

Being a Knowledge Broker



A Handbook

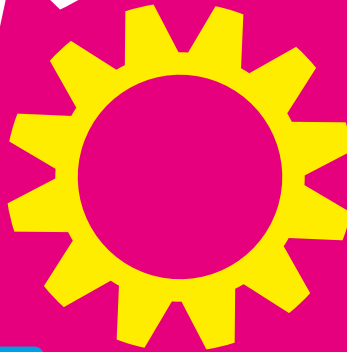
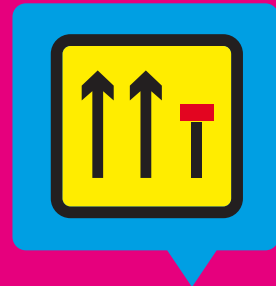
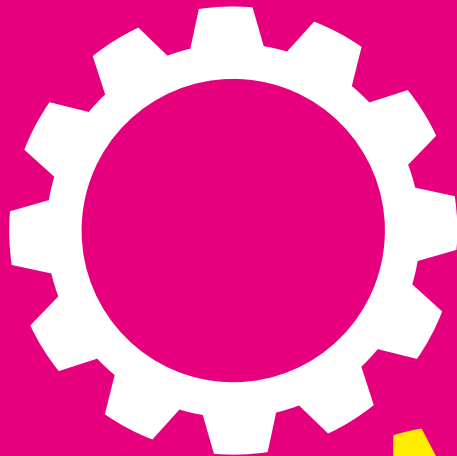


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Being a knowledge broker



We have been asked many questions about knowledge brokers...

- What are they?
- What sort of person makes a good knowledge broker?
- What will they have to do?
- How do they do it?

These are short questions, but the answers are often greeted with disappointment as they seem to slide in every direction, avoiding the concise, neat responses that are being sought.

The following pages attempt to demystify the world of a knowledge broker, drawing on published literature and the experiences of approximately 30 knowledge brokers in the the NIHR CLAHRC that covered Nottinghamshire, Derbyshire and Lincolnshire between 2008 and 2013.

Knowledge brokers were employees in the CLAHRC's partner organisations and were seconded to the CLAHRC for between half and a whole day per week. Some joined part way through the life of the CLAHRC, while others were part of the CLAHRC for the whole 5 years.

When the idea of having knowledge brokers in the CLAHRC was conceived, it was assumed that their task was to take knowledge developed within CLAHRC's applied healthcare research programme and put it into practice, thereby changing practice using the new evidence.

However, as we negotiated the 5 years of the CLAHRC, it became clear that we were embarking on something far more complex.

It was a journey of discovery for knowledge brokers, researchers and the CLAHRC, and you can read about various incidents and learning points from the journey within this booklet.

We know a lot more about knowledge brokers and knowledge sharing compared to what we knew when the CLAHRC started in 2008. Perhaps the most important learning is that the journey is not linear, and is heavily dependent on context. **There is no one way of being a knowledge broker or sharing knowledge.**

The following pages are presented as a guide through the terrain of knowledge brokering.

It is not an instruction booklet that gives, rather like a recipe, non-negotiable ingredients and processes. Instead one of the keys to being a successful knowledge broker is to be creative, constantly flexible and to be continually surprised by what you find.



What is a knowledge broker?

We are all knowledge brokers.

Each time we attempt to shape events and outcomes in so many contexts – family and friends, home and work, career and daily events – we have to tailor our communication and shape the knowledge we want to share to fit the need and the audience.

- A parent tries to protect a child by imparting information that fire is dangerous. Children vary in how they absorb information. Some will ignore warnings, not understanding that fire is dangerous until they get too close; some will be wary without having felt the extreme heat or witnessed the destruction of a treasured object; some will be too young or overexcited to understand what is said.



Knowledge brokers find this all the time - just telling someone is not enough.

- Within school environments, teachers have to find appropriate language and speed of delivery to share complex information to different pupils.
- Politicians spend money and time devising ways to give voters information in a form that will convince them to vote in a particular way.

Knowledge takes many forms, and for much of the time, is not about concrete facts but more of an interpretation of facts, events and context.

In this booklet, we refer to a knowledge broker as a person who acts as an intermediary between two or more environments or types of organisation, hence they are sometimes also called 'boundary spanners'.

