

What happens to University of Hertfordshire DClinPsy research? A survey exploring community dissemination & barriers that prevent this.

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ABSTRACT

Historically, the dissemination of research findings across many disciplines has been limited to peer reviewed journals. More recently, dissemination practices are broadening to include sharing with wider audiences, such as the community being researched. At the University of Hertfordshire some doctoral clinical psychology trainees disseminate more widely than others. Research has not yet asked what helps support trainees on the programme to disseminate their work beyond scientific publication, or what barriers disrupt this. This programme-related project utilised a mixed methods survey which aimed to gain an understanding of barriers to community dissemination practices and how these could be overcome. Results indicated that, although participants strongly agreed that findings should be shared with communities researched, barriers to delivering this exist. The identified barriers to community dissemination included time and limited awareness of community dissemination practices. Further support from supervisors and teaching on wider dissemination practices may help trainees to disseminate more widely. This is important as it could move dissemination outside of the academic community where findings could reach those who could benefit most from them.

Key words: community dissemination, dissemination practices, barriers, doctoral research, psychological research, community involvement

INTRODUCTION

Dissemination of research activity and output includes sharing findings to those who can utilise them, in order to maximise the usefulness of the research (NIHR, 2022). Historically, dissemination of research was limited to peer reviewed journals but this traditional approach to dissemination had a limited reach and utility (Cunningham-Erves, 2021). However, more recently, there has been a move towards less traditional dissemination practices, with researchers beginning to expand the ways in which information is shared, and with whom findings are shared (Brownson et.al., 2018). Researchers are now more regularly sharing findings through routes accessible to those outside of academia, e.g., on the radio, in town halls or social media (Robinson-Pant & Singal, 2020). Disseminating research findings to participants partaking in studies, and the wider communities being researched via these accessible routes, is becoming an emerging priority for researchers (Kuo, Gase & Inkelas, 2015).

Dissemination with communities being researched is important so that the results reach those who could benefit most from them (Cunningham-Erves et al., 2020). Furthermore, it is thought that this type of dissemination builds the community-academic partnership, fostering a willingness to engage in research, which can improve evidenced based knowledge and relevance of this to peoples' lived realities. This growing knowledge base should in turn be useful for the communities researched (Freimuth et al., 2001). Moreover, McDavitt et al. (2016) argue that, for research to be truly collaborative, dissemination should involve community members in a two-way dialogue about new research findings. Others suggest that community members deserve access to the knowledge that they have contributed to (Chen et al., 2010).

Although research has highlighted the importance of community dissemination practices, there is currently little support or incentive for researchers to engage in non-traditional research practices (Cunningham-Erves et.al., 2021). Cunningham-Erves et al. (2021), concluded that there may be several barriers to engaging in community dissemination practices, such as inadequate funding and limited skills and knowledge.

As part of doctoral-level Clinical Psychology training (DClinPsy), students partake in research activities. At the University of Hertfordshire (UH), students are required to submit a manuscript, from at least one piece of their research to a peer-reviewed journal and they are encouraged to feedback findings more widely to services and/or relevant communities. There is also a particular focus on considering meaningful participation and public involvement in research: it is encouraged to collaborate through consultation with community members, those with lived experience and those who are most impacted by research from early on in the research process. For example, consultants may be invited to take a lead in framing the questions and the design of research projects, and subsequently to offer feedback and reflection through later stages. Despite this research ethos, dissemination of research output appears to vary between trainees, some disseminating more widely than others.

In order to inform research teaching and supervision focused on community dissemination practices, it was important to ask former trainees from the UH programme, about what helps them to disseminate their work beyond scientific publication, and what may hinder this. To this end, psychologists who had completed their doctoral training at UH were invited to complete a questionnaire with the aim of addressing the following research questions:

- In which formats, and to which audiences, is UH DClinPsy research disseminated?
- Which audiences do participants think research should be shared with?

- What are the barriers to community dissemination? If present, how can they be overcome for trainees to disseminate more widely?

METHODOLOGY

Epistemological Stance

The authors include a current trainee and a former trainee and staff member on the UH DClinPsy programme.

