makers depend greatly on information available to them in their own language. This was felt to be a limiting factor by the non-English speaking participants of this research project. That English is the *lingua franca* of today's science is an

indisputable fact. However, although this makes communication between scientists much easier, it also creates challenges for non-English-speaking countries. The correlation between English proficiency and research publication and utilization should not be underestimated. In fact, countries with low research funding and low English proficiency are underrepresented in highly ranked general medical journals (Man, Weinkauff, Tsang, & Sin, 2004). This illustrates the importance of mastering English, in writing for publishing and in reading to interpret the findings and translate them into a national context. Hence, we must not simply overlook this language issue when it comes to developing methods for synthesizing evidence in LMICs and improving its uptake in health policy and programs.

Projects to increase the quality and visibility of non-English publications might help to break down the language barriers (Meneghini & Packer, 2007). The open-access movement and the increasing importance of the Internet have the potential to create new ways to deal with this issue. For example, some journals encourage non-English-speaking authors to provide a version of their article in its original language as supporting material (The PLoS Medicine Editors, 2006). Models for cooperative electronic publishing in LMICs, such as SciELO in Latin America and the Caribbean countries (SciELO, 2009), should also be encouraged to further strengthen collaboration. Research sponsors should undertake initiatives to break down language barriers in research utilization and should also consider language skills in their capacity-building strategies.

According to the findings of this research project, difficulty in developing and participating in knowledge translation activities is perhaps the most important consequence of lack of resources. While the study does not speak directly to this debate, the findings suggest that, at a minimum, funders should consider allocating resources to knowledge translation

endeavours. For example, strategies for knowledge brokering should be supported by funding agencies to promote interaction between researchers and users, as well as to develop capacity for evidence-informed decision making. This would have the potential to strengthen relationships between the research and policy communities, thereby promoting a stronger culture of evidence-based policy and policy-relevant research (van Kammen, de Savigny, & Sewankambo, 2006).

Research funders could promote knowledge translation in a number of other ways. The formation of partnerships between decision-makers, researchers and civil society organizations should be facilitated so they work together throughout the research process, from the identification of research questions and proposal development, through conducting the research, to the discussion of research results and strategies for uptake and translation. Funding opportunities and activities should be adjusted accordingly. Time and budget requirements for dissemination are frequently underestimated or not included, so project budgets should include the requirements of the dissemination plan. A wide range of translation activities should be funded, such as planning meetings, and holding workshops among the stakeholders of the research and workshops for knowledge exchange.

Finally, closer collaboration between funding agencies is required so that not only is knowledge translation an integral part of the research process that is required in all grant proposals, but that more investment is made to study the domain of research utilization in LMICs. In this way, the evidence base can be developed to enable the timely and consistent translation of relevant research findings into practice and policy (Tetroe et al., 2008).

The findings of this research project can assist in the development of more effective mechanisms to bridge the divide between research generation and its utilization, including

the translation of health-research findings into policy and practice. International organizations and networks also have key roles to play in supporting collaborations among civil society organizations such as health professional associations, supporting knowledge translation efforts, and mobilizing support. Such activities could be undertaken through international research projects and capacity-building initiatives focused on those organizations with significant but as yet unrealized potential.

Outstanding Questions

This research lays the groundwork for a future research program in organizational capacity of LMICs health professional associations to utilize research. Among other research avenues, efforts should be undertaken to examine research evidence as one factor that contributes to policy-making and knowledge translation performance of LMICs health professional associations, so best practices may be identified. Another research area is to understand better how these associations learn from their network or from their Canadian partner; North-South strategies to strengthen institutional capacity could be evaluated. Importantly, the OCUR operational framework should be statistically tested and expanded to other types of civil society organizations.

First, to maximize the influence of development research on public policy and action, the best first step would be to assess how that policy is actually made. Any assessment of the utilization of health research in policy-making would have to integrate two factors: an awareness of the wider influences on policy-makers; and a detailed analysis of the specific ways research findings could contribute to improving the health system (Hanney, Gonzalez-Block, Buxton, & Kogan, 2003).

Research is only one factor that contributes to policy making, implementation and delivery. Indeed, ensuring that research is utilized in policy is a challenge, and for many reasons is especially difficult in LMICs. For instance, most of the policy-process frameworks in the literature presume the operation of democratic institutions. In reality, policymakers have less autonomy because of internal political realities and the influence of international donors. All players - researchers and civil society organizations, as well as government - suffer high staff turnover rates, weakening both research and policy influence. As well, LMICs often lack the intermediary institutions that carry research to policy, policymakers lack confidence in their own researchers (this attitude is amplified in LMICs), and there is often a lack of strong, locally relevant evidence (Carden, 2009).

There are several ways in which civil society organizations could use research evidence to influence policy for social empowerment and action, in policy negotiations, to build health literacy (individual and structural determinants), and in media. They can also participate more formally in the policy processes through public participation, the role of policy networks and stakeholder groups, or by disseminating newsletters, by working on projects commissioned by policymakers, or other lobbying mechanisms (Kuruvilla, 2005; Kornswieg et al., 2006).

This research project focused on *organizational capacity to utilize research*; it did not assess the performance or the success of LMIC health professional associations in using research to influence policy-making. Examining the approaches, methods and tools of health professional associations to assess the relevance of research to their context and to utilize it, as well as evaluating their influence on health policy, would enable assessment of the participation processes, effects and explanatory principles of knowledge translation strategies. Better

understanding the conditions under which success is experienced in the policy process context, would contribute to measuring knowledge translation performance. Documenting best practices would be useful in order to strengthen research capacity in LMICs.

Second, collaborative learning between health professional associations from LMICs and from Canada deserves greater attention. Learning and knowledge acquisition occurs at individual, group, organizational and interorganizational levels (Nonaka & Takeuchi, 1995). In fact, absorptive capacity is a multilevel construct that might have an impact within single organizations (individual, team or organizational unit of analysis) and within collaborative organizational forms (alliance, cluster or network unit of analysis).

Understanding the processes involved in learning and transferring knowledge in alliances has attracted increased research interest (Hamel, 1991; Inkpen & Dinur, 1998; Simonin, 1999; Lane, Salk, & Lyles, 2001). On the other hand, partner-specific variables (strategic intent, inter-organizational trust, collaborative know-how) and a wider range of learning contexts in collaborative settings such as non-governmental organizations, non-profit organizations and public agencies deserve greater attention (Salk & Simonin, 2003). The analysis of the inter-organizational level would require adaptation of the operational framework in terms of the “relative absorptive capacity” construct, defined as the ability of an organization to learn from another one (Lane & Lubatkin, 1998). It is dependent upon the similarity of both partners’ knowledge base, norms and learning processes as well as their dominant orientations (mission, vision and culture), motivation and ability to use the knowledge acquired.

The integration of inter-organizational learning elements into the OCUR operational framework would help, for example, to assess if being in a partnership influences the level of LMIC health professional associations’ capacity to utilize research.

Finally, one of the goals of this thesis was to better understand what is inside the “black box” of *organizational capacity to utilize research*, so that we would have a better understanding of how organizational level variables affect the knowledge translation performance of organizations. This was done by targeting health professional associations in LMICs, but since no research utilization frameworks exist yet to explain organizational capacity per se, it would be important to compare and assess how solid this model would be with other institutional actors within health systems.

The OCUR operational framework is a representation of the organizational elements, processes and determinants of *organizational capacity to utilize research*. The survey was too small to allow for any statistical inference, so the reliability of the model assumptions (the proposed relationship among the different factors) needs to be empirically tested using regression analysis with a large enough sample. Such findings would allow us to discern the influence of the identified factors. It would also be interesting to test the model against the theory of organizations’ life cycle. The evolutionary stage of the organisation impacts learning, so being able to explain how this capacity to utilize research evolves depending on the organizational maturity of health professional associations would be informative to develop capacity strengthening strategies. In addition, a quantitative inquiry could be repeated in a few years on an augmented sample of health professional associations. It would be interesting to see if results vary, according to mandates.

Modeling the relationship between the variables and measuring their correlations would strengthen the model, putting it on a more solid footing. Using this model has implications for future research. One possibility would be to test which organizational variables best predict conditions under which various approaches to strengthening organizational capacity

to use research are likely succeed. This would focus how best to realize an organization's potential to facilitate research utilization and enhance knowledge translation performance.

In view of the importance of health professional associations utilization of research when seeking to influence health policy, evaluation of the impact of partnerships such as the one funded by CIDA with the Canadian Nurses Association, the Canadian Public Health Association and the Society of Obstetricians and Gynaecologists of Canada is warranted. The framework generated from this research defines pathways that could be targeted in design of both intervention and evaluation.

Dissemination Strategy

In the last decade, there has been a growing recognition that in order to get a return on investments in generating new knowledge, research findings should be shared not only with the research community, but also with the multiple users of research evidence who have the potential to apply the findings. For this reason, this research project has targeted not only a larger audience of global health policy researchers, but also the LMIC health professional associations that participated in the research, the Canadian health professional associations involved internationally, as well as the international development community.

For this reason, several knowledge translation activities took place throughout this project. In addition to the submission of manuscripts to peer-reviewed journals, presentations have been made at meetings and at international conferences.

- Hamel N, Angus D, Tugwell P. Health professional associations in developing countries: their capacity to use research to contribute to health policies. 16th Canadian Conference

on International Health (October 25-28, 2009).Ottawa, Canada. *[planned for October 26, 2009]*

- Hamel, N., Schrecker, T., Angus, D., & Tugwell, P. (2009). Organizational Capacity to Use Research: a tale of the Burkina Faso Public Health Association. 15th Qualitative Health Research Conference (Octobre 4-6, 2009).Vancouver, Canada. *[declined due to lack of funding]*
- Hamel, N. & Tugwell, P. (2009). Health professional associations in Low- and Middle-Income Countries: How Do They Use Research to Influence Health Policy? *[submitted to Journal of Public Health Policy]*
- Hamel, N. & Schrecker, T.. (2009). Unpacking organizational capacity to use research: A tale of the Public Health Association of Burkina Faso. *[submitted to Social Science and Medicine]*

The project and preliminary findings have also been shared with the directors and managers of the international programs of the Canadian Nurses Association, the Canadian Public Health Association and the Society of Obstetricians and Gynaecologists of Canada. This informed their work to reinforce institutional capacities, technical knowledge and leadership of health professional associations in LMICs. It also motivated the development of a proposal that has been submitted to the Canadian International Development Agency.

In following up this project, a profile of their organizational capacity to use research as well as areas of potential improvement in gathering and using research to influence policy was developed and shared with each LMIC health professional association that participated in the survey. This was prepared based on their answers to the questionnaire, and sent in their respective language. In the case of the Burkina Faso Public Health Association (ABSP), the respondents were offered the opportunity to revise their narrative. The ABSP will also receive the research results in the form of the related published manuscript.

Perhaps the most interesting unanticipated outcome of this dissemination strategy has been the fact that many participating associations found the exercise useful in helping them to assess their organizational culture and the extent to which it values research utilization. Some of them are even planning to adapt the questionnaire as part of their next strategic exercise, as a baseline for a longer term plan to develop their capacity to use evidence.

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Appendix 1
Research Ethics

Université d'Ottawa University of Ottawa

June 6, 2007

Peter Tugwell
Department of Epidemiology and Community
Medicine
University of Ottawa
1 Stewart Street, 2nd Floor
Ottawa, ON K1N 6N5

Doug Angus
School of Management
University of Ottawa
136 Jean-Jacques Lussier
Ottawa, ON K1N 6N5

Nadia Hamel

Michael Orsini
School of Political Studies
University of Ottawa
1 Stewart Street, 1st Floor
Ottawa, ON K1N 6N5

Ted Schrecker
Faculty of Medicine
University of Ottawa
1 Stewart Street, 2nd Floor
Ottawa, ON K1N 6N5

Object: Organizational Capacity to Use Research of Developing Countries' Health Professional Associations in a Canada-South Partnership: Development of a Conceptual Framework (file H 02-07-05)

Dear Doctors Tugwell, Angus, Orsini and Schrecker and Ms. Hamel,

You will find enclosed the Health Sciences and Science REB ethical clearance for the abovementioned study.