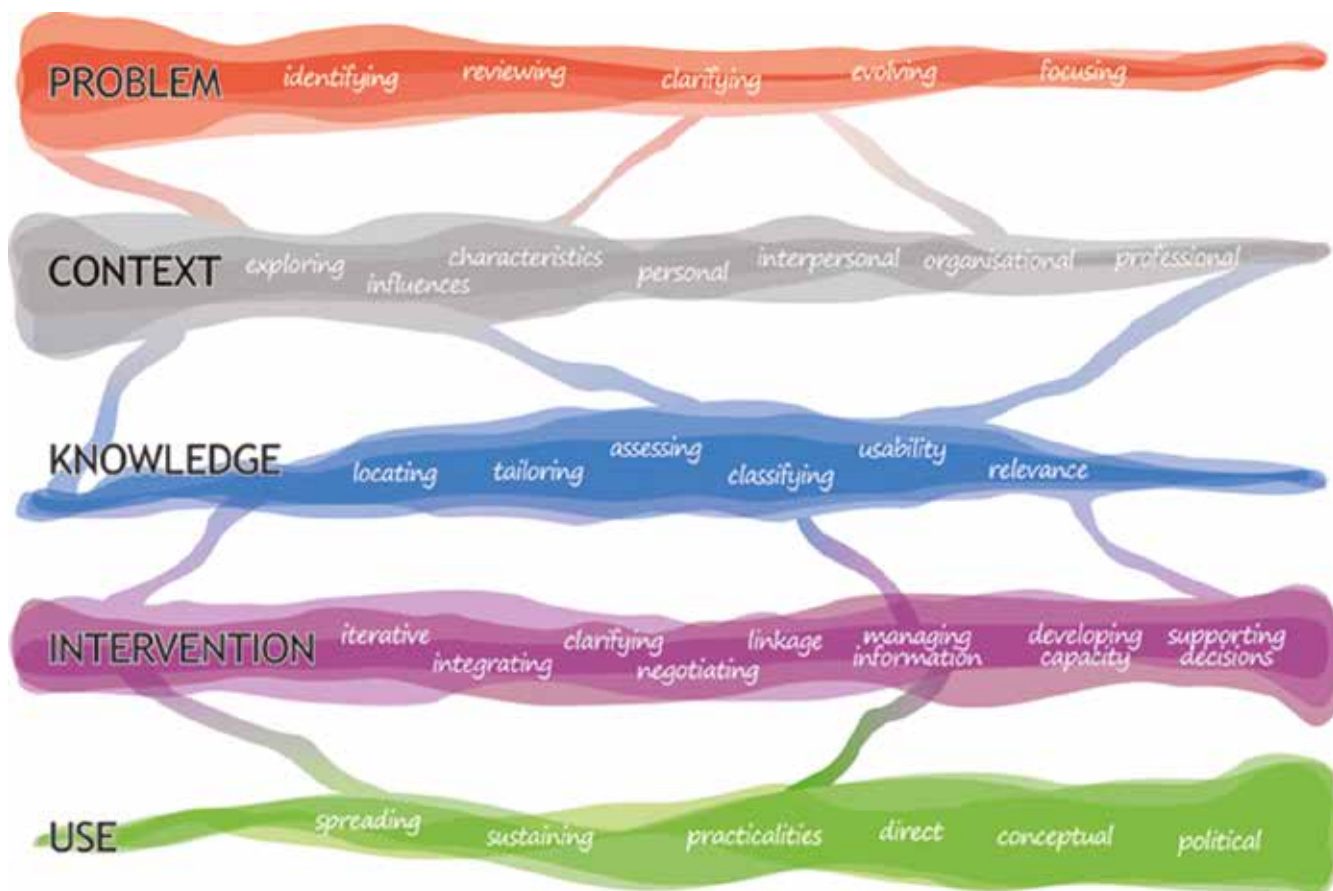


This intermediary role may be part of their existing job or role, or something new. It is likely to be important in all health and social care settings, including for example between commissioners, care co-ordinators, managers, practitioners, service-users and researchers.

As an intermediary, knowledge brokers will at times occupy a sort of no man's land with one foot on both sides of a boundary. However, sometimes it can feel more like a dance or a jig as the knowledge broker moves repeatedly across boundaries, sometimes straddling two or more boundaries, negotiating events and outcomes.

It has been recognised for a long time that knowledge can be developed or understood in one place, but not in other places, even when it seems somehow obvious that it should be. Taking knowledge from one place to another encounters a mysterious process which is interchangeably called 'knowledge exchange', 'knowledge translation' or 'knowledge mobilisation', and which describes how knowledge moves and changes.

Knowledge is not a constant thing. It changes depending on a wide range of factors, including time, politics, people or the emergence of new knowledge. It is also affected by the assumptions and experiences that individuals or groups already hold. Knowledge can be a slippery thing. Vicky Ward (2012) describes this well in her paper on knowledge exchange, which is illustrated by her 'amoeba' model (below).



Source: Ward et al., 2012. doi: 10.1016/j.socscimed.2011.09.021

Vicky's work is readable and it may be useful to read her words, accessing it via the references at the end of the handbook. In brief, based on collaborative knowledge exchange between the University of Leeds and the NHS, she shows how knowledge changes as it is discussed and used, and changes again over time.

It is also important to be aware of why we want to share knowledge. The purpose of sharing knowledge through the mediation of a knowledge broker is to improve the quality of decisions made in the system. These may be relatively small decisions or much larger ones. The inclusion of as much knowledge as possible in the decision making process is expected to result in decisions that are easier to implement and sustain, and are more effective in practice in the long-term.



We assume that a knowledge broker is not a decision maker within the sphere in which they operate, though they may have close ties to decision makers. The knowledge broker may be positioned outside of the traditional organisational hierarchy (such as in terms of allocating the budget or performance managing the outcomes). They will move between evidence development and practice development; they may be trying to be pragmatic in selecting information and opportunities to influence those who are situated in either side of the evidence - practice boundary.



What do knowledge brokers do?

Knowledge brokers put their time and skills into helping individuals and groups understand each other better. By doing this, they can share knowledge and improve each group's decision making.