For the purpose of this research, a critical realist stance has been adopted (Willig, 2012). A perspective which lies between realism and relativism. A critical realist stance assumes that participant experiences reflect their reality but that there can be multiple perspectives on a similar experience. Thus, an individual's beliefs and values are likely to influence their perception of community dissemination practices and barriers that surround this, and the researchers' own experiences, beliefs and values will shape the way in which the research is approached and interpreted.

Design

A mixed methods triangulation design was adopted (Creswell, 2013), with quantitative and qualitative data collected through a survey.

Participants

Participants were past UH DClinPsy trainees who had completed their doctoral training. This was an estimated population of approximately 150 people.

Materials

A questionnaire was developed, drawing on items previously used in research investigating dissemination (Long et al., 2019), and informed by consultation with the UH DClinPsy research team.

The questionnaire was designed to elicit views on who participants think research findings should be routinely shared with. Participants were also asked to consider which formats, and to which audiences, they disseminated their Service-Related Project (SRP) and Major Research Project (MRP) findings and why this was the case. Ideas to improve dissemination practices were also welcomed.

Ethics

Ethical approval was granted by the University ethics committee (Health, Science, Engineering, and Technology ECDA), protocol number: LMS/PGT/UH/05051.

PROCEDURE

The project was advertised by email to all those in the alumni database for the Clinical Psychology Doctorate Programme and via a poster on the DClinPsy twitter account. To encourage participation, the poster was tweeted twice, and sharing was encouraged. One reminder email was also sent out a month after the initial invite. Information and the consent form could be accessed via links embedded in the email and advert. After providing informed consent, participants proceeded to the questionnaire, which was hosted on the online survey platform. A debrief message was automated at the end of the survey.

DATA ANALYSIS

Quantitative data was analysed using descriptive statistics. Qualitative data was analysed using thematic analysis (Braun and Clarke, 2006). The free text collected from open ended questions in the survey was collapsed and analysed as a whole. An inductive analysis approach was adopted, where analysis was grounded in the data, instead of a deductive approach using a

pre-existing coding frame (Braun and Clarke, 2013). Using semantic level analysis, themes and codes were identified within the explicit or surface level meaning of the data (Braun and Clarke, 2013). Between method triangulation (Creswell, 2013) was employed to consider the quantitative and qualitative analysis together.

