



Research Coproductio in Healthcare

Edited by

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WILEY Blackwell

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Foreword

What a joy to read a book devoted entirely to research coproduction.

It's timely for such a guide to have emerged. As coproduction has become increasingly widespread in research and implementation, it has become ever more obvious that it is a difficult beast to grasp. Its complexity is often obscured by the misguided notion that, because coproduction is a natural, human process it can be easily achieved. Nothing could be further from the truth. As with all human interactions, the coproduction of research needs careful crafting, cajoling, and coaxing if it is to be successful. This book, with its accessible content, both theoretical and practical, can be read at many levels – from brief readings of abstracts and learning points, to selective explorations of just the chapters relevant to one's role, to detailed study of material that authoritatively covers every conceivable angle. All in all, the book helps us not only to understand how to coproduce research but also to appreciate that effective coproduction requires imagination and courage as well as clear techniques. The authors offer a wide range of well-evidenced pointers that will help anyone involved to capitalize on its obvious benefits, and to avoid the pitfalls. There is plenty of good advice – and plenty to debate – for all concerned, be they researchers, practitioners, service users, managers, evaluators, educators, or funders. After all, representatives from many of these groups have collaborated to write such comprehensive chapters.

When writing this foreword, we ourselves embraced the book's central tenets. We were not, of course, strictly engaged in coproduction, which requires bringing together researchers and research users. Rather, we collaborated: we discussed ideas, advocated contrasting approaches, tussled over how best to craft our words, and finally agreed what we would and wouldn't say. Doing so was much more difficult than writing as individuals but worth striving for, since the point of coproduction is to bring together different, and sometimes differing, perspectives to co-create a better result – just like the research that should result when readers have absorbed this well-constructed and highly accessible book.

The key to any collaboration is to develop and maintain open and trusting social, intellectual, and practical relationships. But as the authors repeatedly – and rightly – emphasize, this becomes even harder to do in coproduction, where one is striving to inclusively involve people who have divergent knowledge, experiences and skills, or even conflicting goals, values and cultures. So, at its heart, coproduction inevitably becomes a *relational* exercise that requires a wide

range of interpersonal and organizational skills. Perhaps that explains why terms like mutual respect, mutual learning, trust, transparency, flexibility, open communication, shared knowledge, common commitment, inter-personal skills, and open dialogue are a leitmotif through so many of the chapters. Such principles are necessary to help meet the challenge of sharing control, of democratizing the research process. As the authors underline, they require not just skill and good will, but time, resources, and training. Genuine coproduction is hard won, and often requires systemic organizational change to support the necessary shifts in relationships.

One of the driving forces for coproduction has been the conviction that engaging a range of active participants will help when it comes to implementing the study's findings. If coproducers develop a sense of empowerment and ownership, they will help ensure that the research is relevant and responsive to the full context of policy and practice. They should also be best placed to have the networks and influence to enable the findings, if appropriate, to become widely accepted and used. Not surprisingly, therefore, implementation and impact form another leitmotif of the book. It is easy to assume, though, that coproduction will lead naturally to implementation and impact. It may not. The energy of the early and middle phases of coproduction often wanes before the final implementation and maintenance stages when we most need it to make a real sustainable difference. Woven throughout this volume are many well-founded clues as to how to make those final stages a success too.

Coproduction is not a rapid sprint to findings; it's a steady stroll from early design through to eventual implementation, impact, and sustainability. Coproduction will always be a craft – a complex art – that is vital to doing good research and implementing the findings. That craft will be all the stronger thanks to this group of authors. We can all learn much from their book. Enjoy it.

Andrée le May

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About the Companion Website

This book is accompanied by a companion website which includes a number of resources created by the authors for students and instructors that you will find helpful.

<https://iktrn.ohri.ca/>

CHAPTER 1

Introduction

Anita Kothari, Jo Rycroft-Malone, Chris McCutcheon,
and Ian D. Graham

BACKGROUND: WHAT IS THIS BOOK ABOUT?

Research coproduction is a collaborative way to plan and implement healthcare research. Instead of the researcher working alone, driven by academic curiosity, those who will use the research – called knowledge users – are part of the research team. A researcher *or* a knowledge user can initiate the research project. The idea is that multiple perspectives about a research problem will result in research that is more relevant to programs, policies, practice, patients, and communities. The findings will be more feasible to implement, eventually resulting in better health services and improved health and wellness. In this book we define **research coproduction** as a model of collaborative research that explicitly responds to knowledge user needs in order to produce research findings that are useful, useable, and used. Collaboration in coproduction research is characterized by shared decision-making between knowledge users and researchers, mutual learning, and respect.

This emerging approach is receiving strong attention in healthcare for a number of reasons. One motivation is the indicators that research findings are not finding their way into practice, programs, or policy, suggesting a lag time between research findings and their application (Health Economics Research

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