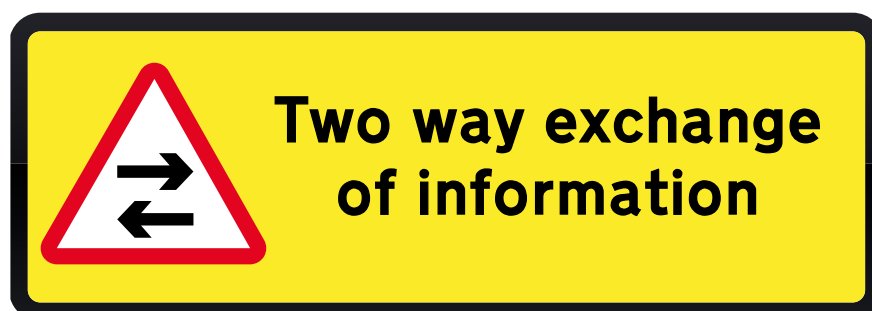
'Knowledge' is much wider than facts that come from data; it can include interpreting information across contexts, understanding that there are emotional and political components of knowledge and respecting different perspectives on the same material.

Knowledge brokering can be a casual activity, carried out by individuals within their daily work. For example, a nurse within a multi-disciplinary team will be adding nursing knowledge to discussions, so that decisions and plans can be made that include that knowledge alongside everyone else's. It can also be an activity with a defined purpose, and this is how the knowledge broker model began in the CLAHRC.



The knowledge brokers were expected to take research knowledge into practice, and to influence the implementation of that knowledge. However, it turned out that the role was much more about a two way exchange of information, influencing both the process of research and the expected benefits for patients, not solely the transmission of a package of knowledge defined by researchers and received by practice.

Within the CLAHRC, the knowledge brokering role was anticipated to cross the boundaries of a research study and clinical practice – so two settings with one boundary. However, it was far bigger than this, with the knowledge brokers working across a far more complex set of boundaries, including multiple geographical boundaries, disciplinary boundaries, organisational boundaries, professional boundaries and clinical boundaries. These could overlap too, so there were multiple boundaries across which knowledge moved and changed.



Being a knowledge broker when change is the objective

The CLAHRC was set up in order to bring together applied health research and practice, so that evidence could be implemented.

As a result of the CLAHRC's experiences of implementation, a booklet is available to assist those trying to implement research or other initiatives. The booklet is supported by a discussion generator – rather like a game, which is intended to assist those trying to implement something to understand how to go about it and reflect upon some of the barriers they may face in doing this.

Much of the knowledge we hold about implementation overlaps with being a knowledge broker. Fundamental to implementation is ensuring that people and groups with different knowledge and interests in the topic are able to reach a shared understanding. This can only happen through knowledge brokering.

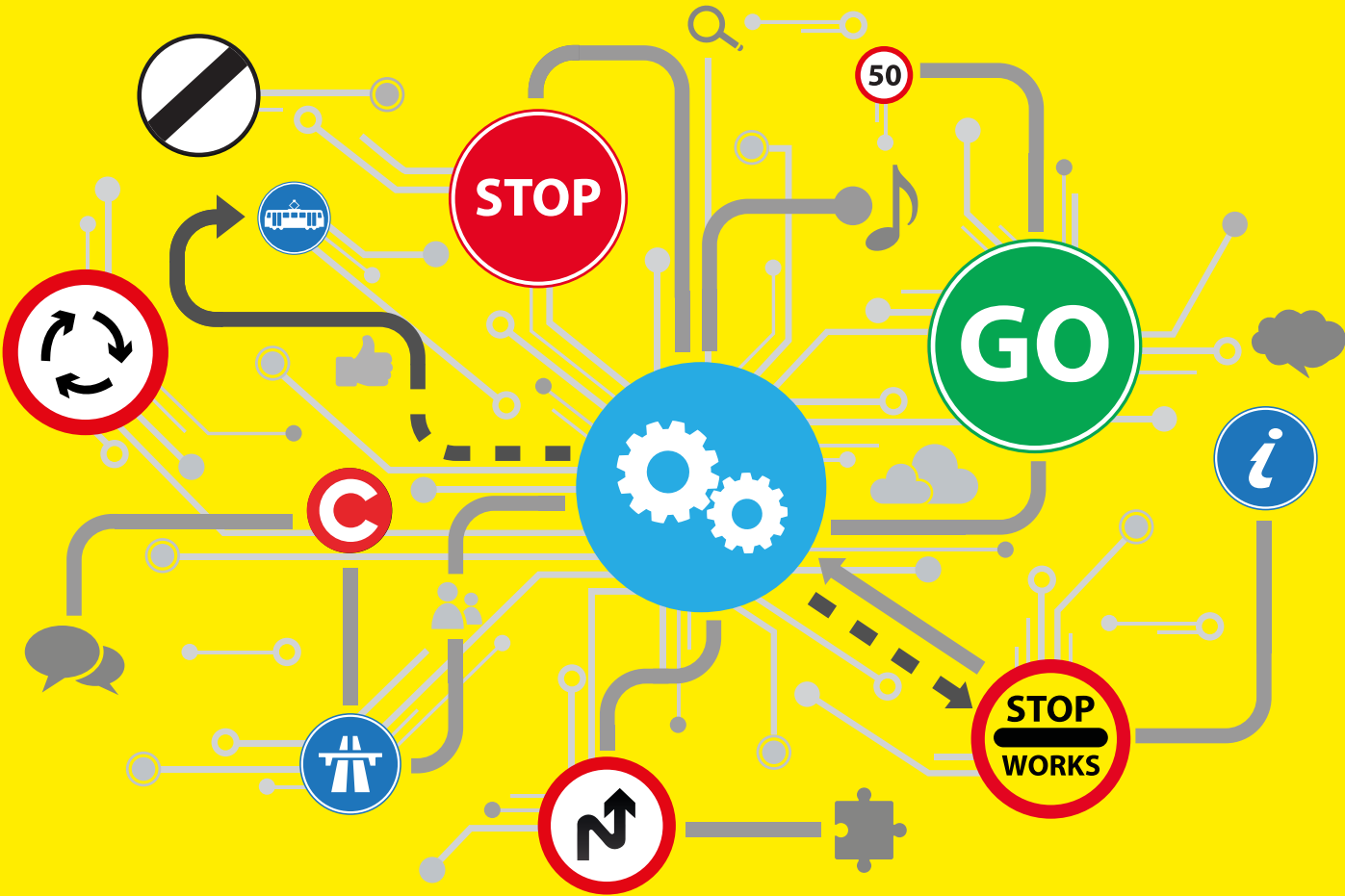
It may be helpful to read the short booklet on implementation, which can be downloaded from:

<http://www.clahrc-em.nihr.ac.uk/implementation>

or by emailing Emma.Rowley@nottingham.ac.uk



Reading this handbook



In the following pages you will find examples from the CLAHRC enclosed in boxes. Illustrations taken from everyday life are shown in circles, and are included to make the point that we are all knowledge brokers and we don't just broker knowledge when we are at work.

Sarah Michaels (2009) describes how knowledge brokers use their experience and skills to carry out six activities to facilitate this process of sharing knowledge. The next section of the handbook takes each of the six activities and reflects on them in relation to the CLAHRC's experiences by sharing examples of what the CLAHRC knowledge brokers said or did.

1. Informing

BOX 1

"I wasn't entirely sure about how useful I'd be, but actually, the more I found out about it, I discovered that actually I can help quite a lot because I know how the politics of the organisation work and I can influence the clinicians and perhaps interpret some of the research talk into a way that seems a bit more about the patients and patient care to clinicians."

BOX 2

"There was some data the research team wanted to collect and I said 'well actually I think the Trust collects all that anyway'. So I've been able to, you know, go through that to save people having to double collect the same data. Just practical things like that, which actually took me two minutes, which they find incredibly helpful."

BOX 3

One of the CLAHRC knowledge brokers was a manager within a commissioning organisation. The study team benefitted from having up to date knowledge on the new NHS structures and the effects of structure change on whether or not the NHS organisations were ready to discuss potential changes to commissioning a service.

It is too easy to assume that people know things just because you know them yourself, but organisations, professions, even teams within organisations, work to different priorities and pressures. So the knowledge that people need to have and use will also differ. People also have different levels of access to information and have different ways of interpreting it.

An important aspect about informing is ensuring that people understand each other. This may mean translating technical language into language that is more accessible. It may also mean appreciating that the same word may have several meanings, or that commonly used acronyms need explaining. The knowledge broker's role is to listen carefully, ask questions, to become aware of gaps in knowledge, or another perspective on a piece of knowledge. Be careful not to assume that you hold knowledge that is right or correct and the other person or team is wrong. Knowledge varies, as the examples show. It can be factual (as shown in Box 2), or more about interpretation and context (as shown in Box 1).

The knowledge broker needs to take the initiative in sharing this knowledge. Never forget that we don't know what we don't know, so the CLAHRC research teams were often not aware that they lacked a piece of useful, even critical knowledge, until it was presented to them. Similarly the teams working in practice were often not aware that a piece of research knowledge could be helpful to them.

In the scenario seen in Box 2, knowledge was taken from practice into the research team. This was a one-way exchange of knowledge, but it is more often likely to be two-way, flowing in both directions. As the example in Box 3 shows, knowledge on the new NHS structure was passed to the study teams, who could then use that knowledge in order to plan how to pass their own knowledge into the system, and for it to be tailored for the different recipients.

When preparing for a knowledge brokering role, it may be helpful to reflect on the examples in Circle 1 and Circle 2. It may be useful to think of your own example and how you would describe it to someone.

CIRCLE 1

Observing or experiencing a teenager explaining an aspect of smart phone use, or solving a computer problem, may show two people coming to that interaction with different languages, different levels of background knowledge and different speeds of explaining and understanding.

CIRCLE 2

Booklets of hand drawn maps of walks can be frustrating. The writer may know the walk so well themselves that they miss out some critical instruction that the person new to the walk really needs to know so that they choose the correct path.

Remember that language, pace, background knowledge and familiarity with the subject cannot be assumed (as Box 4 illustrates).

BOX 4

One of the CLAHRC's knowledge brokers described carrying a dictionary to meetings, to look up words and phrases used by the study team. Another knowledge broker went home after the first few meetings with a list of acronyms used within academia.

These are important techniques to learn. It can, however, be rather more challenging to remember a little diplomacy!

The information you wish to share may be difficult or appear negative. For example, clinicians may have been using a particular approach for many years, convinced of its value. Your enthusiasm for a new approach, supported by evidence, may be perceived as a personal criticism of them, or as a threat to their jobs and practices. Never forget to value what has happened in the past, showing that you appreciate the motivations and values of those you are talking to. Listen to their perspective before trying to push yours.