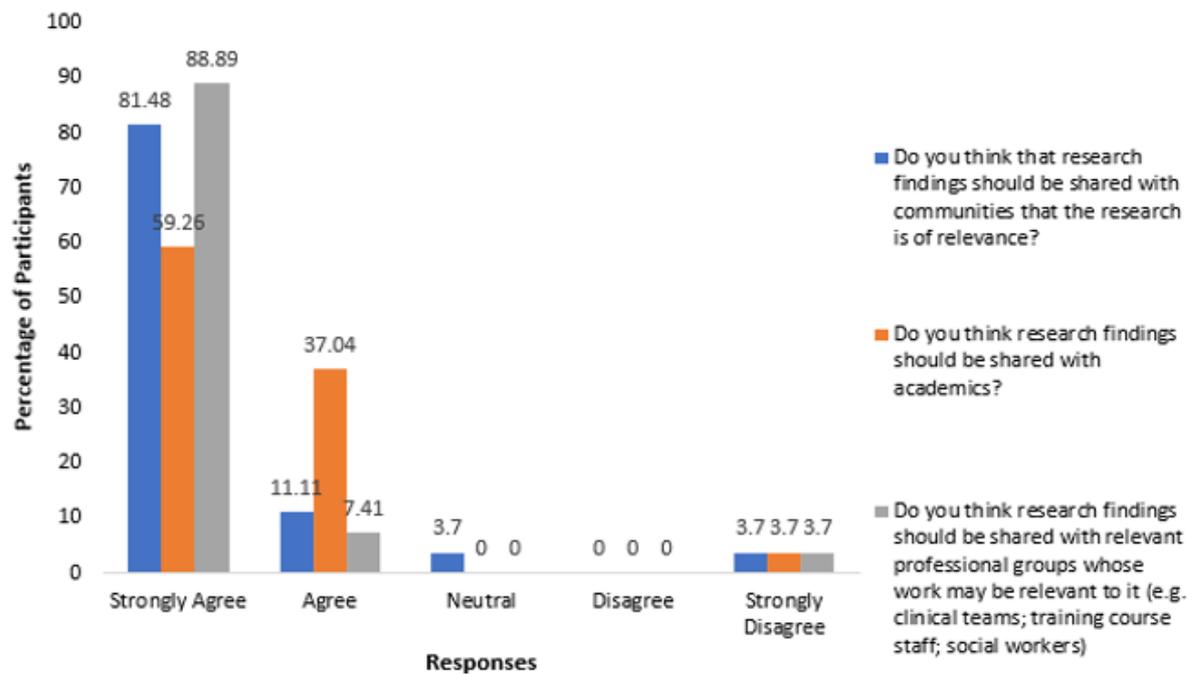
RESULTS

Twenty-eight participants consented to participating in the project, with 26 participants submitting at least one response to the survey questions. With the focus being on research dissemination, no demographic information was collected from participants to support anonymous responding.

Quantitative Analysis

Figure 1

Attitudes to dissemination to different audiences.



Note: This figure demonstrates to which audiences participants feel research should be shared with.

When asked about their views, the majority of participants strongly agreed in favour of dissemination to different audiences. The results from the survey indicated that 92.5% of participants agreed that research findings should be shared with communities that the research is of relevance to, 96.3% agreed findings should be shared with academics, and 96.3% also agreed that research findings should be shared with relevant professional groups (Figure 1).

Table 2: DClinPsy MRP and SRP dissemination formats utilised, displayed in percentages.

Dissemination format	MRP	SRP
	Percentage of participants	
Published in academic journal	59.3	10.0
Poster or oral presentation at an academic conference	15.1	15.4
NHS setting with staff	19.2	35.0
NHS setting with service users	1.4	2.7
Press release or other mass media	2.7	0
Podcast	0	0
Written or verbal summary to the participants of the study	20.5	5.4
Written or verbal summary to the wider community researched	6.9	2.7
Charities or other organisations	15.1	5.4
Social media	9.6	2.7
Infographic	4.1	0
Trust end of study/study closure report	1.4	16.2
I/we did not disseminate the research	4.1	8.1

Note: Participants made use of the open text box "other." Responses demonstrate the breadth of dissemination formats used. Formats not captured by the multiple-choice question were; ResearchGate, sharing with admissions team for the programme and Clearing House, Government calls for evidence, video to MSc students, book chapters, virtual community events, academic magazines e.g., Context and the Psychologist, discussions with programme course director, speaking with other trainees, and social workers in training, invited participants who had expressed an interest to be part of the dissemination.

Table 2 illustrates that a wide variety of formats were used by alumni for SRP and MRP dissemination, with the highest percentage of people disseminating by publishing their MRP in an academic journal (59.3%). Over one third of participants (35.0%) reported that they shared their SRP findings in NHS

settings with staff. A smaller percentage of participants reported disseminating to the wider community for their MRP (6.9%) and SRP (2.7%).

Figure 2: Percentage of participants who shared their SRP and MRP findings with study participants and the wider community researched.