During the course of the study, any modifications to the protocol or forms may not be initiated without prior written approval from the REB. You must also promptly notify the REB of any adverse events that may occur.

This certificate of ethical clearance is valid until June 6, 2008. Please submit an annual status report to the Protocol Officer in June 2008 to either close the file or request a renewal of ethics approval. This document can be found at:
http://web9.uottawa.ca/services/rgessrd/ethics/application_dwn.asp

A copy of this approval will be sent to research services, if necessary.

If you have any questions, you may contact the undersigned at the number

Sincerely yours,

Catherine Paquet
Protocol Officer for Ethics in Research
For Daniel Lagarec, Chair of the Health Sciences and Science REB

Université d'Ottawa University of Ottawa

110 Jean Jacques Lussier Boulevard, Ottawa, Ontario K1N 6N5, Canada
Téléphone: (613) 563-5111, Télécopieur: (613) 563-5112, Courriel: recherche@uottawa.ca


HEALTH SCIENCES AND SCIENCE RESEARCH ETHICS BOARD

CERTIFICATE OF ETHICAL APPROVAL

This is to certify that the University of Ottawa Health Sciences and Science Research Ethics Board has examined the application for ethical approval of the research project entitled **Organizational Capacity to Use Research of Developing Countries' Health Professional Associations in a Caanda-South Partnership: Development of a Conceptual Framework (file H 02-07-05)** submitted by Nadia Hamel, Doctorate student in Population Health and supervised by Peter Tugwell of the Department of Epidemiology and Community Medicine of the University of Ottawa. Doctors Doug Angus, Michael Orsini and Ted Schrecker will have access to the data. The Board found that this research project met appropriate ethical standards as outlined in the Tri-Council Policy Statement and in the Procedures of the University of Ottawa Research Ethics Boards, and accordingly gave it a Category 1a (approval). This certification is valid one year from the date indicated below.

Catherine Paquet
Protocol Officer for Ethics in Research
For Daniel Lagarec, Chair of the
Health Sciences and Science REB

June 6, 2007
Date



Université d'Ottawa University of Ottawa

February 20, 2008

Petter Tugwell
Epidemiology and Community Medicine
Faculty of Medicine
University of Ottawa
1 Stewart Street
Ottawa ON K1N 6N5

Nadia Hamel

Object: Organizational Capacity to use Research of Developing Countries' Health Professional Associations in a Canada-South Partnership: Development of a Conceptual Framework (H 11-07-09)

Dear Dr. Tugwell and Ms. Hamel,

You will find enclosed the Health Sciences and Science REB ethical clearance for the abovementioned study.

During the course of the study, any modifications to the protocol or forms may not be initiated without prior written approval from the REB. You must also promptly notify the REB of any adverse events that may occur.

This certificate of ethical clearance is valid until February 20, 2009. Please submit an annual status report to the Protocol Officer in February 2009 to either close the file or request a renewal of ethics approval. This document can be found at:

http://web9.uottawa.ca/services/rgessrd/ethics/application_dwn.asp

A copy of this approval will be sent to research services, if necessary.

If you have any questions, you may contact the undersigned at the number

Sincerely yours,

Germain Zongo
Protocol Officer for Ethics in Research
For Dr. Daniel Lagaree, Chair of the Health Sciences and Science REB

Université d'Ottawa University of Ottawa

100 Jean Jacques Lussier Boulevard, Ottawa, Ontario K1N 6N5, Canada
Téléphone: (613) 563-5900 Fax: (613) 563-5901

HEALTH SCIENCES AND SCIENCE RESEARCH ETHICS BOARD

CERTIFICATE OF ETHICAL APPROVAL

This is to certify that the University of Ottawa Health Sciences and Science Research Ethics Board has examined the application for ethical approval of the research project entitled **Organizational Capacity to use Research of Developing Countries' Health Professional Associations in a Canada-South Partnership: Development of a Conceptual Framework (H 11-07-09)** submitted by submitted by doctoral student Ms. Nadia Hamel and her thesis supervisor Dr. Petter Tugwell of Epidemiology and Community Medicine at the University of Ottawa.

The Board found that this research project met appropriate ethical standards as outlined in the Tri-Council Policy Statement and in the Procedures of the University of Ottawa Research Ethics Boards, and accordingly gave it a Category 1a (approval). This certification is valid one year from the date indicated below.

Germain Zongo
Protocol Officer for Ethics in Research
For Dr. Daniel Lagarec, Chair of the
Health Sciences and Science REB

February 20, 2008
Date



ASSOCIATION BURKINABE DE SANTE PUBLIQUE (ABSP)

01 BP 5718 Ouagadougou 01 Tél/ Fax. :

Ouagadougou, le 9/09/2009

L'Administrateur Permanent

A

*Mlle Nadia Hamel inf/RN, PhD(c)
Candidat au doctorat en santé des
populations / Associée de recherche
Population Health PhD Candidate /
Research Associate
Centre for Global Health,
Université d'Ottawa
1 rue Stewart street, Ottawa,
Ontario, K1N 6N5*

Objet : Permission

Mademoiselle,

C'est avec plaisir que l'**Association Burkinabé de Santé Publique (ABSP)** a accepté de participer au projet de recherche que vous avez élaboré pour votre doctorat en santé des populations à l'Université d'Ottawa.

Conscient du fait que la capacité des associations de professionnels de la santé à utiliser les connaissances scientifiques est essentielle pour contribuer au développement des systèmes de santé, je consens en signant ci-dessous, à donner la permission à Nadia Hamel de citer le nom de l'ABSP dans sa thèse ou dans un journal scientifique revu par les pairs.

Toutes les informations spécifiques aux participants demeureront confidentielles.

Veuillez accepter mes salutations distinguées,



Boniface SARAMBE
Administrateur Permanent

Appendix 2
Consent Form for Qualitative Phase



uOttawa

L'Université canadienne
Canada's university

Institut de recherche sur
la santé des populations

Institute of Population
Health

LETTRE D'INFORMATION – ENTREVUE

Projet : « Capacité organisationnelle des associations professionnelles de la santé des pays en voie de développement dans un partenariat Canadien à utiliser la recherche: Développement d'un modèle conceptuel »

Introduction

Vous êtes invité à participer à ce projet mené par Nadia Hamel, candidate au programme de doctorat en santé des populations, sous la supervision de Dr. Peter Tugwell, professeur au Département d'épidémiologie et de médecine sociale à l'Université d' Ottawa.

Le but de ce projet est d'explorer comment la capacité organisationnelle à utiliser les résultats de recherche peut supporter les efforts des associations de professionnels de la santé à influencer les politiques de santé. L'objectif de cette phase du projet est d'examiner les ressources et les pratiques de votre organisation pour acquérir, assimiler, transformer et appliquer les résultats de la recherche. Ceci permettra de raffiner le modèle conceptuel initial.

Vous êtes invité à participer à une entrevue individuelle d'environ une (1) heure avec Nadia Hamel, qui aura lieu à un endroit et un moment qui vous convient. Les échanges durant l'entrevue seront enregistrés avec votre permission.

Considérations

Toutes les informations seront traitées confidentiellement. En outre, aucun document portant votre nom ou celui de votre organisation ne sera publié sans consentement.

Votre organisation a accepté de participer à cette étude. Toutefois, votre participation est volontaire et vous êtes libre de vous retirer en tout temps, et/ou refuser de répondre à certaines questions. Vous pouvez aussi demander en tout temps d'interrompre l'enregistrement de l'entrevue.

Les seules personnes qui auront accès aux transcriptions de l'entrevue sont le transcripteur, les membres de comité de thèse (Peter Tugwell, Doug Angus, Ted Schrecker, Michael Orsini) et Nadia Hamel à l'Université d'Ottawa. Dès que les données seront collectées, votre nom sera remplacé avec un numéro de code pour assurer votre confidentialité.

De plus, si le contenu de votre entrevue devait inclure des références qui pourraient permettre de vous identifier (ou votre organisation), celles-ci seront remplacées par des pseudonymes dans la transcription.

Les données recueillies seront conservées de façon sécuritaire, sous-clé, dans le bureau du Dr Tugwell à l'Université d'Ottawa; elles seront détruites cinq ans après publication.

Il n'y a aucun risque prévu associé à votre participation à cette entrevue.

Résumé et Consentement

Votre consentement est nécessaire pour participer à cette étude. Pour récapituler, votre participation signifie que vous acceptez d'être interviewé pendant approximativement une (1) heure. Ceci aura lieu à un endroit et un moment qui vous convient. Pour indiquer votre consentement à participer, veuillez compléter le formulaire à la page suivante.

I Stewart
Ottawa ON K1N 6N5
Canada

www.uOttawa.ca

Veillez conserver une copie pour vos dossiers

CONSENTEMENT – ENTREVUE

Projet : « Capacité organisationnelle des associations professionnelles de la santé des pays en voie de développement dans un partenariat Canadien à utiliser la recherche: Développement d'un modèle conceptuel »

Nadia Hamel inf., MSc, PhD(c)
Candidate au doctorat en santé des populations
Université d'Ottawa
1 rue Stewart street, Ottawa, Ontario, K1N 6N5

Je, _____, accepte de participer à la recherche susdite menée par Nadia Hamel, candidate au programme de doctorat en santé des populations, sous la supervision de Dr. Peter Tugwell, professeur au Département d'épidémiologie et de médecine sociale à l'Université d'Ottawa.

J'ai lu la lettre d'information et j'accepte de participer dans une entrevue d'une (1) heure, à un endroit et un moment qui me convient.

Ma participation à la recherche est volontaire et je suis libre de me retirer en tout temps, et/ou refuser de répondre à certaines questions. Je peux aussi demander en tout temps d'interrompre l'enregistrement de l'entrevue.

L'information que je partagerai sera traitée confidentiellement. Les données recueillies seront conservées de façon sécuritaire, et ni mon nom ou mon organisation seront identifiés dans l'étude. Les données (enregistrement et transcription) seront conservées dans le bureau du Dr Tugwell à l'Université d'Ottawa et seront détruites cinq ans après publication.

Les résultats de cette étude serviront à compléter la thèse doctorale de Nadia Hamel à l'Université d'Ottawa et peuvent être publiés dans un journal revu par les pairs. Ni mon nom ou mon organisation seront cités.

J'ai signé deux copies du consentement, dont une copie que je peux conserver.

J'ai eu l'occasion de poser des questions sur l'entrevue et les questions que j'ai demandées ont été dûment répondues. Si j'ai d'autres interrogations je pourrai communiquer avec Nadia Hamel en utilisant l'information ci-haut.

Pour tout renseignement sur mes droits comme participant à cette recherche, je peux m'adresser au Responsable de l'éthique en recherche, Université d'Ottawa, 550 rue Cumberland, Pavillon Tabaret (pièce 159), Ottawa, Ontario, Canada K1N 6N5, tél. : 613-562-5841, courriel: ethics@uottawa.ca.



Institut de recherche sur
la santé des populations

Institute of Population
Health

CONSENTEMENT – ENTREVUE

*Projet : « Capacité organisationnelle des associations professionnelles de la santé des
pays en voie de développement dans un partenariat Canadien à utiliser la recherche:
Développement d'un modèle conceptuel »*

Êtes-vous intéressé à participer à l'entrevue?

Oui

Non

Pouvons-nous enregistrer votre entrevue?

Oui

Non

Voulez-vous réviser la transcription de votre entrevue?

Oui

Non

Pouvons-nous employer des citations éditées et non-identifiables de vous à des fins de
recherche ou de publication?