2. Consulting

BOX 5

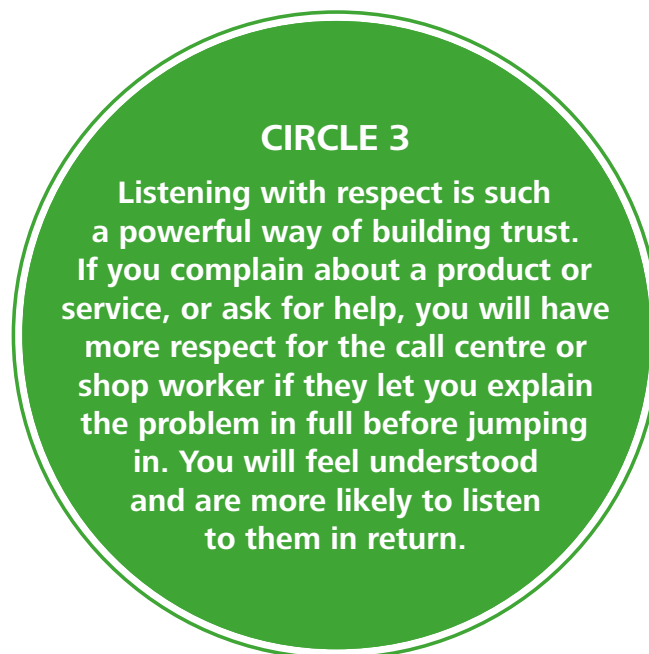
A CLAHRC knowledge broker described how the study team wanted to receive regular feedback from study participants who were clinicians working in practice. The knowledge broker was part of a discussion on how to do this through the internet and contributed the view that it would not be a priority for busy professionals, who would not complete the feedback form. They suggested that it would, in the end, be more effective for a member of the study team to phone each person directly and ask for feedback.

A knowledge broker has to be regarded as credible on both sides of the boundary. Once trust and credibility is developed, both sides will be able to listen to the knowledge broker's contributions, as they challenge and offer new approaches to a decision.

When in the consulting role, the knowledge broker may have to think carefully about how much knowledge to share and how to share it. If the knowledge broker selects knowledge that will be of most value and presents it clearly, demonstrating its relevance, it is more likely to be listened to. It can be so tempting to offer too much information or use language that is hard to understand. However, when doing this, there is a risk is that all of the contributions of the knowledge broker may be ignored.

Beware of the way that you present information. It is probably worth asking a colleague to comment on how you are presenting the information. Ask them to be critical if need be!

Consulting is about listening too. You may not always like what you hear, because it is contrary to your professional approach, or sounds like a threat to your job or your service. In instances like this, it can be hard to continue listening without interrupting and arguing, but this is such an important part of knowledge brokering: being a diplomat. Listen, try to empathise with the perspective of the person bearing this knowledge and reflect on it, then enter into a discussion, checking that you have understood what you have heard, and maybe asking a few questions.



Your task is then to make sense of this information in relation to your own workplace or project. Do you need to filter or translate any of the information before talking to anyone? Should you change the language into something more user-friendly? Do you need to take time to explain the context first? You will also need to be observant to whatever it is that will make the information appropriate to the people that you are talking to, and be mindful of how the information is received. For example, is it creating anger, despair or excitement at the opportunity being offered?

The CLAHRC's knowledge brokers took information backwards and forwards (many, many times!) between practice and the research teams, and to clinical networks, managers and commissioners. Gradually the knowledge begins to shape opinions and the knowledge itself changed 'shape', as shown in Vicky Ward's work.

3. Matchmaking

BOX 6

The Line Manager of one of CLAHRC's knowledge brokers was keen to develop better links with the university so that therapists working in practice could be more actively involved in research. The knowledge broker arranged for the Principal Investigator for the study and the Line Manager to meet. Both expected benefits to accrue further down the line, with clinicians contributing to the research and the study team finding it easier to recruit patients to studies.

Sometimes a knowledge broker should remind themselves that they are in a privileged position as an intermediary between two or more contexts, and in holding this position they can spot opportunities for knowledge sharing.

As Box 6 illustrates, one of the CLAHRC researchers was introduced to a manager within an acute hospital, and both saw the potential benefits of this meeting. The Line Manager benefitted from the research and the involvement of therapists in research; the researcher had the opportunity to build 'fitness for purpose' into the research and found it easier to recruit to the study.

Over and over again the message to knowledge brokers is to be alert to opportunities by listening and questioning. Depending on the nature of the knowledge broker role, it may be time limited, so any opportunity to build sustainability through networks and individual contacts should be followed up. Box 6 describes the beginning of a relationship across practice and research boundaries, that all parties expected to last beyond the CLAHRC funding.

At the same time, the knowledge broker can act as a matchmaker, negotiating entrance to existing networks and finding individuals who can share advice or give support (as Circle 4 outlines). A mentor may be helpful but it can be difficult to find a senior person who has knowledge brokering experience and the objectivity to be able to help the knowledge broker keep a balance of perspective and activity across both organisations.

CIRCLE 4

If you join a course, whether to further your career or a hobby, you will meet new people who can help with your learning. They may offer support when it is tough meeting deadlines or help translate knowledge into something easier to understand.

4. Engaging

BOX 7

A small group of CLAHRC knowledge brokers worked hard to encourage clinicians who were geographically distant from the CLAHRC office to become involved in studies. They did this by arranging meetings closer to the clinicians. This led to the exchange of useful knowledge, for example, that the way a particular service is delivered varies considerably across the area covered, making it hard for some clinicians to become involved in the study. The study team had assumed prior to these meetings that there was more uniformity in service delivery.

