Author's response to reviews

Title: Analysing the contributions of a government commissioned research project: a case study

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Author's response to reviews: see over
To the Editor in Chief of the Journal "Health Research Policy and Systems"

27 September 2013

Re: Submission Revised Research Article (MS: 2085251874988150)

Dear Editor,

On the first of July 2013, you sent us the review of our manuscript entitled ‘Barriers influencing the contributions of a government-commissioned research project: a case study’ (MS: 2085251874988150) Please find enclosed our revision of this manuscript.

We thoroughly revised the article taking into account the reviewers’ comments and suggestions. We highly appreciate the efforts by dr. Marleen Bekker and dr. Joyce de Goede to explain their comments and to provide us with suggestions for improvement. We hope that the reviewers are satisfied with our revision and that their concerns are solved. We submit our point-for-point responses to the reviewers’ concerns in the Annexes I (response to dr. Bekker) and II (response to dr. de Goede) of this cover letter.

The revision of the study framework is the most fundamental change. Based on the reviewers’ comments, we acknowledge that our initial framework was more confusing than helpful. In fact, we intended to focus on the interaction between actors, especially the investigators and key users, using the theoretical concept of Contribution Mapping that alignment efforts are the precondition to enhance contributions of a research project. It was not our aim to build theory but to find clues for improvement of research projects. We accordingly reformulated our study framework. This implicated a complete revision of the article, taking all reviewers’ suggestions into account. We also had to bring the title of the manuscript in line with the revised study framework. The new title is: ‘Analysing the contributions of a government commissioned research project: a case study’

The revision also entails a reformulated results section, discussion section and conclusion section. According to the reformulated study framework, we translated findings into influencing alignment efforts as clues for improvement. In the discussion section, we extended the reflection on Contribution Mapping.

The revised article includes four figures instead of five figures. We deleted Figure 4 that represented our initial study framework and the initial Figure 5 is now Figure 4.

We hope you will find this revised manuscript to be suitable for publication in Health Research Policy and Systems.

All authors participated in the concept and design of the underlying study and read and approved the final manuscript. All authors declare that they have no competing interests. The manuscript is original, has not already been published in a journal and is not currently under consideration by another journal.

We look forward to hearing from you,

Yours sincerely,

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The focus of the article on a specific application of the contribution mapping procedure is definitely innovative and worth publishing. The article describes and analyses the specific conditions that influence the opportunities and pitfalls for a synthesis of research and supervisory practice between government institutes of the Healthcare Inspectorate and the National Institute of Public Health and the Environment. On the one hand, it adds to our understanding of more valid evaluation methods that do justice to the complexities and subtleties in the relationship between research and policy or professional practices, and at the same time go beyond process reconstructions. On the other hand, it provides valuable feedback to research commissioners, producers and stakeholders to become more pro-active in exchanging knowledge and tacit experience throughout the research process.

Take for instance the finding that the perceptions of the inspectorate and the RIVM to one another diverge as a result of their relationship being (overly) defined by the forced sourcing system. Parties involved may adjust their way of interacting in such projects gaining more contributions with added value, but may also invoke the system director (the Ministry of Health) to open up the system of forced sourcing. Another valuable contribution of this article is the reflection on the interactive feedback session with Inspectorate and researcher participants that turned out to be an alignment effort in itself, with positive valuations on both commissioner and researcher participants.

Nevertheless, the current text raises some major conceptual questions that need reflection and resolution before any decision to publish can be taken. The main issues are summarised here, and elaborated in a review document to the authors.

Response: Dear doctor Bekker, Thank you very much for your detailed comments on our article. We highly appreciate the efforts you put into explanations of your comments and the suggestions for improvement. We thoroughly revised the article taking into account your comments and suggestions. Please find our point-for-point response to your concerns below.