Oui

Non

Si nécessaire, pouvons-nous vous contacter d'ici 1 à 2 mois pour clarifier une partie de
l'information que vous avez partagée pour augmenter la qualité de l'analyse de
données, si nécessaires ?

Oui

Non

Signature du participant

Date

I Stewart
Ottawa ON K1N 6N5
Canada

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Veillez conserver une copie pour vos dossiers

Appendix 3
Interview Guide

INTERVIEW GUIDE

Date and heure de l'entrevue:

Endroit de l'entrevue:

Information sur la personne interviewée

Homme Femme

Lien avec l'Association:

Si travaille pour l'Association, depuis combien de temps :

Expérience/expertise professionnelle:

Projet de recherche

Aperçu Consentement informé

Questions

1. Dans quelle mesure votre organisme cherche-t-il à influencer sur la politique publique de votre pays?
 - Contexte, évènement particulier, audience (représentants du ministère de la santé? Membres?)
 - principaux obstacles à l'utilisation des recherches et de la documentation en vue d'influer sur les politiques
2. Êtes-vous en mesure d'obtenir des recherches?
 - Personnel compétent, implication des membres, ententes avec des experts
3. Avez-vous accès aux recherches?
 - Électroniques ou sur papier, Bases de données, revues scientifiques de niveau international, régional et/ou national
4. Avez-vous un réseau de recherche et d'apprentissage?
 - collaboration avec des chercheurs ou institutions d'enseignement, autres associations?
5. Êtes-vous en mesure d'évaluer la qualité des recherches et de déterminer si elles sont pertinentes et utiles dans la pratique?
 - Personnel compétent, entente avec experts
6. Pouvez-vous synthétiser les résultats de manière conviviale?
 - Plan de communication, « position papers », produits basés sur des données probantes
 - Par quels moyens votre organisme cherche-t-il à influencer sur la politique?
7. Considérez-vous que votre organisme valorise l'utilité des recherches?
 - Stratégie/Mission organisationnelle, recherches consultées systématiquement et appliquées dans les opérations; recherche intégrée aux processus décisionnels
8. Comment le fait d'être en partenariat avec d'autres associations (canadiennes ou autres) a-t-il influé sur votre capacité organisationnelle d'utiliser la recherche

Merci!

Appendix 4
Survey Questionnaire

Title of Study

Organizational Capacity to Use Research of Developing Countries' Health Professional Associations in a Canada-South Partnership: Development of a Conceptual Framework

Invitation to participate

Your organization is invited to participate in a study being undertaken by Nadia Hamel from the Ph.D. program of Population Health, University of Ottawa, Canada. The project is under the supervision of Dr. Peter Tugwell, MD, MSc, FRCPC and the co-supervision of Doug Angus, MA.

Purpose of Study

The purpose of this research project is to better understand how health professional associations in developing countries access and use research. The attached survey will ask questions about how your organization acquires, assimilates, transforms and applies research findings in your operations.

This project is part of a larger study that explores how the capacity to use research influences the knowledge translation strategies of health professional associations. The larger study is being completed for the doctoral thesis project of the researcher, Nadia Hamel.

About the Study Results

Each participating organization will get:

- a profile of its capacity to use research
- an assessment of its resources and technical capacity
- areas of potential for improvement in gathering and using research to influence policy

Voluntary Participation

This research is independent and your participation or non-participation will affect in no way your partnership with the Canadian Nurses Association, or your funding.

The questionnaire looks at organizational routines and processes. The individual who will complete the questionnaire should do it on behalf of your organization, and hence be qualified into providing an organizational perspective. When possible, it is suggested to complete the survey in consultation with the board and/or the executive committee of the organization.

The survey should take about 60 minutes to complete.

In appreciation of your time to complete the survey, your organization will get a chance to participate in a draw, which the prize consists of one (1) paper and/or online organizational subscription to a scientific journal of your choice (e.g. Social Science and Medicine, Global Public Health, etc.) equivalent to a *maximum of \$400*.

If you wish to participate in this study, please complete the survey that is attached to this letter by *March 14*. If you complete and return this survey via email it means that you have consented to participate in this research.

You do not have to participate. If you do not wish to participate just leave the survey blank and return it via email.

Risks

There are no anticipated risks associated with the completion of this survey. If any questions make you uncomfortable or if there are questions that you do not want to answer, you may leave them blank.

You do not have to answer any questions if you don't want to.

Confidentiality

Your answers will be kept confidential. Your name and the name of your organization will not appear on any reports or publications arising from the study. As soon as the data is collected, your name and the name of your organization will be replaced with a coded number to ensure your confidentiality.

The only persons who will have access to the research data are the thesis committee members and Nadia Hamel at the University of Ottawa. Your Canadian partner, the Canadian Nurses Association, *will not* have access to your answers.

Conservation of data

The data will be stored in a secure and locked room at the University of Ottawa (Peter Tugwell's office) for a period of 5 years at which time they will be destroyed.

If you have questions about the research, you may contact Nadia Hamel or her supervisors using the contact information hereunder.

If you have any questions with regards to the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, room 159, Ottawa, Ontario Canada K1N 6N5, tel.: (1) 613-562-5841, email: ethics@uottawa.ca.

Please keep this form for your records.

Thank you for your time and help with this research, it is greatly appreciated.

Nadia Hamel RN, PhD(c)
Population Health PhD Candidate
University of Ottawa
1 Stewart street, 2nd floor
Ottawa, Ontario Canada K1N 6N5

Supervisor:

Dr. Peter Tugwell, MD, MSc, FRCPC
Director, Centre for Global Health
Institute of Population Health
University of Ottawa

Co-supervisor

Douglas E. Angus, MA
Professor
Telfer School of Management
University of Ottawa

SUGGESTIONS FOR COMPLETING THE SURVEY

The following questions look at *organizational, not individual* capacity to use research. Therefore, it works best if a group of decision-makers and interested people in your organization works together on the answers, discussing them as you go along. Such a team might include, for example, members of the board, senior management and staff representatives.

The group will have to decide whether, *given the unique circumstances of the organization*, it is doing as much as it could and should be doing. Since this is a self-assessment, *there are no right or wrong answers*.

ABOUT THE RATINGS

The choice of ratings for each question varies, depending on the nature of the question. In all cases, a rating of “1” means a low capacity or frequency of activity, while a “5” signifies something your organization is well-equipped to do or does often.

ADDITIONAL COMMENTS

We are well aware that these questions cannot capture the full complexity of your organizational context. Therefore, please provide additional comments to better explain the situation in your country.

ABOUT YOUR ORGANIZATION...

Before you start completing the survey, we would like to know a bit more about your organization.

Which **country** do you work in?

When was your organization **founded**?

How long have you been in **partnership** with your Canadian partner?

What is the total number of **paid staff in your organization**?

of administrative support positions:

of professional positions:

of executive/director level positions:

Others:

What is the total number of **members**?

What is your total **annual budget**?

Total annual operational budget:

Proportion (%) supported through your Canadian partner:

1) Do we have an influence on health policy in our country?

RATING
 1 = *unimportant* 2 = *somewhat important* 3 = *moderately important*
 4 = *important* 5 = *very important*

	1	2	3	4	5
a) To what extent does your organization seek to influence government policy in your country?					
b) In your organization's experience, what types of evidence are most effective when seeking to influence policy?					
i) Surveys					
ii) Statistics					
iii) Academic research papers					
iv) Field reports					
v) Case studies					
vi) Personal testimonies from beneficiaries					
vii) Anecdotal /success stories					
viii) other forms of advocacy such as organizing petitions or lobbying decision (please specify: _____)					

RATING
 1 = *Don't do* 2 = *Do poorly* 3 = *Do inconsistently* 4 = *Do with some consistency* 5 = *Do well*

	1	2	3	4	5
c) Overall, how successful is civil society (or other non-governmental organizations) in influencing government policy in your country?					
d) Indicate whether your organization has been involved in the following activities (formally or informally) to influence policy-making over the past 12 months					
i) Working with researchers or research groups					
ii) Working with policy-makers					
iii) Working with representatives of other health professional associations					
iv) Working with representatives of other civil society organizations					
v) Working with representatives of for-profit organizations (e.g. pharmaceutical companies)					
e) How does your organization seek to influence policy?					
i) Work on projects commissioned by policymakers					
ii) Piloting alternative policy approaches					
iii) Comment on draft policy documents					
iv) Organize policy seminars					

v) Newsletter to policymakers					
vi) Networking with other health professional associations					
vii) Networking with other civil society organizations					
viii) Publications on policy issues					
ix) Submit articles in the media					
x) Provide training					
xi) other forms of advocacy such as organizing petitions or lobbying decision (please insert examples:)					

PLEASE COMMENT

f) How favorable is the political environment for **civil society organizations (CSOs)** engagement in policy processes in your country? Which **political factors** make it **easy / difficult** for CSOs to **engage** in policy processes?

g) Overall, how would you **assess** the success of **your organization** in influencing policy in your country? Please tell us more about **which policy areas** your organization has tried to influence in your country *in the past 12 months*.

2) Are we able to acquire research?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

	1	2	3	4	5
a) We have skilled staff who can carry out research.					
b) Our staff has enough time for research.					
c) Our staff has the incentive to do research; research activities are part of their job description.					
d) We have arrangements with external experts who conduct research, monitor research, or do research for us.					
e) We have qualified members who are involved in research activities that inform our decision-making.					

3) Do we have access to research?

RATING

1 = unaware of information source 2 = aware of, but not accessible 3 = accessible, but never used/read
4 = used/read 3-4 times per year or less 5 = use/read about once a month

	1	2	3	4	5
a) Please indicate whether you had access to the following electronic/online sources of information over the past 12 months :					
i) International bibliographic databases (e.g. Medline, PubMed)					
ii) Cochrane Library					
iii) Scientific journals from developed countries (e.g. British Medical Journal, Advanced Nursing Science)					
iv) Scientific journals from your country (please insert 2 examples: _____)					
v) Scientific journals from your geographic region (please insert 2 examples: _____)					
vi) Articles, reports, and reviews from public organizations such as the Ministry of Health; from NGOs such as professional associations; and international organizations such as WHO					
vii) Articles, reports, and reviews from pharmaceutical companies or other for-profit organizations					
viii) Medical or nursing textbooks, Clinical practice guidelines or protocols					

RATING

1 = unaware of information source 2 = aware of, but not accessible 3 = accessible, but never used/read
 4 = used/read 3-4 times per year or less 5 = use/read about once a month

	1	2	3	4	5
b) Please indicate whether you had access to the following <i>paper</i> sources of information over the past 12 months:					
i) Scientific journals from high-income countries (e.g. Social Science and Medicine, Lancet, British Medical Journal)					
ii) Scientific journals from your country (please insert 2 examples: _____)					
iii) Scientific journals from your geographic region (please insert 2 examples: _____)					
iv) Articles, reports, and reviews from public organizations such as the Ministry of Health; from NGOs such as professional associations; and international organizations such as WHO					
v) Articles, reports, and reviews from for-profit health organizations (e.g. pharmaceutical companies)					
vi) Medical textbooks, Clinical practice guidelines, protocols and/or decision support tools					

4) Do we have a research and learning network?**RATING**

1 = Don't do 2 = Do poorly 3 = Do inconsistently 4 = Do with some consistency 5 = Do well

	1	2	3	4	5
a) We work with researchers through formal and informal networking meetings with our staff.					
b) We collaborate with researchers in some of the following ways: hosting them, involving them in our decision-making, or sponsoring their research.					
c) We learn from other health professional associations through informal and formal networks to exchange ideas, experiences, and best practices					

COMMENTS:

5) Can we assess research quality and tell if the research is relevant and applicable?