Matchmaking and engaging both involve making connections to support the knowledge brokering process. They are fundamental in moving knowledge around, and they result in opportunities to share and listen. They may be informal, for example, someone you get on with and can talk to over a coffee, or formal, for example, through clinical networks or patient groups.

Developing long term networks offer opportunities for developing trust and for matchmaking. We are all knowledge brokers, contributing stories, opinions and suggestions to researchers and to service providers, whilst learning about some of the opportunities and constraints within health and social care.

The same issues as mentioned earlier apply when engaging with others: listen, seek opportunities, talk using appropriate language and be aware of other people's existing profession or knowledge. Always try to be diplomatic. This doesn't mean always seeking to placate others, or avoiding difficult issues. Rather, it is important to find ways of communicating difficult things so that relationships are preserved and transparency is maintained. If you find yourself in this situation, and think it would be helpful, why not talk with a trusted colleague, test out what you want to say, and ask for their feedback.

It is important to think widely about knowledge and who holds knowledge about the area or topic. Clinicians from a range of backgrounds will hold knowledge from their experience and professional training; service managers and commissioners will hold knowledge that is used to achieve their objectives; patients will hold knowledge derived from their own experience of services and, perhaps, knowledge from sharing with other patients and patient groups; carers and families will have yet another type of knowledge. An awareness of NHS structures may lead to yet more groups of people who can contribute to shaping knowledge, for example, private providers of care.

5. Collaborating

Knowledge brokers, with their position across boundaries, are ideally placed to spot opportunities for collaboration between organisations, teams and individuals. At the same time, the knowledge broker is collaborating through their own activities, working to achieve the goals and reduce the pressures for more than one workplace or organisation. Usually an individual will find that their annual review or performance objectives are tailored towards achieving the goals of their employing organisation. As a knowledge broker, however, these have to be balanced against helping another organisation achieve its objectives. It is possible that this will create tensions (as seen in Box 8), which need to be carefully and sensitively managed.

BOX 8

One of the Line Managers did not see any benefit from having CLAHRC knowledge brokers, as their participation in CLAHRC was a cost to services. The Line Manager did not have any involvement in developing the knowledge broker role and how it would feed back into services.

Box 8 illustrates how objectives were not shared prior to the individuals embarking on their knowledge brokering role. This caused tensions within the NHS employing organisation, particularly as the NHS was undergoing challenges in relation to structure and savings.

Tensions are likely to be greater when there are different views or assumptions (knowledge) about what outcomes are desired and the route to achieving these. Sharing perceptions of the knowledge broker role can be time consuming but may avoid difficulties further down the line.

BOX 9

One CLAHRC study produced a number of papers aimed at publication, excluding the knowledge broker from the list of authors. The knowledge broker had played a major part in gathering and quality checking data for the study and felt entitled to an acknowledgement. This was eventually resolved.

Box 9 shows a failure to share priorities of different professions and organisations at the outset. It was assumed by the research team that a clinician or their employing organisation would not be interested in the knowledge broker being listed as an author on papers; the clinician had assumed that they would be regarded as an equal partner in the study team, and so entitled to authorship if they had contributed to the work. Box 10 offers a partial solution to this dilemma, showing how regular feedback, in this case to the employing organisation, can provide a forum for sharing knowledge about the knowledge brokers' activities and the value of their efforts. It would also have been an opportunity to share concerns.

BOX 10

A group of CLAHRC knowledge brokers were helped by the CLAHRC to set up a meeting with their employing organisation, to feed back on the progress and successes of the study and knowledge broker role. This was helpful for the employing organisation and it was agreed that the knowledge broker contribution had benefitted both practice and research.

6. Building Capacity

Unless the presence of a knowledge broker leaves a footprint, something extra for all the teams or organisations, then it can be regarded as poor value. At the outset it may seem daunting to be expected to build capacity within two or more organisations or teams. However, the term 'building capacity' can cover relatively small initiatives that will affect many people.

Within the CLAHRC, energetic knowledge brokers were alert to opportunities to share knowledge. For example, as shown in Box 11, researchers without clinical experience were helped to feel confident about meeting patients and interviewing them about their experiences. The knowledge broker accepted the researchers' anxiety without being critical, and instead talked about the wards and the patients so that the researchers held more knowledge and could feel more confident. The knowledge broker understood that a researcher within a study is unlikely to have worked within an acute hospital or talked with patients.

BOX 11

A CLAHRC knowledge broker saw that one of the researchers was anxious about interviewing patients and discussing difficult, possibly painful, issues about their condition and care. The knowledge broker appreciated the difficulties faced: "...one of the researchers was very anxious about interviewing patients, because she's never interviewed patients before. I do this for a living, I've been doing it for twenty five years. And you know, I said to her, trust me, they will love talking to you. People enjoy talking about their experience. You know, if it's not overly traumatic, clearly they do like reliving because it's therapeutic. And that's where I think you do need the academic and the clinicians together. I can really see that. Because you help each other. And things that I'm anxious about, she wouldn't be anxious about and vice versa so it's almost like what you'd call a symbiotic relationship in some respects."

In Box 12, the same knowledge broker describes working within a hospital Trust to spread research knowledge gained from the CLAHRC role.

BOX 12

A CLAHRC knowledge broker had a publicity stand on research for the annual Trust public meeting. This facilitated links with a developing research group for therapists. The knowledge broker planned to continue building research knowledge through arranging conferences, submitting posters to events and promoting the development of a place for people to display research information in the Trust.