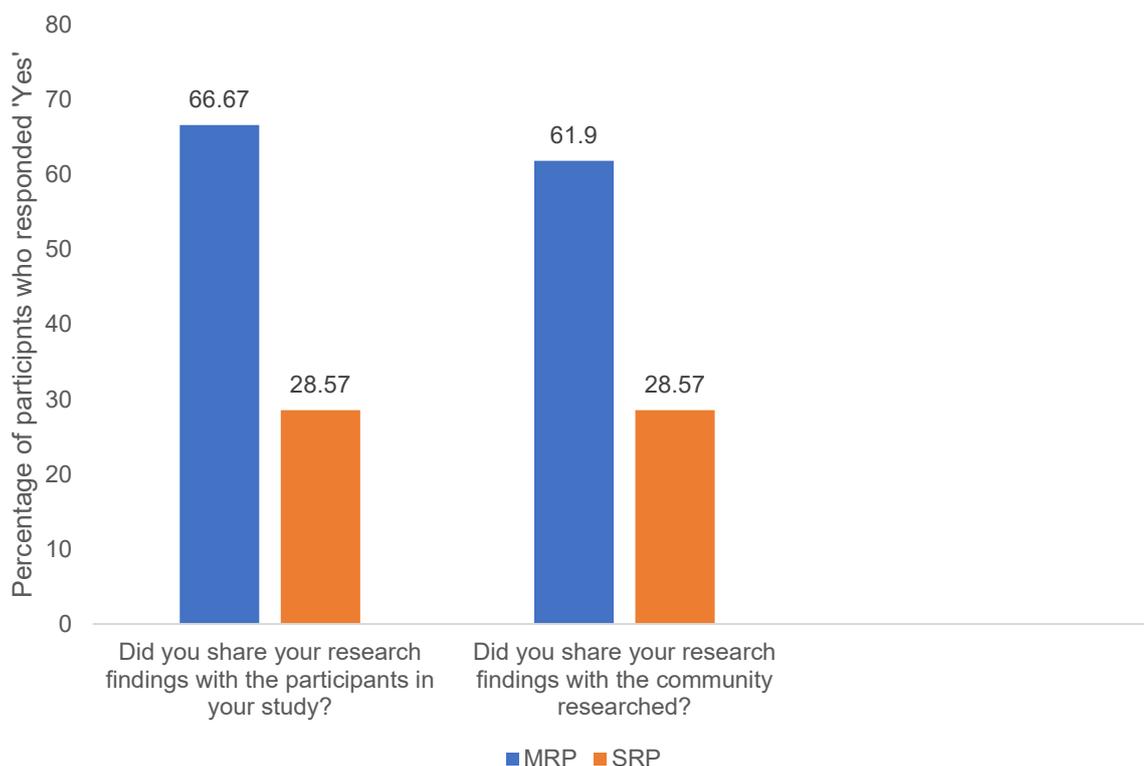


Figure 2 indicates that a larger percentage of participants shared their research findings with participants for their MRP (66.7%), compared to the SRP (28.6%). Responses were similarly distributed when considering community dissemination: 61.9% of participants shared their MRP findings with the wider community researched, with less sharing their SRP findings with the wider community researched (28.6%).

Table 2: Barriers to community dissemination, displayed in percentages.

Barrier	MRP (%)	SRP (%)
Financial	33.3	9.5
Ethical	9.5	9.5
System	28.6	33.3
Time	76.2	71.4
Support from supervisors	19.0	38.1
Perceived usefulness	9.5	47.6
Methodological	4.8	14.3
Limited knowledge/awareness of community dissemination	33.3	28.6
I did not encounter barriers	23.8	14.3
Covid 19	14.3	9.5
Confidence	23.2	28.6
Other reason	4.8	0

Table 2 indicates that when considering barriers to disseminating to the wider community, the largest percentage of participants reported time as a barrier; with three quarters (76.2%) of the participants stating time (lack of) was a barrier for their MRP, and 71.4% for their SRP. Almost half (47.6%) of participants reported that perceived lack of usefulness was a barrier for community dissemination for their SRP, with only 9.5% reporting this same barrier for their MRP. One third (33.3%) of participants responded that limited knowledge and awareness of community dissemination practices was a barrier to community dissemination for their MRP, and over one quarter reported this in relation to their SRP (28.6%).