RATING
 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

	1	2	3	4	5
a) Staff in our organization has the critical appraisal skills to evaluate the reliability of specific research by identifying related evidence and comparing methods and results.					
b) Our organization has arrangements with external experts who use critical appraisal skills and tools to assess methodology and evidence, and to compare methods and results.					
c) Our staff can relate outside research to our organization and point out similarities and differences.					
d) Our organization has arrangements with external experts to identify the relevant similarities and differences between what we do and what the research says.					
e) We invite qualified members to assess research application to our organization					

6) Can we summarize results in a user-friendly way?

RATING
 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

	1	2	3	4	5
a) Our organization has skilled staff with time, incentives, and resources who use research communication skills to present research results concisely and in accessible language .					
b) Our organization has skilled staff with time, incentives, and resources who use research communication skills to synthesize in one document all relevant research, along with information and analyses from other sources .					
c) Our organization has skilled staff with time, incentives, and resources who use research communication skills to link research results to key issues facing our decision makers .					
d) Our organization has skilled staff with time, incentives, and resources who use research communication skills to develop and present recommended actions to					

our decision makers.					
e) Our organization has arrangements with external experts who use research communication skills to present research results concisely and in accessible language.					
f) Our organization has arrangements with external experts who use research communication skills to synthesize in one document all relevant research, along with information and analyses from other sources.					
g) Our organization has arrangements with external experts who use research communication skills to link research results to key issues facing our decision makers					
h) Our organization has arrangements with external experts who use research communication skills to develop and present recommended actions to our decision makers.					
i) Our members are systematically engaged in the process of analyzing and presenting research on behalf of the organization					

COMMENTS:

7) Do we value research use?

RATING
 1 = *Strongly disagree* 2 = *Disagree* 3 = *Neither agree nor disagree* 4 = *Agree* 5 = *Strongly agree*

	1	2	3	4	5
a) Using research is a priority in our organization.					
b) Our organization has committed resources to ensure research is accessed, adapted, and applied in making decisions.					
c) The leadership of our organization has clearly communicated our strategy and priorities so that those creating or monitoring research know what is needed in support of our goals.					
d) Staff communicate internally in a way ensuring that information on research					

results are exchanged across the entire organization.					
e) Our members are involved in discussions on how research evidence relates to our main goals.					

PLEASE COMMENT

f) Does your corporate culture **value and reward** flexibility, change, and continuous quality improvement? If so, what types of **resources** exist to **support** this?

8) Do we integrate research in our decision-making processes?

RATING
 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

	1	2	3	4	5
a) When we make major decisions, we usually allow enough time to identify researchable questions and obtain, analyze, and consider research results and other evidence.					
b) When making a major decision, our leadership evaluates the feasibility of each option, including potential impact across the organization as well as on clients, partners, and other stakeholders.					
c) Decision-makers in our organization give formal consideration to recommendations from staff, based on high-quality and relevant research.					
d) Staff and members know when and how major decisions will be made .					
e) Staff and members who have provided research evidence and analysis participate in decision-making discussions .					
f) Staff and members who have provided research evidence and analysis receive feedback on decisions, with a rationale for the decision.					
g) Staff and members are informed of how available evidence influenced the choices that were made in our organization.					

COMMENTS:

9) How has your partnership affected your organizational capacity to use research?

RATING
 1 = *unimportant* 2 = *somewhat important* 3 = *moderately important*
 4 = *important* 5 = *very important*

	1	2	3	4	5
a) To what extent would you say your Canadian Health Professional Association partner's knowledge relates to your organization's needs ?					
b) Has strengthening your organizational research capacity been an objective of your partnership?					
c) Overall, has these been issues in your partnership:					
i) cultural misunderstanding or cultural differences					
ii) conflict over the original agreement					
iii) mistrust					
iv) other forms of untrustworthiness (please specify: _____)					

RATING
 1 = *Don't do* 2 = *Do poorly* 3 = *Do inconsistently* 4 = *Do with some consistency* 5 = *Do well*

	1	2	3	4	5
d) To what extent have you learned from your Canadian Health Professional Association partner:					
i) New expertise					
ii) Product development (standards, competencies, etc.)					
iii) Managerial techniques or processes					
iv) Research Utilization (literature, evidence-based position statements, etc.)					
v) Influencing national policy development					
e) Outside funding support , what is the degree to which your Canadian Health Professional Association partner has contributed to your organization's learning :					
i) Managerial resources, including administrative support					
ii) Development of training sessions or workshops for your staff or leaders					
iii) Direct technical or expertise assistance through missions					
iv) other forms of contribution (please specify: _____)					
f) During you partnership, has your organization written learning objectives ?					
g) Does you organization have a long term plan or a strategic plan written?					

PLEASE COMMENT

h) What does your organization consider to be the **3 key factors** affecting the **success of learning from** another organization?

10) Indicate how important the following issues are for you to improve your work.

a) We feel research in our organization should have:
(Check one)

- | | |
|---|--|
| <input type="checkbox"/> Much higher priority | <input type="checkbox"/> Somewhat lower priority |
| <input type="checkbox"/> Somewhat higher priority | <input type="checkbox"/> Much lower priority |
| <input type="checkbox"/> The same priority | |

b) We feel our organization needs to:
(Check one)

- | | |
|--|---|
| <input type="checkbox"/> Consider and integrate research more often in making decisions. | <input type="checkbox"/> Integrate and consider research slightly less often in making decisions. |
| <input type="checkbox"/> Consider and integrate research slightly more often in making decisions. | <input type="checkbox"/> Integrate and consider research much less often. |
| <input type="checkbox"/> Maintain our current level of integrating and considering research in making decisions. | |

c) In order to increase our capacity to use research, we need:
(If you have more than one answer, please rate your needs from 1 to 6, with 1 being the highest priority)

- | | |
|--|---|
| ___ More skilled staff | ___ More access to other health professional networks or associations |
| ___ Resources
(please specify: _____) | ___ Arrangements with external experts |
| ___ Better access to research resources (scientific journals, grey literature, etc.) | ___ More research which is applicable to our local context. |
| ___ Better engagement process of our qualified members | |

d) The main barriers to using research and evidence to influence policy in our country are:
(If you have more than one answer, please rate your needs from 1 to 6, with 1 being the most important)

- | | |
|---|--|
| ___ Our organization staff has too little time to read research | ___ There is insufficient research capacity in the country |
| ___ Our organization has limited resources and capacity to use and adapt research results | ___ Policymakers are not used to drawing on research and evidence |
| ___ Our organization has limited means to reach out to its qualified members | ___ Policymakers have limited capacity to use and adapt evidence in policy processes |
| ___ Other
(please specify: _____) | |

e) The types of support that would most help our organization to influence policy are:
(If you have more than one answer, please rate your needs from 1 to 6, with 1 being the most important)

- | | |
|--|--|
| ___ Support for more research (on policy issues)
(please specify: _____) | ___ Information on policy issues |
| ___ Technical support on specific influencing initiatives | ___ Networking opportunities on policy issues |
| ___ Training or capacity building
(If so, which training would be most useful? _____) | ___ Access to the latest thinking on how to use evidence to influence policy |

Thank you again for your time and help with this research, it is greatly appreciated.

Titre de l'étude

La capacité organisationnelle des associations de professionnels de la santé des pays en développement à faire usage des recherches dans le cadre d'un partenariat Canada-Sud :
Mise au point d'un cadre conceptuel

Invitation à participer

Votre organisme est invité à participer à une étude entreprise par Nadia Hamel, candidate à un doctorat en Santé des populations, à l'Université d'Ottawa (Canada). Le projet est dirigé par le Dr Peter Tugwell, M.D., M.Sc., FRCPC et co-dirigé par Doug Angus, M.A.

Objet de l'étude

Ce projet de recherche vise à mieux comprendre la manière dont les associations de professionnels de la santé des pays en développement ont accès aux recherches, et l'usage qu'ils en font. Le questionnaire ci-joint vous demandera des renseignements sur la manière dont votre organisme obtient, assimile, transforme et applique les constats des recherches à ses activités.

Ce projet fait partie d'une étude plus vaste qui se penche sur la manière dont la capacité à utiliser les recherches influe sur les stratégies que les associations de professionnels de la santé adoptent pour la promotion du savoir. L'étude plus vaste constituera la thèse doctorale de la chercheuse Nadia Hamel.

À propos des résultats de l'étude

Chacun des organismes participants recevra :

- un profil de sa capacité à faire usage des recherches
- une évaluation de ses ressources et de sa capacité technique
- une énumération des aspects qu'il y aurait lieu d'améliorer pour se procurer et utiliser des recherches de manière à influencer sur les politiques

Participation facultative

Ce projet de recherche est indépendant et votre décision d'y participer oui ou non n'affectera en rien votre partenariat avec la Société des obstétriciens et gynécologues du Canada, ni votre financement.

Le questionnaire explore les activités et processus organisationnels courants. La personne qui remplira le questionnaire doit le faire au nom de votre organisme, et elle doit donc être en mesure d'offrir une perspective organisationnelle. Dans la mesure du possible, il serait bon de remplir le questionnaire en consultation avec le conseil d'administration et/ou le comité exécutif de votre organisme.

Il faut compter environ 60 minutes pour remplir le questionnaire.

Pour vous remercier d'avoir pris le temps de remplir le questionnaire, votre organisme participera à un tirage au sort. Le prix consiste en un (1) abonnement à une revue scientifique (imprimé ou électronique) de votre choix (p. ex., Social Science and Medicine, Global Public Health, etc.) d'une valeur maximale de 400 \$.

Si vous souhaitez participer à ce sondage, veuillez remplir le questionnaire ci-joint et nous le retourner d'ici le 14 mars. Si vous remplissez le formulaire et nous le retournez par courrier électronique, il sera sous-entendu que vous avez consenti à participer à cette étude.

Vous n'avez aucune obligation de participer. Si vous ne désirez pas participer, laissez le questionnaire en blanc et retournez-le tout simplement par courrier électronique.

Risques

En principe, vous ne courez aucun risque en remplissant le questionnaire. S'il y a des questions qui vous dérangent ou auxquelles vous ne voulez pas répondre, vous pouvez les laisser en blanc.

Vous n'avez pas besoin de répondre à une question si vous ne le voulez pas.

Confidentialité

Vos réponses seront traitées de manière confidentielle. Votre nom et le nom de votre organisme ne figureront dans aucun rapport ou publication découlant de cette étude. Dès que vos données seront consignées, votre nom et le nom de votre organisme seront remplacés par un code numérique afin de préserver la nature confidentielle de l'information.

Les seules personnes qui auront accès aux données obtenues dans le cadre de nos recherches sont les membres du comité de thèse et Nadia Hamel, à l'Université d'Ottawa. Votre partenaire canadien la Société des obstétriciens et gynécologues du Canada, n'aura pas accès à vos réponses.

Conservation des données

Les données seront conservées dans une pièce sécuritaire et verrouillée à l'Université d'Ottawa (le bureau de Peter Tugwell) pendant cinq ans, période au terme de laquelle elles seront détruites.

Pour toute précision supplémentaire à propos de nos recherches, n'hésitez pas à communiquer avec Nadia Hamel ou ses superviseurs aux coordonnées ci-dessous.

Pour toute question à l'égard des principes déontologiques de cette étude, vous pouvez communiquer avec le responsable de l'éthique en recherches, Université d'Ottawa, Pavillon Tabaret, 550, rue Cumberland, pièce 159, Ottawa (Ontario) Canada K1N 6N5, tél.: (1) 613-562-5841, courriel: ethics@uottawa.ca.

Veillez conserver ce formulaire pour vos dossiers.

Votre concours est vivement apprécié, et nous vous savons gré à l'avance du temps que vous voudrez bien nous consacrer.