Major Compulsory Revisions
1. In the current form of the article, the contribution mapping method and the ‘barriers’ model do not match very well. This is also the case with the descriptions of whether a contribution could be characterised as ‘instrumental, conceptual or strategic use’. In the original work on contribution mapping, ‘use’ of ‘utilization’ was replaced by ‘contribution’ specifically because ‘use’ or ‘utilisation’ obscures the many possible ways in which research may induce change, and it cannot be traced back solely to the research itself. Rather than ‘filling’ the contribution mapping method in the study framework with a predefined model for analysis, I would suggest to operationalise the contribution mapping method inductively from the case study, which provides sufficient quotes and observations for building theory. An additional suggestion would be to replace the focus on barriers with a focus on alignments (opportunities). Finally, the analysis of the ‘organisational environment’ and ‘historical relationship’ could be more focused on the system characteristics that evoke or discourage behaviour, and thus set the boundaries for the actor scenarios.

Response 1: We revised the study framework acknowledging that it was more confusing than helpful. In fact, we intended to focus on the interaction between actors, especially the investigators and key users, using the theoretical concept of Contribution Mapping that alignment efforts are the precondition to enhance contributions of a research project. It was not our aim to build theory but to find clues for improvement of research projects. We accordingly reformulated our study framework. This implicated a complete revision of the article, taking your suggestions into account.

2. The decision to exclude content descriptions in the case study in order to preserve confidentiality leaves the reader with an empty feeling about the case description. It implies a loss of understanding the complexities and resulting (lack of) interactions and research contributions in the case. There must be some way to describe the substantial issues in generic terms in order to increase the reader’s understanding.

Response 2: We agree that the article becomes more readable and interesting if the project Risk Model is better specified and we revised the article accordingly.
Minor Essential Revisions

3. The operationalisation of contribution also includes 'knowledge products' or 'knowledge'. The case however did not concern the creation of knowledge, but tool design. This is rather the synthesis of different knowledge sources (scientific and non-scientific). Either my suggestion would be to describe how the tool, may have produced what kind of knowledge, or to rephrase the operationalisation of 'contribution'.

Response 3: Thank you for the suggestion to clarify the operationalization of contribution for our case. We consider the models and the corresponding reports as contributed knowledge products according to CM. To create these knowledge products, a synthesis of scientific knowledge on risk-ranking, risk-ranking models, medicinal products and food substances was made and combined with legal and practical knowledge on clinical trials and inspections resulting into a new risk-based approach to clinical trials. This description is included in the revised article.

4. The discussion paragraph provides suggestions and recommendations for managing the relationships between government commissioning and research institutes, which could be more explicitly described as alignment strategies. Yet the findings could also include a more explicit reflection on the methodology and possible revisions of the tool design process in general, such as the risk selection tool in the case. And thirdly, a reflection on the contribution mapping method could be related to the literature on 'responsive evaluation' as an authoritative source of fourth generation evaluation methodology that has been developing since the 1990s.

Response 4: Based on the reviews, we completely revised the article. The revision also entails a reformulated results section, discussion section and conclusion section. According to the reformulated study framework we translated findings into influencing alignment efforts as clues for improvement. In the discussion section we extended the reflection on Contribution Mapping.

ELABORATED REVIEW (EDITOR AND AUTHORS ONLY)

Major Compulsory Revisions

1. As a result of the conceptual confusion in the combination of the 'barriers model' and the contribution mapping method, research aim and question are not in line: 'to explore how the Inspectorate used a particular RIVM product’ is a different question than ‘how did the RIVM research contribute to...’.

Response 5: Revising the study framework, we also reconsidered the research aim and question to bring them in line. We consistently use the concept contribution when referring to the added value of the research project. We refer to the use of attributed knowledge products as one of the contribution categories according to Contribution Mapping.

'The objective of this study was to gain insight into how the RIVM project and its knowledge products contributed to the Inspectorate’s work and to identify the factors inside and outside the research project that influenced the use of the knowledge produced.' The concept of contributions, however, refers to the process of contributing rather than to the products or projects, emphasising the dynamic process and often temporary coinciding 'factors' (constellation, or 'configuration') that produce a contribution (rather than 'influence') (Kok et al). Also, the term 'barriers' seems to suggest that a barrier is always a barrier across time and case. That is not in accordance with the conceptualisation of 'contribution mapping' by Kok et al. It is the very same reason that it is called a 'contribution' rather than an 'enabler'. From the 'contribution mapping' perspective (Kok et al), the barriers formulated by De Goede (2010), or the way these are presented here in this article, can be questioned on (a) the static representation of 'disablers' under all circumstances at any point of time, and (b) the one-way articulation of work that should be done by the researcher. Contribution mapping, on the other hand, explicitly notes that contributions require work on the part of the commissioner and/or user as well. Looking more closely at the four articulated 'barriers':