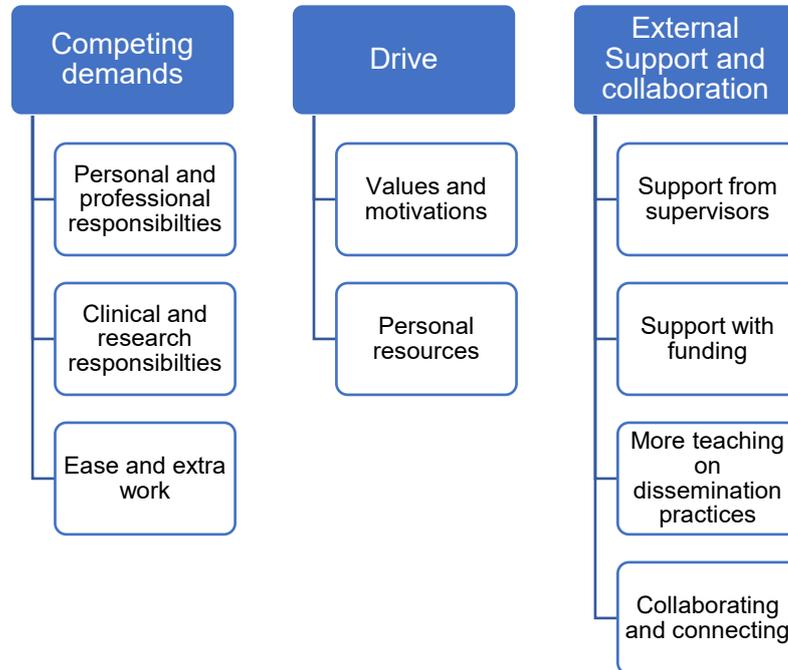
Qualitative Analysis

Three themes and nine subthemes were identified using data collected from three open ended questions (Figure 3).

Open ended questions were looking to capture what influenced dissemination formats and suggestions to enhance dissemination from the programme.

Figure 3

Themes and subthemes following Thematic Analysis



Theme one: Competing Demands.

Data indicates that there are many competing demands and responsibilities placed on the trainee and newly qualified clinical psychologists. There is a feeling from the participants' responses that the demands outweigh the time and capacity available to achieve them and that there is too much to manage. A consequence of this is that choices are made about what to drop. There is a sense of frustration or loss, or a feeling of not having the time to do what they would have liked to. Whilst there is a want and passion to widely disseminate, this gets disrupted or not followed through due to other competing demands.

Personal and professional responsibilities. This subtheme suggests that trainees are continually juggling professional responsibilities with personal ones, and that there seems to be little control around what needs to take priority at times.

“Then pregnancy and motherhood took over”

“Personal life got in the way”

Clinical and Research Responsibilities. This subtheme speaks to trainees and newly qualified clinical psychologists juggling different aspects of their roles, and what is expected of them. This subtheme gives the impression that clinical work takes priority over research, and that research can sometimes be seen as an add on, or not as important in the role. This seems to be reflected in the way that time is allocated for research purposes both during training and as newly qualified trainees.

“It ended up feeling like too much for me to manage myself at that point of finishing off the course and starting a new post”

“It (dissemination) needs to be an integral part of the process which is on the agenda after submission for viva”

Ease and Extra work. There is a sense that some trainees are doing what they must for the mandatory course expectations or for ease. It appears that outside of this there is a choice to disseminate wider, but this brings extra work, which increases the demand on trainees.

“poster was completed as part of the submission which made it easier to then enter it into other places (not extra work)”

“Felt easy and useful”

Theme two: Drive. This theme is defined by the idea that trainees had a drive for disseminating in the ways that they did. This theme highlighted that values, motivations and resources impacted choice of dissemination, and that individuals can draw on these drives to help support dissemination practices.

Values and Motivations. Participants felt it was important that research findings were accessible and easy to understand to those outside of academia, as well as importance placed on where and how findings were presented. Participants appeared to want to disseminate in ways that would have an impact and make change. They shared their research findings by considering whom it was of most relevance and of use to, or those who may be able to act on the findings.

“I developed a summary infographic, a more detailed illustrated report and a twitter summary with illustrations in the attempt to engage relevant people, make my work both accessible and interesting and to break down barriers to 'academic' ideas”

“Because my study had a global focus, it also felt important to me to use platforms such as Twitter and to partner with relevant non-profits and narrative therapy organisations in order to have a more global reach”

“Findings felt most relevant to staff”

“Shared with committee as that fed into changes at a local level”

Personal resources. Participants indicated that energy and passion are needed for trainees to disseminate.

“As I felt the MRP and publication was already a lot of effort, I did not have the energy to share beyond that”

“I also think that helping trainees choose a project that they are passionate about helps. I know this really helped with my own motivation to publish and disseminate”

Theme three: External support and collaboration.