Through contact with the research study, the knowledge broker had learned about the process of research and connected that with the frustrations that some clinicians express about research, for example, how long it takes, how the research is carried out within practice and the language used. To show clinicians that the research world is relevant and accessible the knowledge broker linked into an existing event within the organisation to showcase the value of getting involved in research. This was timely as it also coincided with therapists becoming more involved with research, and becoming more confident about their contribution. Even so, messages may take time to be understood and accepted, but the involvement of practitioners is a key component in developing sustainable research/practice relationships.

What sort of person makes a knowledge broker?

Paul Williams (2011) describes the personal qualities that make an effective knowledge broker, and within the CLAHRC, the knowledge brokers were asked for their views on what sort of person they thought made a good knowledge broker. Although the context in which a knowledge broker operates in is important, there are some key characteristics, for example, enthusiasm and persistence, which are core to the role.

It is easy to list so many qualities and skills that it could seem an impossible task. It is hard to be a knowledge broker, but it is not impossible. We have combined Paul Williams' suggestions with those of the CLAHRC knowledge brokers.

There is no template for the ideal knowledge broker. Rather, we have to recognise that knowledge is not a parcel to be carried from one person or place to another, but is a negotiated commodity that changes over time and in different situations. Vicky Ward describes this well and her illustrations of the process show how knowledge changes shape and meaning. This is what the knowledge broker has to do too: change their approach to knowledge sharing as the context requires.

- **Being flexible and reflective**

Context is key.

The knowledge broker will be constantly moving across boundaries, to places where political context, language, behaviours and organisational objectives differ. A knowledge broker has to be able to reflect upon each context and adjust their own behaviour and message to fit it. This will vary over time, as they become trusted and respected by colleagues.

A knowledge broker may also need to be flexible in how they contribute to the research study. The willingness to 'muck in' is likely to build trust and demonstrate a commitment to the study team's endeavours, as shown in Box 13.

BOX 13

A senior clinician working as a knowledge broker did whatever was necessary to support the study team. This included stuffing envelopes when there was a big mailing going out. The knowledge broker was also able to contribute considerable knowledge to the study team including knowledge from clinical networks about who should receive the mailing.

- **Having knowledge**

Some of CLAHRC's knowledge brokers had in-depth knowledge of the research study topic and networks before they commenced in the role.

BOX 14

One CLAHRC knowledge broker worked as manager of the service that was the subject of CLAHRC study. Having in depth knowledge of the service being provided and having networks that gave wider knowledge about similar services, was very helpful to the study team in ensuring that the study was able to progress smoothly.

On the other hand, Box 15 illustrates how a knowledge broker may bring surprising contributions, crossing other boundaries.

BOX 15

A CLAHRC knowledge broker had no previous knowledge or experience of the study topic, being employed as a clinician within an unrelated NHS service. However, the study crossed a number of boundaries, including education. The knowledge broker was able to use experience of a parent to inform the study team of the some of the issues that might be encountered when working with parents and children.

- **Being credible**

One facet of being credible is linked to where a knowledge broker is positioned in the professional hierarchy. For example, a very senior manager or a medical consultant may be assumed to have more influence in making change happen. However, when deciding who will be the most appropriate knowledge broker, there is more to be considered than just seniority.

BOX 16

One CLAHRC study had two knowledge brokers, one of whom had been involved for years in pressing for change in a service, based on research already carried out. This gave high credibility due to having already demonstrated commitment and knowledge. It also meant that the knowledge broker had a huge network of contacts relevant to taking the study forward.

BOX 17

The five years of CLAHRC funding coincided with a rise in the profile of therapists in the research field so getting involved with the CLAHRC was seen as an opportunity to further that involvement. This meant that therapists were well represented within the knowledge broker group. Traditionally therapists may not have been seen as being as credible as some other professions, but the development of a body of 'research savvy' therapists increased their influence.

BOX 18

A senior nurse was one of the CLAHRC's knowledge brokers, and found it difficult to engage with the study team. Both in and between meetings, their views on improving the content and conduct of the study were not sought or listened to, despite being close to clinicians delivering the relevant services. Reflecting on this it appeared to rest largely on hierarchical issues.

As Boxes 16-18 show, context is critical. There are also personal opportunities to earn credibility, for example stuffing envelopes (see Box 13) and responding quickly and positively to emails, even when there are others may be much slower to respond.

Perhaps the most critical thing is that the knowledge broker has something to offer to both sides of the boundary.

- **Having personal confidence**

Entering another world, particularly one that you have previously held in high regard, can be challenging. It may not be possible to contribute immediately, especially as a knowledge broker will need to observe and listen, then reflect, before jumping in with their knowledge and views.

When the time feels right, a knowledge broker will need to be confident enough to enter the discussion, assertively stating their point of view and perhaps repeating it in different language. Being 'assertive' does not mean being aggressive or attempting to be dominant, but having enough confidence to pursue opportunities to speak and get your point heard.

- **Having passion**

Many CLAHRC knowledge brokers expressed their passion for the NHS and passion to improve services. This gave them the drive to persevere when things were difficult, as they worked towards pursuing and achieving longer term goals. However, passion needs to be controlled so that it doesn't overwhelm the knowledge broker's ability to be flexible and acknowledge the needs of both sides of the boundary.