(1) 'Expectation: the degree to which the research results, within the context of an organization, are adapted to the expectations of the potential users': seems to suggest that expectations would not be adapted to the researcher's perspective, which in an interaction model should be a two-way representation that starts at an early point of the research process, namely the very act of commissioning the research: the clarification of aims and questions. This discussion would possibly
include the researchers knowledge and previous experiences that may ‘illuminate’ the commissioner and narrow down or re-orient the research focus even before the research is actually initiated.

(2) ‘Transfer: the degree to which the research results in terms of form and content are adapted to and distributed among the potential users’: idem early two-way representation. Moreover, the ‘transfer of research results’ suggests that research production is still a predominantly scientific, or independent activity. The alignment efforts conceptualised in the contribution mapping method specifically include efforts in the research preparation and production phase in order to create fertile ground for the research results.

(3) ‘Acceptance: the opinion of the user on the reliability and authority of the researchers and the research results’: rather than just an opinion, which suggests that is depends on personal characteristics and relations, this would be more about legitimacy and the way researchers can create or enhance legitimacy. Legitimacy depends on the attitudes of the public, the accountability structure, and the level of contestation and stability of the issue the research is focusing on. Therefore, the analysis should not rule out ‘external’ elements that would belong to the ‘context’. In this sense, these elements would no longer be ‘external’ or ‘contextual’, but co-creating the contributions to the commissioner’s office (understandings, activities, etc).

(4) ‘Interpretation: the opinion of the user on the degree to which the research results match his/her views and knowledge and the views of the organization of which the user is part’: idem for acceptance

The study framework departs from the above-mentioned barriers. How does this resonate with the method of contribution mapping that, obviously, focuses on contributions? These on the other hand are not specified in the model, at least not in the way Kok et al have described. Given the comments above I wonder whether the focus on barriers is necessary at all. My suggestion would be to focus on operationalising the contributions inductively from the analysis of the case. That would provide a valuable contribution to our understanding of the method of contribution mapping.

Response 6: We did not aim to present the described barriers as static representation under all circumstances nor as the one-way articulation of work to be done by the investigator and we acknowledge the theoretical confusion due to our initial study framework. We therefore revised the article and use the concepts of Contribution Mapping. We now describe the alignment efforts that inductively turned out to be relevant for both organizations’ taking your detailed comments gratefully into account.

2. ‘In order to maintain anonymity of respondents, we do not specify the inspection objects in this article.’ But it is necessary to refer to the general topic of inspection, it does make a difference whether we are talking about the contributions of the ranking tool for risky knee surgery practices or end-of-life decisions in premature and severely handicapped babies, just to give an example. What kind of risk or care are we talking about, what is the level of contestation in public and political debate, and what is the accountability regime in that care subsector? We generally cannot explain processes without reflections on the content of the issue. We do not have to go into the ‘specified characteristics of the inspection object’ but what were the major discussion topics during the meetings? For instance, why was confidentiality such a pressing issue? Would it not be rather illustrative of the Inspectorates attitude restricting the transparency of its operations rather than that it is supposed to protect anonymity?

I wonder whether we obtain a clear enough picture of the potentially diverging perspectives on the risky practice underlying the ranking tool. How can one define generic risk indicators if interviews are restricted to the inspectorate alone? I understand this was a specific request of the commissioner inspectorate, but it may have severe consequences for the interpretation and effectiveness of the indicator in supervisory practices if the indicators are not considered legitimate by stakeholders involved. This is a comment for the discussion part, and could also require alignment in practice.

Response 7: As indicated in response 2, we agree that extreme anonymity raises pressing questions to the reader, so we reconsidered the needed extent of anonymity and decided to give more details on the topic of the risks model. We also go into more detail about the confidentiality issue.