Nadia Hamel inf, PhD(c)
Candidate au doctorat en Santé des populations
Université d'Ottawa
1, rue Stewart, 2^e étage
Ottawa (Ontario) Canada K1N 6N5

Superviseur :

Dr. Peter Tugwell, M.D., M.Sc., FRCPC
Directeur, Centre de santé mondiale
Institut de recherche sur la santé des populations
Université d'Ottawa

Co-superviseur :

Douglas E. Angus, M.A.
Professeur
École de gestion Telfer
Université d'Ottawa

QUELQUES SUGGESTIONS SUR LA MANIÈRE DE REMPLIR LE QUESTIONNAIRE

Les questions ci-après se penchent sur la capacité *organisationnelle* à utiliser les recherches, et non pas sur la capacité *personnelle*. Ainsi, la meilleure manière d'y répondre serait de constituer une équipe de décideurs et autres personnes intéressées de votre organisme, afin qu'ils y travaillent ensemble et en discutent au fur et à mesure. À titre d'exemple, votre équipe pourrait se constituer des membres de votre Conseil d'administration, des cadres supérieurs et de représentants des employés.

L'équipe devra décider si, *compte tenu des circonstances particulières de l'organisme*, celui-ci est en train de faire tout ce qu'il peut et qu'il devrait faire. Comme il s'agit d'une auto-évaluation, *il n'y a pas de réponses bonnes ou mauvaises*.

À PROPOS DES BARÈMES DE COTATION

Le choix d'une cote varie dans chaque cas, en fonction de la nature de la question. Dans tous les cas, une cote de « 1 » désigne le bas de l'échelle, c'est-à-dire, une capacité faible ou le manque de fréquence d'une activité, alors que « 5 » indique que votre organisme est bien équipé pour telle ou telle activité ou qu'il fait quelque chose régulièrement.

COMMENTAIRES SUPPLÉMENTAIRES

Il est manifeste que ces questions ne sauraient refléter toute la complexité de votre contexte organisationnel. N'hésitez donc pas à fournir des commentaires supplémentaires afin de mieux expliquer la situation dans votre pays.

À PROPOS DE VOTRE ORGANISME...

Avant que vous ne commenciez à répondre au questionnaire, nous aimerions quelques renseignements sur votre organisme.

Dans quel **pays** travaillez-vous?

En quelle année votre organisme a-t-il été **fondé**?

Depuis combien de temps êtes-vous en **partenariat** avec votre partenaire canadien?

Quel est le nombre total de **personnel rémunéré dans votre organisme**?

Nbre de postes de soutien administratif :

Nbre de postes professionnels :

Nbre de cadres/gestionnaires :

Autres :

Quel est le nombre total de vos **membres**?

À combien se chiffre votre **budget annuel au total**?

Budget de fonctionnement annuel :

Proportion (%) fournie par votre partenaire canadien :

1) Exerçons-nous une influence sur les politiques de notre pays en matière de santé?

BARÈME DE COTATION

1 = pas du tout important
4 = important

2 = pas très important
5 = très important

3 = assez important

	1	2	3	4	5
a) Dans quelle mesure votre organisme cherche-t-il à influencer sur la politique publique de votre pays?					
b) D'après l'expérience de votre organisme, quels types de documents/preuves s'avèrent le plus efficaces à l'heure de chercher à influencer sur les politiques?					
i) Sondages					
ii) Statistiques					
iii) Mémoires de recherches universitaires					
iv) Rapports d'utilisation					
v) Études de cas					
vi) Témoignage personnel des bénéficiaires					
vii) Preuves empiriques/cas exemplaires					
viii) Autres formes de défense d'une cause, p. ex., présenter une requête collective ou faire du lobbying (veuillez préciser : _____)					

BARÈME DE COTATION

1 = Jamais 2 = Rarement 3 = De temps en temps 4 = Assez régulièrement 5 = Beaucoup

	1	2	3	4	5
c) Dans l'ensemble, à quel point la société civile (ou autres organisations non gouvernementales) réussit-elle à influencer sur la politique publique dans votre pays?					
d) Préciser si votre organisme a participé (que ce soit à titre officiel ou officieux) aux activités suivantes en vue d'influer sur les décideurs dans les 12 derniers mois					
i) Travailler avec des chercheurs ou groupes de recherche					
ii) Travailler avec les décideurs					
iii) Travailler avec les représentants d'autres associations de professionnels de la santé					
iv) Travailler avec les représentants d'autres organismes de la société civile					
v) Travailler avec les représentants de sociétés commerciales (p. ex., les entreprises pharmaceutiques)					
e) Par quels moyens votre organisme cherche-t-il à influencer sur la politique?					
i) Travailler à des projets commandés par les décideurs					
ii) Entreprendre un projet pilote en vue de faire valoir les avantages d'une					

autre approche					
iii) Présenter des commentaires sur des politiques à l'étude					
iv) Organiser des colloques sur les politiques					
v) Transmettre un bulletin de nouvelles aux décideurs					
vi) Tisser des maillages avec d'autres associations des professionnels de la santé					
vii) Tisser des maillages avec d'autres organismes de la société civile					
viii) Diffuser des publications sur des questions politiques					
ix) Présenter des articles aux médias					
x) Fournir des cours de formation					
xi) Autres formes de défense d'une cause, p. ex., présenter une requête collective ou faire du lobbying (veuillez donner des exemples :)					

VEUILLEZ INSCRIRE VOS COMMENTAIRES AUX QUESTIONS SUIVANTES

f) À quel point le milieu politique de votre pays se montre-t-il favorable à l'engagement des **organismes de la société civile** à l'égard des processus politiques? Quels sont les **facteurs** politiques qui font qu'il soit **facile/difficile** à ces organismes de **s'impliquer** dans les processus politiques?

g) Dans l'ensemble, comment **définiriez-vous** la mesure de succès que **votre organisme** obtient pour ce qui est d'influer sur la politique de votre pays? Veuillez préciser les **domaines politiques** à l'égard desquels votre organisme a cherché à exercer une influence dans votre pays *dans les 12 derniers mois*.

Autres commentaires :

2) Sommes-nous en mesures d'obtenir des recherches?

BARÈME DE COTATION

1 = Pas du tout 2 = Non 3 = Ni oui ni non 4 = Oui 5 = Tout à fait

	1	2	3	4	5
a) Nous disposons d'un personnel compétent qui est en mesure d'effectuer les recherches.					
b) Notre personnel a assez de temps pour les recherches.					
c) Notre personnel se sent motivé à faire des recherches; les activités de recherche font partie de sa description de travail.					
d) Nous avons des ententes avec des experts externes qui se chargent d'effectuer des recherches ou de suivre ce qui se fait dans le domaine pour nous.					
e) Certains de nos membres qualifiés participent à des activités de recherche qui nous éclairent à l'heure de prendre des décisions.					

3) Avons-nous accès aux recherches?

BARÈME DE COTATION

1 = pas au courant de leur existence 2 = au courant, mais pas d'accès 3 = accessible, mais n'est jamais utilisé/lu 4 = utilisé/lu 3 ou 4 fois par an ou moins 5 = utilisé/lu environ une fois par mois

	1	2	3	4	5
a) Veuillez préciser si vous avez eu accès aux sources d'information électroniques/en direct suivantes au cours des 12 derniers mois :					
i) Bases de données bibliographiques internationales (p. ex., Medline, PubMed)					
ii) Cochrane Library					
iii) Revues scientifiques des pays industrialisés (p. ex., British Medical Journal, Advanced Nursing Science)					
iv) Revues scientifiques de votre pays (veuillez insérer deux exemples : _____)					
v) Revues scientifiques de votre région géographique (veuillez insérer deux exemples : _____)					
vi) Articles, rapports et études d'organismes publics tels le Ministère de la Santé; d'ONG telles les associations professionnelles; et d'organisations internationales, telle l'OMS					
vii) Articles, rapports et études émanant des entreprises pharmaceutiques ou					

d'autres sociétés commerciales					
viii) Livres de texte en médecine ou soins infirmiers, directives ou protocoles sur la pratique clinique					

BARÈME DE COTATION

1 = pas au courant de leur existence 2 = au courant, mais pas d'accès 3 = accessible, mais n'est jamais utilisé/lu 4 = utilisé/lu 3 ou 4 fois par an ou moins 5 = utilisé/lu environ une fois par mois

	1	2	3	4	5
b) Veuillez préciser si vous avez eu accès aux sources d'information <i>imprimées/papier</i> suivantes au cours des 12 derniers mois :					
i) Revues scientifiques des pays industrialisés (p. ex., Social Science and Medicine, Lancet, British Medical Journal)					
ii) Revues scientifiques de votre pays (veuillez insérer deux exemples : _____)					
iii) Revues scientifiques de votre région géographique (veuillez insérer deux exemples : _____)					
iv) Articles, rapports et études d'organismes publics tels le Ministère de la Santé; d'ONG telles les associations professionnelles; et d'organisations internationales, telle l'OMS					
v) Articles, rapports et études émanant de sociétés commerciales (p. ex., les entreprises pharmaceutiques)					
vi) Livres de texte en médecine, directives ou protocoles sur la pratique clinique et/ou outils à l'appui des processus décisionnels					

4) Avons-nous un réseau de recherche et d'apprentissage?

BARÈME DE COTATION

1 = Jamais 2 = Rarement 3 = De temps en temps 4 = Assez régulièrement 5 = Activité réussie

	1	2	3	4	5
a) Nous travaillons avec les chercheurs en organisant des réunions ou des rencontres avec notre personnel en vue de tisser des maillages.					
b) Nous collaborons avec les chercheurs par des moyens comme les suivants : en les accueillant; en les faisant participer à nos prises de décisions; en parrainant leurs recherches.					

c) Nous apprenons d'autres associations de professionnels de la santé moyennant la création de réseaux officiels et officieux en vue d'échanger nos idées, nos expériences et nos pratiques exemplaires					
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COMMENTAIRES :

5) Sommes-nous en mesure d'évaluer la qualité des recherches et de déterminer si elles sont pertinentes et utiles dans la pratique?

BARÈME DE COTATION

1 = Pas du tout 2 = Non 3 = Ni oui ni non 4 = Oui 5 = Tout à fait

	1	2	3	4	5
a) Le personnel de notre organisme possède les compétences d'évaluation critique voulues pour évaluer la fiabilité de recherches concrètes en repérant la documentation connexe et en comparant les méthodes et les résultats.					
b) Notre organisme a des ententes avec des experts externes qui ont les compétences et les outils voulus pour évaluer les méthodologies et la documentation à l'appui, et comparer les méthodes et les résultats.					
c) Notre personnel est en mesure de renseigner notre organisme sur les recherches externes et de lui signaler les similitudes et les différences.					
d) Notre organisme a des ententes avec des experts externes, qui relèvent les similitudes et les différences entre ce que nous faisons et ce qui est énoncé dans les études de recherche.					
e) Nous invitons nos membres compétents à évaluer l' application des recherches à notre organisme					

6) Pouvons-nous synthétiser les résultats de manière conviviale?

BARÈME DE COTATION

1 = Pas du tout 2 = Non 3 = Ni oui ni non 4 = Oui 5 = Tout à fait

	1	2	3	4	5
a) Notre organisme dispose d'un personnel compétent qui a le temps, la motivation et les ressources nécessaires, et qui utilise ses aptitudes de communication pour présenter les résultats des recherches de manière concise en un langage facile à comprendre.					
b) Notre organisme dispose d'un personnel compétent qui a le temps, la motivation et les ressources nécessaires, et qui utilise ses aptitudes de communication pour synthétiser en un seul document toutes les recherches pertinentes, assorties des informations et analyses émanant d'autres sources.					
c) Notre organisme dispose d'un personnel compétent qui a le temps, la motivation et les ressources nécessaires, et qui utilise ses aptitudes de communication pour faire le lien entre les résultats de la recherche et les principaux enjeux que nos décideurs doivent régler.					
d) Notre organisme dispose d'un personnel compétent qui a le temps, la motivation et les ressources nécessaires, et qui utilise ses aptitudes de communication pour mettre au point et recommander des mesures à nos décideurs.					
e) Notre organisme a des ententes avec des experts externes qui utilisent leurs aptitudes de communication pour présenter les résultats des recherches de manière concise en un langage facile à comprendre.					
f) Notre organisme a des ententes avec des experts externes qui utilisent leurs aptitudes de communication pour synthétiser en un seul document toutes les recherches pertinentes, assorties des informations et analyses émanant d'autres sources.					
g) Notre organisme a des ententes avec des experts externes qui utilisent leurs aptitudes de communication pour faire le lien entre les résultats de la recherche et les principaux enjeux que nos décideurs doivent régler.					
h) Notre organisme a des ententes avec des experts externes qui utilisent leurs					

aptitudes de communication pour mettre au point et recommander des mesures à nos décideurs.					
i) Nos membres s'impliquent systématiquement dans le processus d'analyse et de présentation des recherches au nom de l'organisme.					