- **Having networks**

It will be possible for a knowledge broker to develop networks as they build relationships on both sides of the boundary. However, having links to existing networks that can be accessed quickly will help build credibility, support for the knowledge broker and places to spread knowledge and take views. Networks can be hugely important to a study team to speed recruitment to a study, or to have early feedback on whether or not parts of the study process are relevant to practice.

BOX 19

A CLAHRC knowledge broker had worked for many years as a GP and had well developed networks in a different geographical location from the CLAHRC base. This enabled the study team to make new contacts to help that study and would provide contacts for future studies. In addition, the contacts within the practice gave practical advice on developing study materials.

- **Time and autonomy**

A knowledge broker needs to have time to carry out the necessary activities.

Many of the CLAHRC knowledge brokers had problems related to having no backfill for their usual role, so the CLAHRC work had to be fitted in, often some of it as an extra to the working week.

Box 20 illustrates how a job role can affect the ability to carry out the knowledge brokering role. This knowledge broker was able to attend meetings arranged by the study team as they had autonomy over their diary. However, for others with a heavy clinical workload, this was not possible without lengthy prior notice of meetings.

BOX 20

A consultant working with CLAHRC commented that it was possible to carry out part of the knowledge broker role, particularly attending meetings, due to having control over their working pattern. They said that more junior people would find it harder, particularly as academic meetings are arranged at short notice compared to the notice required for NHS diaries. Other parts of the knowledge broker role, for example reading emails and documents, and responding to them, were carried out in the evenings and at weekends.

For all knowledge brokers, it was critical that they added their CLAHRC duties into their work plan if they hoped to carry out the role within the working week. Also it was important, although rarely done, that the knowledge broker role was acknowledged in performance management processes.

- **Ability to manage complex accountabilities**

If a knowledge broker is needed, it is likely that the research team are working into two or more organisations with different goals from each other. The knowledge broker will have objectives from their employing organisation, and these may not align with the objectives of the other organisation. The knowledge broker has to find a way to be useful to both organisations. Open communication with everyone will be essential, and formal feedback on activities can be useful too.

- **Being able to communicate creatively**

Traditionally there are meetings, face-to-face conversations, telephone calls and emails. Increasingly, networks have web-based discussion fora, and live social networking sites and tweets mean that knowledge and opinion can move incredibly fast to an interested audience, far beyond those known to us.

The power of connections through a social network means that information or awareness about an intervention can be much wider than if relying on face-to-face discussions, or physically meeting people. Networks allow us to share and discuss ideas with other people, so that new and different perspectives can be brought to bear on the translation of knowledge. Networks provide access to perspectives that wouldn't normally be accessed.

What gets in the way of sharing knowledge?

Through reading the previous pages it will have become evident that knowledge brokers need to have a degree of toughness.

When they enter a new environment they may encounter cultural differences, such as how time is managed and the notice that is given for holding meetings.

The language may be hard to understand initially, preventing understanding and contributions.

The knowledge broker may have to overcome their own reservations about the contributions that they will be able to make in another environment.

Importantly, the political context is going to be critical for the knowledge broker. In the CLAHRC, the study teams tended to have a fairly low appreciation of commissioning processes and wider system politics. The messages from the commissioning environment were hard to communicate but, for the purposes of implementing research findings, were very important to take into account.

Box 21 illustrates some of the issues that arise when trying to communicate knowledge that is politically relevant.

BOX 21

A manager was approached to be a CLAHRC knowledge broker and the contribution that they believed they could make was political. It included how NHS structural changes were affecting commissioning and also some, possibly painful, knowledge about commissioning priorities and the level of relevance to the research studies. Sadly the connection did not progress and the commissioning knowledge not heard.

Knowledge brokers have an important part to play in mediating commissioning knowledge, and in ensuring that the opinions of commissioners are considered and valued by the research team.

- **Support for the knowledge broker**

The CLAHRC provided some support for knowledge brokers, but this could have been stronger:

- **A handbook like this would have been helpful, as well as our “guide to implementing change” which we wrote based on learning from the CLAHRC, as many of the CLAHRC knowledge brokers were working with too little knowledge.**
- **Learning sets were offered to knowledge brokers and worked with varying levels of success. One learning set worked particularly well, probably because the studies covered had some relevance between each other. In the other learning sets, the studies lacked that cohesion. It was also difficult to schedule group meetings so that everyone could attend, which meant that participation and the fostering of a shared sense of identity and goals, was difficult to establish and sustain.**
- **Organisations employing the CLAHRC’s knowledge brokers varied widely regarding whether or not they built time into the knowledge broker’s timetable for carrying out CLAHRC work; and whether or not the Line Manager/organisation showed any formal or informal interest in the CLAHRC.**

The knowledge broker role demands that individuals work outside of their normal organisational structures, as they try to find ways to share knowledge. Doing this will inevitably raise opportunities and barriers that need creative approaches in order to move forwards. However, without support, efforts are likely to either fail or to fade over time. For this reason, we suggest that knowledge brokers have a mentor, or someone that they can talk to. The NIHR CLAHRC East Midlands has a dedicated Capacity Development and Knowledge Translation Lead (Emma Rowley), who is available to support the knowledge brokers as/when they require it.

References

Our intention here is to offer you the opportunity to read more about this topic. We have selected a few articles or chapters that, for us, resonate with the environments and challenges faced in the efforts to share and broker knowledge.

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