Minor Essential Revisions
1. The operationalisation of contribution also includes ‘knowledge products’ or ‘knowledge’. The case however did not concern the creation of knowledge, but tool design. This is rather the synthesis of different knowledge sources (scientific and non-scientific). Either my suggestion would be to describe how the tool, may have produced what kind of knowledge, or to rephrase the operationalisation of ‘contribution’.
Response 8: Please be referred to response 3

2. The discussion paragraph provides suggestions and recommendations for managing the relationships between government commissioning and research institutes, which could be more explicitly described as alignment strategies. Yet the findings could also include a more explicit reflection on the methodology and possible revisions of the tool design process in general, such as the risk selection tool in the case. And thirdly, a reflection on the contribution mapping method could be related to the literature on 'responsive evaluation’ as an authoritative source of fourth generation evaluation methodology that has been developing since the 1990s.

Response 9: Please be referred to response 4

3. Interestingly, many quotes under the heading 'Barriers' provide empirical illustrations of the contribution mapping perspective, but they are insufficiently treated that way. Two examples:
   a. 'Inspectorate manager 2: “We should think more about what we want to know and what we want to do with it at the start. We consequently do nothing with the report. Although this as not a bad example after all, since the inspectors felt contented about it. But it can be improved.”
   b. 'Inspectorate Manager 2 : "The more the question is vague, the more RIVM is not able to make a proper offer. If it is too unarticulated, the RIVM should not accept the question. What would the offer be based upon, which expertise and how many research hours? We should have more interaction.”

Response 10: In the revised article the quotes are now related to alignment efforts that are analyzed and discussed. We expect that this approach solves this concern.

4. The analysis remains too descriptive. For instance, the shift in focus of the Inspectorate in the second year for the second ranking instrument is not just a 'strategic' shift, it is a response to the public and political pressures to make legitimate decisions about what and how to supervise. The tension with research conditions that data, for instance, have to be available, is typical issue that exemplifies the shortcomings of research and evidence-based supervision in light of the needs and priorities in supervision practice. This could be elaborated in the discussion part and could also require alignment in practice.

Response 11: We agree that more in-depth analysis improves the article. In the revised article, the discussion part is extended taking these remarks into account.

5. 'We performed this study according to the principles of qualitative research and inherently have to mention some limitations.' suggests that quantitative research would not suffer from limitations? Please, rephrase.

Response 12: It was obviously not our intention to disqualify qualitative research in comparison with quantitative research and we are happy to rephrase the sentence.

Discretionary Revisions

· There are a few textual or spelling errors that could be solved by a neutral reader.

Response 12: We tried to prevent these errors in the new version of the article.

· Under 'concepts explaining the research utilization':
   · 'According to the Interaction Model, barriers between researchers and potential users of the knowledge influence the use of research and interaction is crucial to overcome these barriers.' Sentence is flawed

Response 13: This sentence was deleted in the revised article.

· Connection or between paragraphs De Goede’s model and Kok et al is missing.

Response 14: We revised the Study Framework part and expect that this concern is now solved.

· Suggestion for discussion: The RIVM rule ‘Commissioning bodies have no say in its research methods, nor that can they influence the outcome of studies [1].’ Seems to be contradictory to the point of departure for the analysis that ‘we regard interaction between actors to be the determining factor for knowledge utilization.’ (abstract).

· Suggestion for discussion: ‘The RIVM also recognized the importance of alignment efforts and established them into procedures and guidelines on institutional level.’ How does this rationalisation of the alignment repertoire into ‘hard’project management arrangements resonate with the cultural and interpersonal elements of the alignment concept (Kok et al)?

Response 15: Thank you for your suggestions for discussion. We took them into account in the discussion.
Under ‘method’: ‘Based on the triangulation of documentary analysis and interview data...’ is not triangulation in a strict interpretation.

Reponse 16: Under ‘method’ we revised the sentence in order to present a correct description of our research approach.

Final remark to dr. Bekker:

Thank you very much again for your helpful and detailed review. It contributed to a more thorough analysis of our findings and better insights.

On behalf of all authors, Ingrid Hegger
Annex II Review HARPS 20130527: Response to Reviewer’s report (dr.Joyce de Goede)
(Dr. de Goede’s report text in plain; response in bold)

I think this paper is interesting for publication. This case study is valuable to publish to prevent other researchers to make the same assumptions about research use and help them to handle the complex policy contexts in which they act (or not). However the paper needs some major revisions.