COMMENTAIRES :

7) Valorisons-nous l'utilité des recherches?

BAREME DE COTATION

1 = Pas du tout 2 = Non 3 = Ni oui ni non 4 = Oui 5 = Tout à fait

	1	2	3	4	5
a) L'utilisation des recherches est une priorité pour notre organisme.					
b) Notre organisme consacre les ressources nécessaires pour veiller à ce que les recherches soient consultées, adaptées et appliquées à l'heure de prendre des décisions.					
c) Les dirigeants de notre organisme ont clairement communiqué notre stratégie et nos priorités de sorte que les personnes effectuant des recherches ou dépouillant la documentation dans le domaine savent ce qu'il faut à l'appui de nos objectifs.					
d) Le personnel communique à l'interne de manière à veiller à ce que l'ensemble de l'organisme soit au courant des résultats des recherches.					
e) Nos membres participent aux discussions sur la manière dont les éléments probants des recherches se rapportent à nos buts principaux.					

VEUILLEZ INSCRIRE VOS COMMENTAIRES À LA QUESTION SUIVANTE

- f) Votre culture organisationnelle **valorise-t-elle et récompense-t-elle** la souplesse, le changement et une amélioration continue de la qualité? Dans l'affirmative, quels types de **ressources** sont en place à cet effet?

8) Intégrons-nous la recherche à nos processus décisionnels?

BARÈME DE COTATION

1 = Pas du tout 2 = Non 3 = Ni oui ni non 4 = Oui 5 = Tout à fait

	1	2	3	4	5
a) Lorsque nous prenons des décisions importantes, nous nous laissons habituellement assez de temps pour cerner les questions susceptibles de faire l'objet d'une recherche et pour obtenir, analyser et envisager les résultats de la recherche et toute documentation connexe.					
b) Lorsqu'ils prennent une décision importante, nos dirigeants évaluent la viabilité de chaque option, ainsi que l'impact qu'elle pourrait avoir sur l'ensemble de l'organisme, ainsi que sur les clients, les partenaires et d'autres intervenants.					
c) Les décideurs de notre organisme envisagent de manière officielle les recommandations du personnel, qui se fondent sur des recherches pertinentes de toute première qualité.					
d) Le personnel et nos membres savent toujours quand et comment les décisions importantes sont prises .					
e) Le personnel et les membres ayant contribué des recherches et une analyse documentées participent aux discussions en vue de prendre une décision .					
f) Le personnel et les membres ayant contribué des recherches et une analyse documentées reçoivent une rétroaction sur les décisions, accompagnée d'une justification.					
g) Le personnel et les membres sont informés de l'utilité de la documentation et de la manière dont elle a influé sur les choix qui ont été faits au sein de notre organisme.					

COMMENTAIRES :

9) Comment votre partenariat a-t-il influé sur votre capacité organisationnelle d'utiliser la recherche?

BARÈME DE COTATION

1 = pas du tout important

2 = pas très important

3 = assez important

4 = important

5 = très important

	1	2	3	4	5
a) Selon vous, dans quelle mesure les connaissances de votre partenaire de l'Association canadienne des professionnels de la santé se rapportent-elles aux besoins de votre organisation ?					
b) Le raffermissement de votre capacité de recherche organisationnelle a-t-il été un objectif de votre partenariat?					
c) Dans l'ensemble, votre partenariat a-t-il connu des problèmes :					
i) malentendu culturel ou différences culturelles					
ii) conflit relatif à l'entente originale					
iii) méfiance					
iv) autres formes de suspicion (veuillez préciser : _____)					

BARÈME DE COTATION

1 = Jamais 2 = Rarement 3 = De temps en temps 4 = Assez régulièrement 5 = Beaucoup

	1	2	3	4	5
d) Dans quelle mesure avez-vous appris de votre partenaire de l'Association canadienne des professionnels de la santé :					
i) Nouvelle expertise					
ii) Mise au point /développement de produits (normes, compétences, etc.)					
iii) Techniques ou processus de gestion					
iv) Utilisation de la recherche (documentation, déclarations basées sur des faits, etc.)					
v) Influence sur l'élaboration de politiques nationales					
e) Outre le soutien financier , dans quelle mesure votre partenaire de l'Association canadienne des professionnels de la santé a-t-il contribué à l'apprentissage de votre organisation :					
i) Ressources en gestion, y compris le soutien administratif					
ii) Élaboration de séances de formation ou d'ateliers pour votre personnel ou vos dirigeants					
iii) Aide technique ou professionnelle directe dans le cadre de missions					
iv) Autres formes de contribution (veuillez préciser : _____)					
f) Pendant la durée de votre partenariat votre organisation a-t-elle rédigé des objectifs					

d'apprentissage?					
g) Votre organisation a-t-elle un plan à long terme ou un plan stratégique écrit?					

VEUILLEZ INSCRIRE VOS COMMENTAIRES À LA QUESTION SUIVANTE

- h) Selon votre organisation, quels sont les **3 facteurs clés** influant sur la réussite de l'apprentissage auprès d'une autre organisation?

10) Veuillez indiquer l'importance des aspects suivants pour pouvoir améliorer votre travail.

a) Nous estimons que la recherche dans notre organisme devrait avoir : (Cocher une seule case)

- | | |
|--|---|
| <input type="checkbox"/> Beaucoup plus de priorité | <input type="checkbox"/> Un peu moins de priorité |
| <input type="checkbox"/> Un peu plus de priorité | <input type="checkbox"/> Beaucoup moins de priorité |
| <input type="checkbox"/> La même priorité qu'à présent | |

b) Nous estimons que notre organisme a besoin de : (Cocher une seule case)

- | | |
|--|---|
| <input type="checkbox"/> Envisager et intégrer des recherches plus souvent à l'appui de nos processus décisionnels. | <input type="checkbox"/> Envisager et intégrer des recherches un peu moins souvent. |
| <input type="checkbox"/> Envisager et intégrer des recherches un peu plus souvent à l'appui de nos processus décisionnels. | <input type="checkbox"/> Envisager et intégrer des recherches beaucoup moins souvent. |
| <input type="checkbox"/> Continuer à envisager et à intégrer des recherches à l'appui de nos processus décisionnels comme à présent. | |

c) Pour renforcer notre capacité d'utiliser les recherches, il nous faut :
(Si vous avez plus d'une réponse, veuillez coter vos besoins de 1 à 6, le 1 représentant la plus haute priorité)

- | | |
|--|--|
| <input type="checkbox"/> Un personnel plus compétent | <input type="checkbox"/> Plus d'accès aux réseaux/assoc. de professionnels de la santé |
| <input type="checkbox"/> Des ressources | <input type="checkbox"/> Des ententes avec des experts externes |
| <input type="checkbox"/> (veuillez préciser : _____) | <input type="checkbox"/> Davantage de recherches pertinentes à notre contexte local. |
| <input type="checkbox"/> Un meilleur accès aux ressources de recherche (revues scientifiques, littérature grise, etc.) | |
| <input type="checkbox"/> Un meilleur processus en vue d'impliquer nos membres | |

d) Les principaux obstacles à l'utilisation des recherches et de la documentation en vue d'influer sur les politiques de notre pays sont les suivants :
(Si vous avez plus d'une réponse, veuillez coter vos besoins de 1 à 6, le 1 représentant l'aspect le plus important)

- | | |
|--|---|
| <input type="checkbox"/> Le personnel de notre organisme n'a que très peu de temps pour parcourir la documentation | <input type="checkbox"/> La capacité de recherche est insuffisante dans notre pays |
| <input type="checkbox"/> Notre organisme a des ressources et une capacité limitées pour pouvoir utiliser et adapter les résultats des recherches | <input type="checkbox"/> Les décideurs n'ont pas l'habitude de s'inspirer des recherches et de la documentation |
| <input type="checkbox"/> Notre organisme a des moyens très limités d'aider ses membres qualifiés | <input type="checkbox"/> Les décideurs ont une capacité restreinte d'utiliser et d'adapter les preuves documentaires aux processus politiques |
| <input type="checkbox"/> Autres (veuillez préciser : _____) | |

e) Les types de soutien les plus susceptibles d'aider notre organisme à influer sur les politiques sont les suivants : (Si vous avez plus d'une réponse, veuillez coter vos besoins de 1 à 6, le 1 représentant l'aspect le plus important)

- | | |
|--|--|
| <input type="checkbox"/> Soutien pour davantage de recherches (sur des questions politiques) (veuillez préciser : _____) | <input type="checkbox"/> Information sur les enjeux politiques |
| <input type="checkbox"/> Soutien technique pour des initiatives concrètes où l'on cherche à exercer une influence | <input type="checkbox"/> Occasions de réseautage sur les enjeux politiques |
| <input type="checkbox"/> Formation ou renforcement des capacités (Dans l'affirmative, quel genre de formation serait le plus utile? _____) | <input type="checkbox"/> Accès aux toutes dernières tendances/études sur l'usage des preuves documentaires pour influer sur les politiques |

Merci de nouveau d'avoir consenti à nous aider dans nos recherches. Votre concours et le temps que vous y avez consacré sont vivement appréciés.

Título del estudio

Capacidad organizacional de asociaciones profesionales de la salud de países en desarrollo en una asociación Canadá-Sur para usar investigación: desarrollo de un marco conceptual

Invitación a participar

Se invita a su organización a participar en un estudio que realiza Nadia Hamel, del programa de doctorado en Salud poblacional de la Universidad de Ottawa, Canadá. El proyecto está supervisado por el Dr. Peter Tugwell, MD, MSc, FRCPC, y cosupervisado por Doug Angus, M.A.

Propósito del estudio

El propósito de este proyecto de investigación es alcanzar una mayor comprensión de la manera en que las asociaciones de profesionales de la salud en países en desarrollo obtienen acceso a, y utilizan la investigación. En la encuesta adjunta se hacen preguntas sobre cómo su organización adquiere, asimila, transforma y aplica los resultados de la investigación en sus operaciones.

Este proyecto forma parte de un estudio más amplio que explora cómo la capacidad para utilizar la investigación incide en las estrategias de traducción del conocimiento de las asociaciones de profesionales de la salud, estudio que lleva a cabo la investigadora Nadia Hamel como proyecto de su tesis doctoral.

Sobre los resultados del estudio

Cada organización participante obtendrá:

- un perfil de su capacidad para usar investigación
- una evaluación de sus recursos y capacidad técnica
- identificación de áreas de mejoramiento potencial en lo que respecta a recopilar y utilizar investigación para incidir en las políticas

Participación voluntaria

Esta investigación es independiente y el hecho que decida participar o no de ninguna manera afectará su asociación con la Asociación Canadiense de Enfermeras/os (CNA), ni su financiamiento.

El cuestionario procura ahondar en rutinas y procesos organizativos. La persona que responda el cuestionario lo debe hacer a nombre de su organización, de ahí que debe estar calificada para comunicar la perspectiva de la organización. Se sugiere que, de ser posible, la encuesta se responda en consulta con el Consejo Directivo y/o el Comité Ejecutivo de la organización.

La encuesta debe tomar aproximadamente 60 minutos.

En reconocimiento al tiempo empleado en la encuesta, su organización tendrá la oportunidad de participar en un sorteo cuyo premio consiste en una (1) suscripción de la organización a una revista científica impresa y/o en línea de su elección (por ejemplo, Social Science and Medicine, Global Public Health, etc.) equivalente a un máximo de \$400 dólares.

Si desea participar en este estudio, tenga la bondad de hacernos llegar sus respuestas a la encuesta adjunta antes del 14 de marzo. El responder la encuesta y enviarla por email significa que usted ha aceptado participar en esta investigación.

Usted decide si participa o no. En caso de decidir no hacerlo, deje la encuesta en blanco y devuélvala por email.

Riesgos

No se prevé ningún riesgo asociado con llenar esta encuesta. Si no se siente cómodo(a) con alguna pregunta o hubiera algunas que no desea responder, déjelas en blanco.

No tiene que responder a ninguna de las preguntas si no desea hacerlo.

Confidencialidad

Sus respuestas son confidenciales. Ni su nombre ni el de su organización aparecerá en ningún informe o publicación que surja del estudio. Tan pronto como se recopilen los datos, su nombre y el de su organización serán reemplazados por un número codificado para asegurar la confidencialidad.

Las únicas personas que tendrán acceso a los datos de la investigación son los miembros del comité de tesis y Nadia Hamel de la Universidad de Ottawa. El asociado canadiense de su organización, la Asociación Canadiense de Enfermeras/os (CNA), *no tendrá* acceso a sus respuestas.

Conservación de los datos

Los datos se guardarán bajo llave en una sala segura de la Universidad de Ottawa (la oficina de Pete Tugwell) por un período de 5 años, inmediatamente después del cual serán destruidos.

Si tiene cualquier consulta sobre la investigación, puede ponerse en contacto con Nadia Hamel o sus supervisores usando la información de contacto que sigue.

Cualquier pregunta que pudiera tener sobre aspectos éticos de este estudio, puede ponerse en contacto con el funcionario de protocolo para Ética en la investigación de la Universidad de Ottawa (Protocol Officer for Ethics in Research, University of Ottawa), Tabaret Hall, 550 Cumberland Street, Room 159, Ottawa, Ontario Canada K1N 6N5, tel.: (1) 613-562-5841, email: ethics@uottawa.ca.

Haga el favor de mantener este formulario en sus registros.

Le agradecemos encarecidamente el tiempo dedicado a ayudarnos con esta investigación.

Nadia Hamel RN, PhD(c)
Population Health PhD Candidate
University of Ottawa
1 Stewart Street, 2nd floor

Supervisor:

Dr. Peter Tugwell, MD, MSc, FRCPC
Director, Centre for Global Health
Institute of Population Health
University of Ottawa

Co-supervisor

Douglas E. Angus, MA
Professor
Telfer School of Management
University of Ottawa

SUGERENCIAS PARA RESPONDER LA ENCUESTA

Las siguientes preguntas no se proponen ahondar en la capacidad *personal* sino en la *organizacional* para utilizar la investigación. Por lo tanto funciona mejor si un grupo de encargados de tomar decisiones y personas interesadas de su organización trabajan juntos en las respuestas, intercambiando ideas a medida que avanzan. Este equipo podría incluir, por ejemplo, a miembros del consejo, de la administración superior y a representantes del personal.

El grupo tendrá que decidir si, *dadas las circunstancias especiales de la organización*, está haciendo todo lo que puede y debe estar haciendo. Por el hecho de tratarse de una autoevaluación, *las respuestas no se pueden considerar acertadas o erradas*.

ACERCA DE LA ASIGNACIÓN DE PUNTAJE

La asignación de puntaje para cada pregunta varía según la naturaleza de la pregunta. En todos los casos, un “1” significa baja capacidad o frecuencia de actividad y un “5” significa que su organización está bien equipada para hacer algo o algo que efectúa a menudo.

COMENTARIOS ADICIONALES

Estamos muy conscientes de que estas preguntas no pueden captar el contexto de su organización en toda su complejidad. De ahí que les agradecemos que nos proporcionen comentarios adicionales que expliquen mejor la situación en su país.

ACERCA DE SU ORGANIZACIÓN...

Antes de empezar a responder la encuesta, quisiéramos saber un poco más sobre su organización.

¿En qué **país** trabaja?

¿Cuándo **se fundó** su organización?

¿Por cuanto tiempo han estado **asociados** con su socio canadiense?

¿Cuántos **empleados hay en su organización (en nómina de pago)**?

Número de puestos de apoyo administrativo:

Número de puestos profesionales:

Número de puestos a nivel de ejecutivo/director:

Otros:

¿Cuál es el número total de **miembros**?

¿Cuál es su **presupuesto anual** total?

Presupuesto operacional total anual:

Proporción (%) que representa el aporte del socio canadiense:

1) ¿Incidimos en la política de salud en nuestro país?

CALIFICACIÓN
 1 = No tiene importancia 2 = Poca importancia 3 = Importancia moderada
 4 = Importante 5 = Muy importante

	1	2	3	4	5
a) ¿En qué medida su organización busca incidir en las políticas gubernamentales en su país?					
b) Según la experiencia de su organización, ¿ qué tipos de evidencia son los más eficaces cuando se procura incidir en las políticas?					
i) Encuestas					
ii) Estadísticas					
iii) Estudios académicos investigativos					
iv) Informes de campo					
v) Estudios de caso					
vi) Testimonios personales de parte de beneficiarios					
vii) Historias personales de éxito					
viii) Otras formas de promoción de intereses, por ejemplo, organizar peticiones o cabildear para influenciar decisiones (por favor especifique: _____)					

CALIFICACIÓN
 1 = No se hace 2 = Se hace muy poco 3 = Se hace inconsistentemente 4 = Se hace con cierta consistencia
 5 = Se hace bien

	1	2	3	4	5
c) En general, ¿qué grado de éxito tiene la sociedad civil (u otras organizaciones no gubernamentales) en cuanto a incidir en las políticas gubernamentales en su país?					
d) Indique si su organización ha participado en las siguientes actividades (de manera formal o informal) para incidir en la formulación de políticas en los últimos 12 meses					
i) Trabajar con investigadores o grupos de investigación					
ii) Trabajar con los responsables de las políticas					
iii) Trabajar con representantes de otras asociaciones profesionales de salud					
iv) Trabajar con representantes de otras organizaciones de la sociedad civil					
v) Trabajar con representantes de organizaciones con fines de lucro (ej., compañías farmacéuticas)					
e) ¿ Cómo busca su organización incidir en las políticas ?					
i) Trabajando en proyectos encargados por los responsables de las políticas					
ii) Probando enfoques alternativos en materia de políticas					

iii) Comentando anteproyectos de políticas					
iv) Organizando seminarios sobre políticas					
v) Enviando boletines a los responsables de políticas					
vi) Trabajando en red con otras asociaciones profesionales de salud					
vii) Trabajando en red con otras organizaciones de la sociedad civil					
viii) Publicando material sobre temas de políticas					
ix) Preparando artículos a ser publicados en los medios de comunicación					
x) Ofreciendo capacitación					
xi) Otras formas de promoción de intereses, por ejemplo, organizar peticiones o cabildear para influenciar decisiones (por favor ponga ejemplos aquí:)					

LE AGRADECEMOS SU COMENTARIO

f) ¿Qué tan abierto es el entorno político para que **las organizaciones de la sociedad civil** participen en procesos de políticas en su país? ¿Qué **factores políticos facilitan / dificultan la participación** de las organizaciones de la sociedad civil en procesos de políticas?

g) En general, ¿cómo **evaluaría** usted el éxito de **su organización** en cuanto a incidir en las políticas en su país? Le agradecemos que comente más sobre **las áreas de políticas** en las cuales su organización ha tratado de incidir en su país en los últimos *12 meses*.

Otros comentarios:

2) ¿Podemos adquirir investigación?

CALIFICACIÓN 1 = Completamente en desacuerdo 2 = En desacuerdo 3 = Ni de acuerdo ni en desacuerdo
4 = De acuerdo 5 = Completamente de acuerdo

	1	2	3	4	5
a) Tenemos personal calificado que puede realizar investigación.					
b) Nuestro personal tiene suficiente tiempo para realizar investigación.					
c) Nuestro personal está motivado para hacer investigación; las actividades de investigación forman parte de la descripción de su trabajo.					
d) Tenemos arreglos con expertos externos que realizan investigación, hacen el seguimiento de la investigación, o hacen investigación para nosotros.					
e) Tenemos miembros calificados que participan en las actividades de investigación que informan nuestra toma de decisiones.					

3) ¿Tenemos acceso a la investigación?

CALIFICACIÓN 1 = No sé si hay una fuente de información 2 = Se que la hay, pero no es accesible
3 = Accesible, pero no se usa/lee 4 = Se usa/lee unas 3-4 veces al año o menos 5 = Se usa/lee una vez al mes más o menos

	1	2	3	4	5
a) Por favor indique si ha tenido acceso a las siguientes fuentes de información electrónicas / en línea en los últimos 12 meses:					
i) Base de datos bibliográficos internacionales (ej., Medline, PubMed)					
ii) Biblioteca Cochrane					
iii) Revistas científicas de países desarrollados (ej., British Medical Journal, Advanced Nursing Science)					
iv) Revistas científicas de su país (por favor dé dos ejemplos: _____)					
v) Revistas científicas de su región geográfica (dé dos ejemplos: _____)					
vi) Artículos, informes, y reseñas de organizaciones públicas como el Ministerio de Salud; de ONG, tales como asociaciones profesionales; organizaciones internacionales como la OMS					
vii) Artículos, informes y reseñas de compañías farmacéuticas o de otras organizaciones con fines de lucro					
viii) Libros de texto de medicina o enfermería, directrices o protocolos para práctica clínica					

CALIFICACIÓN

1 = No se si hay una fuente de información 2 = Se que la hay, pero no es accesible 3 = Accesible, pero no se usa/lee
 4 = Se usa/lee unas 3-4 veces al año o menos 5 = Se usa/lee una vez al mes más o menos

	1	2	3	4	5
b) Por favor indique si ha tenido acceso a las siguientes fuentes de información impresas en los últimos 12 meses :					
i) Revistas científicas de países de altos ingresos (ej., Social Science and Medicine, Lancet, British Medical Journal)					
ii) Revistas científicas de su país (por favor dé dos ejemplos: _____)					
iii) Revistas científicas de su región geográfica (por favor dé dos ejemplos: _____)					
iv) Artículos, informes y reseñas de organizaciones públicas como el Ministerio de Salud; de ONG, tales como asociaciones profesionales; y de organizaciones internacionales como la OMS					
v) Artículos, informes, y reseñas de organizaciones de salud con fines de lucro (ej., compañías farmacéuticas)					
vi) Libros de texto de medicina, directrices para práctica clínica, protocolos y/o herramientas de apoyo a decisiones					

4) ¿Tenemos una red de investigación y aprendizaje?**CALIFICACIÓN**

1 = No se hace 2 = Se hace muy poco 3 = Se hace inconsistentemente 4 = Se hace con cierta consistencia
 5 = Se hace bien

	1	2	3	4	5
a) Trabajamos con investigadores a través de reuniones formales e informales de trabajo en red con nuestro personal.					
b) Colaboramos con investigadores en algunas de las siguientes maneras: recibéndolos, propiciando su participación en nuestra toma de decisiones, o patrocinando su investigación.					
c) Aprendemos de otras asociaciones profesionales de salud por medio de redes formales e informales para intercambiar ideas, experiencias y mejores prácticas					

COMENTARIOS:

5) ¿Podemos evaluar la calidad de investigación y saber si la investigación es relevante y aplicable?