Response: Dear doctor de Goede, Thank you very much for your detailed comments on our article. We highly appreciate the efforts you put into explanations of your comments and the suggestions for improvement. We thoroughly revised the article taking into account your comments and suggestions. Please find our point-for-point response to your concerns below.

It would be helpful for the reader if there would be more information about what a risk model actually is. I know that the inspectorate does not want any details out. But for me it would be helpful to understand what a risk model actually does. It ranks inspection objects. What are inspection objects? Hospitals? And what makes one inspection object more important than another? Was the risk model intended to legitimate priorities in inspection objects?

Response 1: We agree that the article becomes more readable and interesting if the project Risk Model is better specified and we revised the article accordingly. Extreme anonymity raises pressing questions to the reader, so we reconsidered the needed extent of anonymity and decided to give more details on the topic of the risks model.

In general I think the choice for the combination of two conceptual frameworks challenging. There is a fundamental difference between the two frameworks: the CM framework assumes no separate networks of research and policy. This perspective works for CM because it makes it possible to study the three phases and describes them in order to understand what happened in this specific inspection case. I think it is a very useful way to reconstruct the actors, activities and events. In the interaction framework the existence of two networks (or two worlds) are an empirical matter. The overlap between the networks (or worlds) is something that either exists or not, and to a less or more extent. In fact, as far as I can see it (and I do not know Kok et al agree with this), with CM you map actors and events in the overlap of the two networks of the interaction model. In the section about the study framework I would suggest to emphasize how the two concepts are complementary to each other and why it is important to combine both.

Response 2: We revised the study framework acknowledging that it was more confusing than helpful. In fact, we intended to focus on the interaction between actors, especially the investigators and key users, using the theoretical concept of Contribution Mapping that alignment efforts are the precondition to enhance contributions of a research project. We accordingly reformulated our study framework. This implicated a complete revision of the article, taking your suggestions into account.

Maybe it is possible to create a common language. This can be used in the results and discussion section. Sometimes you speak about investigators, inspectorate, other timers about actors, as a reader I then wondered I maybe have missed people.

Response 3: We checked the article in the light of this comment and changed the wordings in order to be more clear. We now use ‘actors’ in a general sense and specify actors when describing our case.

I would further suggest making a distinction between the results section and the discussion section. I understand the heads used, however it would be easier for me to follow the text if you would announce these heads (topics) in the method section logically following from your study framework.

Response 4: We completely revised the article and made a distinction between the results section and the discussion section as suggested and we gave attention to a logical order.

In the section about the map of research process I was confused about phase 3. As far as I understand it, there are two knowledge products. The requested implementation for risk model 1 is to my account, extension phase 1. De second risk model had its own formulation, production and extension phases (2). Maybe things will be clearer by drawing of a timeline?

Response 5: We now clarify the overlap of the extension phase and formulation phase and we also discussed the implications of this overlap. We expect that this solves this concern.
In general the results section seems exhaustive. When I read it, I sometimes got the feeling to read something twice. Maybe this is because of the results and discussion are intertwined. I prefer a more concise description of the results.

**Response 6: referring to response 4, we thoroughly revised the article and expect that we make a more clear distinction between results, discussion and conclusion without too much repetition.**

So what does this leave you to write about in the discussion?
In this section you should step back and reflect on 1. the content and on 2. the study method.
1. There are parts of discussion texts spread over the paper, like in the results section and in the conclusion section. For example the part about the front and backstage mechanisms.
Furthermore, this paper is one of the nowadays many case studies about research or knowledge utilization. I do not find any comparison with other literature. And in the result section barriers in the research process were mentioned. Would this complement the interaction model?
2. What is the added value of the combined study framework? What is the advantage of the feedback session? Something of the feedback session should be mentioned in the method section.
Finally the conclusion sections starts very clear. As I mentioned before I wonder whether some parts should be in discussion section. In fact the three levels of barriers are an a more in depth analysis of the results. Use it in the right place. The third level of barriers remind me to the institutional model of Evelien de Leeuw. This maybe a nice comparison for all three levels?

**Response 7: We revised and extended the discussion part taking gratefully into account your suggestions.**

**Final remark to dr. de Goede:**

Thank you very much again for your helpful and practical review. It contributed to a more thorough analysis of our findings and better insights.

On behalf of all authors, Ingrid Hegger