CALIFICACIÓN 1 = Completamente en desacuerdo 2 = En desacuerdo 3 = Ni de acuerdo ni en desacuerdo
4 = De acuerdo 5 = Completamente de acuerdo

	1	2	3	4	5
a) El personal de nuestra organización cuenta con habilidades de apreciación crítica para evaluar la confiabilidad de investigaciones específicas mediante la identificación de evidencia relacionada y comparando métodos y resultados.					
b) Nuestra organización tiene arreglos con expertos externos que utilizan habilidades y herramientas de apreciación crítica para evaluar metodología y evidencia, y para comparar métodos y resultados.					
c) Nuestro personal puede relacionar investigación externa a nuestra organización y señalar semejanzas y diferencias.					
d) Nuestra organización tiene arreglos con expertos externos para identificar las semejanzas y diferencias relevantes entre lo que hacemos y las conclusiones de la investigación.					
e) Invitamos a miembros calificados a evaluar la aplicación de la investigación a nuestra organización.					

6) ¿Podemos sintetizar los resultados de manera fácil de usar?

CALIFICACIÓN 1 = Completamente en desacuerdo 2 = En desacuerdo 3 = Ni de acuerdo ni en desacuerdo
4 = De acuerdo 5 = Completamente de acuerdo

	1	2	3	4	5
a) Nuestra organización tiene personal capacitado que cuenta con tiempo, incentivos y recursos y utiliza habilidades de comunicación de investigación para presentar los resultados de la investigación en forma concisa y en un lenguaje accesible.					
b) Nuestra organización tiene personal capacitado que cuenta con tiempo, incentivos y recursos y utiliza habilidades de comunicación de investigación para sintetizar en un documento toda la investigación relevante, junto con información y análisis de otras fuentes.					
c) Nuestra organización tiene personal					

<p>capacitado que cuenta con tiempo, incentivos y recursos y utiliza habilidades de comunicación de investigación para vincular los resultados de la investigación con importantes problemáticas que enfrentan los responsables de tomar decisiones.</p>					
<p>d) Nuestra organización tiene personal capacitado que cuenta con tiempo, incentivos y recursos y utiliza habilidades de comunicación de investigación para desarrollar y presentar acciones recomendadas a los responsables de tomar decisiones.</p>					
<p>e) Nuestra organización tiene arreglos con expertos externos que utilizan habilidades de comunicación de investigación para presentar los resultados de la investigación en forma concisa y en un lenguaje accesible.</p>					
<p>f) Nuestra organización tiene arreglos con expertos externos que utilizan habilidades de comunicación de investigación para sintetizar en un documento toda la investigación relevante, junto con información y análisis de otras fuentes.</p>					
<p>g) Nuestra organización tiene arreglos con expertos externos que utilizan habilidades de comunicación de investigación para vincular los resultados de la investigación con importantes problemáticas que enfrentan los responsables de tomar decisiones.</p>					
<p>h) Nuestra organización tiene arreglos con expertos externos que utilizan habilidades de comunicación de investigación para desarrollar y presentar acciones recomendadas a los responsables de tomar decisiones.</p>					
<p>i) Nuestros miembros están involucrados sistemáticamente en el proceso de analizar y presentar investigación a nombre de la organización.</p>					

COMENTARIOS:

7) ¿Valoramos el uso de la investigación?

CALIFICACIÓN 1 = *Completamente en desacuerdo* 2 = *En desacuerdo* 3 = *Ni de acuerdo ni en desacuerdo*
4 = *De acuerdo* 5 = *Completamente de acuerdo*

	1	2	3	4	5
a) El utilizar la investigación es una prioridad en nuestra organización.					
b) Nuestra organización ha comprometido recursos con el fin de asegurar que se aproveche, se adapte y se aplique la investigación al tomar decisiones.					
c) La Dirección de nuestra organización ha comunicado claramente nuestra estrategia y prioridades de manera que los que crean investigación o hacen el seguimiento sepan lo que se necesita para lograr nuestras metas.					
d) El personal se comunica internamente en forma tal de garantizar que la información sobre los resultados de la investigación se difunda a toda la organización.					
e) Nuestros miembros participan en intercambios de ideas para determinar la manera en que la evidencia de la investigación se relaciona con nuestros principales objetivos.					

LE AGRADECEMOS SU COMENTARIO

f) ¿**Valora y premia** su cultura corporativa la flexibilidad, el cambio y el mejoramiento continuo de la calidad? Si es así, ¿qué tipos de **recursos** existen para **apoyar** esto?

8) ¿Integramos la investigación en nuestros procesos de toma de decisiones?

CALIFICACIÓN 1 = *Completamente en desacuerdo* 2 = *En desacuerdo* 3 = *Ni de acuerdo ni en desacuerdo*
4 = *De acuerdo* 5 = *Completamente de acuerdo*

	1	2	3	4	5
a) Al tomar decisiones importantes, por lo general dejamos el suficiente tiempo para identificar los asuntos que podrían prestarse a investigación y para obtener, analizar y considerar los resultados de la investigación y otra evidencia.					
b) Al tomar una decisión importante, nuestra Dirección evalúa la factibilidad de cada opción, incluyendo el impacto potencial en toda la organización, así como en nuestros clientes, socios y otras partes					

interesadas.					
c) Los responsables de tomar decisiones en nuestra organización consideran formalmente las recomendaciones del personal, basadas en la alta calidad y la relevancia de la investigación.					
d) El personal y los miembros saben cuándo y cómo se tomarán decisiones importantes.					
e) El personal y los miembros que han entregado evidencia y análisis de investigación participan en los intercambios de ideas previos a la toma de decisiones.					
f) El personal y los miembros que han entregado evidencia y análisis de investigación reciben retroalimentación sobre decisiones, con el porqué de la decisión.					
g) El personal y los miembros están informados sobre la manera en que la evidencia disponible incidió en las opciones que se eligieron en nuestra organización.					

COMENTARIOS:

9) ¿Cómo ha impactado la asociación en su capacidad organizativa para emplear investigación?

CLASIFICACIÓN

1 = no importante

2 = poco importante

3 = algo importante

4 = importante

5 = muy importante

	1	2	3	4	5
a) ¿Hasta qué punto diría usted que los conocimientos de su socio de la Asociación Canadiense de Profesionistas de Salud correspondan a las necesidades de la organización de usted ?					
b) ¿Ha sido objetivo de su asociación el fortalecimiento de la capacidad investigativa de su organización?					
c) ¿En general, ha surgido como problema en su asociación lo siguiente?:					
i) malentendidos o diferencias culturales					
ii) conflictos con respecto al acuerdo original					
iii) desconfianza					
iv) otras manifestaciones de falta de confiabilidad (favor de especificar: _____)					

CALIFICACIÓN

1 = No se hace 2 = Se hace muy poco 3 = Se hace inconsistentemente 4 = Se hace con cierta consistencia
5 = Se hace bien

	1	2	3	4	5
d) ¿Hasta qué punto ha aprendido usted lo siguiente de su socio de la Asociación Canadiense de Profesionistas de Salud?:					
i) Nuevos conocimientos					
ii) Desarrollo de productos (estándares, competencias, etc.)					
iii) Técnicas o procesos gerenciales					
iv) Aprovechamiento de investigación (documentación, declaraciones de postura basadas en pruebas, etc.)					
v) Impacto sobre el desarrollo de políticas nacionales					
e) Asistencia financiera externa. ¿Hasta qué punto ha contribuido su socio de la Asociación Canadiense de Profesionistas de Salud al aprendizaje de su organización de lo siguiente?:					
i) Recursos gerenciales, incluyendo al apoyo administrativo					
ii) Desarrollo de sesiones de capacitación o talleres para personal o directores de su organización					
iii) Asistencia directa técnica o de conocimientos por medio de misiones					
iv) Otras formas de aportación (favor de especificar: _____)					

f) Durante la asociación, ¿ha redactado su organización objetivos de aprendizaje ?					
g) ¿Cuenta su organización con la elaboración de un plan estratégico o a largo plazo ?					

LE AGRADECEMOS SU COMENTARIO

- h) Según considera su organización, ¿cuáles son los **3 factores principales** que contribuyen al éxito del aprendizaje de otra organización?

10) Indique la importancia que le asigna a los siguientes asuntos para mejorar su trabajo.

a) Creemos que la investigación en nuestra organización debe tener:
(Marque un casillero)

- | | |
|--|--|
| <input type="checkbox"/> Una prioridad mucho más alta | <input type="checkbox"/> Una prioridad un poco menor |
| <input type="checkbox"/> Un prioridad un poco más alta | <input type="checkbox"/> Una prioridad mucho menor |
| <input type="checkbox"/> La misma prioridad que tiene | |

b) Creemos que nuestra organización necesita:
(Marque un casillero)

- | | |
|--|---|
| <input type="checkbox"/> Tomar en cuenta e integrar la investigación con mayor frecuencia al tomar decisiones. | <input type="checkbox"/> Integrar y considerar la investigación un poco menos frecuentemente al tomar decisiones. |
| <input type="checkbox"/> Tomar en cuenta e integrar la investigación un poco menos frecuentemente al tomar decisiones. | <input type="checkbox"/> Integrar y considerar la investigación mucho menos frecuentemente. |
| <input type="checkbox"/> Mantener nuestro nivel actual en cuanto a integrar y considerar la investigación al tomar decisiones. | |

c) Para aumentar nuestra capacidad de valernos de la investigación, necesitamos:
(Si tiene más de una respuesta, le agradecemos que les asigne un número del uno al seis, donde el uno es el de mayor importancia)

- | | |
|---|---|
| <input type="checkbox"/> Más personal calificado | <input type="checkbox"/> Más acceso a otras redes o asociaciones profesionales de salud |
| <input type="checkbox"/> Recursos (por favor especifique: _____) | <input type="checkbox"/> Arreglos con expertos externos |
| <input type="checkbox"/> Mayor acceso a recursos de investigación (revistas científicas, literatura gris, etc.) | <input type="checkbox"/> Más investigación que sea aplicable a nuestro contexto local |
| <input type="checkbox"/> Mejor proceso para fomentar la participación de nuestros miembros calificados | |

d) Las principales barreras que impiden que el uso y la evidencia de investigación incidan en las políticas en nuestro país son:
(Si tiene más de una respuesta, le agradecemos que les asigne un número del uno al seis, donde el uno es el de mayor importancia)

- | | |
|--|---|
| <input type="checkbox"/> El personal de nuestra organización tiene muy poco tiempo para leer investigación. | <input type="checkbox"/> La capacidad de investigación del país es insuficiente. |
| <input type="checkbox"/> Nuestra organización tiene pocos recursos y capacidad para usar y adaptar los resultados de la investigación. | <input type="checkbox"/> Los responsables de las políticas no están acostumbrados a valerse de la investigación y la evidencia. |
| <input type="checkbox"/> Nuestra organización tiene pocos medios para llegar a sus miembros calificados. | <input type="checkbox"/> Los responsables de las políticas tienen capacidad limitada para usar y adaptar la evidencia en procesos de políticas. |
| <input type="checkbox"/> Otro (por favor especifique: _____) | |

e) Los tipos de apoyo que más servirían para ayudar a nuestra organización a incidir en las políticas son:
(Si tiene más de una respuesta, le agradecemos que les asigne un número del uno al seis, donde el uno es el de mayor importancia)

- | | |
|--|--|
| <input type="checkbox"/> Apoyo para más investigación (en asuntos de políticas) (por favor especifique: _____) | <input type="checkbox"/> Información en asuntos de políticas |
| <input type="checkbox"/> Apoyo técnico en iniciativas específicas de incidencia | <input type="checkbox"/> Oportunidades para trabajar en red en asuntos de políticas |
| <input type="checkbox"/> Capacitación o desarrollo de capacidad (de ser así, ¿qué capacitación sería la más útil? _____) | <input type="checkbox"/> Acceso al pensamiento más al día sobre cómo usar la evidencia para incidir en las políticas |

Nuevamente le agradecemos el tiempo dedicado a ayudarnos con esta investigación.