This theme highlights the importance of trainees recognising and utilising avenues of external support. Alongside the importance of external support being in place for trainees to access.

Support from supervisors. This theme indicates that encouragement and support from supervisors is important, and trainees would value feeling their supervisors are invested in the project.

“Wasn’t encouraged to publish, primary supervisors to remain involved and encourage dissemination”

“Supervisors to be engaged with the process--for a first timer, I felt overwhelmed”

Support with funding. Participants felt monetary support and clear guidelines about what funding is available for research purposes would be of use. This may help trainees know how much monetary support there is for dissemination practices.

“make funding opportunities clearer”

More teaching on dissemination practices. Participants identified they would have valued having teaching on wider forms of dissemination to help support practice, but for some this was missing at the time of training.

“Other forms of dissemination were certainly not widely discussed when I was training”

“offer lectures on creative/accessible dissemination”

“It would also be helpful to have more focus on how to disseminate in places that aren't academic journals or for internal staff”

Collaborating and connecting. This theme indicates the sense that participants were aware that connection with others would support their dissemination practices. There is a sense that there are people within the DClinPsy course, formed of trainees and supervisors, and wider services to join with, if trainees are open to this. Data indicated that these connections may help share responsibilities and support research and dissemination pursuits.

“Keep the conversations alive, and dissemination opportunities can reveal themselves”

“Involve others and collaborate; then someone within the team might fancy doing that conference talk, whilst you can write the paper, or similar”

Between Method Triangulation

Considering the quantitative and qualitative data together provides a more comprehensive understanding of the findings. A point of interest is that the quantitative data indicates that a smaller amount of people shared SRP findings with participants and the wider community than MRP. Perceived usefulness also appeared to be a greater barrier for wider dissemination for SRP compared to MRP. The qualitative analysis offered helpful reasoning and understanding around this. The “Drive” theme, and subtheme “Values and

Motivations,” showed that participants felt their SRP was more relevant to staff and the specific service that research took place in. Therefore, participants felt results did not seem widely applicable, resulting in the lower dissemination of SRP findings as indicated by the quantitative data. SRP findings are often shared with placement supervisors who may then disseminate further, as such dissemination may also be linked to perceived responsibility that may differ to MRP.

In another example, “Time” was identified in the quantitative data as a barrier to community dissemination. The theme of “Competing Demands” adds further insight to this barrier, indicating that trainees are juggling many responsibilities and that there are too many demands for the time available, resulting in dissemination not being prioritised.

Qualitative data indicated that learning about wider dissemination formats, having support from supervisors and having other around to share the work of dissemination were described as important. These factors may help us better understand why “confidence” was shared as a barrier in the quantitative data.

Other findings that warrant further consideration are the conflicting results regarding different dissemination methods used. Only a small percentage of participants stated that they disseminated verbally or in written format with the wider community researched (MRP, 6.3%, SRP 2.4%) (Figure 2). In contrast, when asked to answer the yes or no question “did you share your research findings with the community researched?” a substantially larger percentage (MRP, 61.9%, SRP 28.6%) stated that they had shared their findings with wider community researched. This discrepancy could indicate participants may have disseminated to the community in ways the survey did not capture with the multiple-choice responses, or that individuals understanding or definition of community dissemination differs.

DISCUSSION

It is clear that research from the UH DClinPsy course is disseminated to a variety of audiences in a wide range of formats. Participants were most likely to disseminate via academic journal, with fewer disseminating in other formats such as at conferences, using social media, or sharing with charities.

Most participants (92.6%) agreed that findings should be shared with the wider community researched, academics, and relevant professional groups. Despite this high figure, in practice only 61.9% of participants shared their MRP findings with the community, with fewer sharing their SRP findings (28.6%). These results highlighted a discrepancy between people's attitudes towards community dissemination, and how they employed these practices.

Quantitative and qualitative data indicated that barriers exist to community dissemination that go some way in explaining the discrepancy. Barriers include time, competing demands and knowledge of community dissemination practices. These results are in line with previous literature, such as findings from Cunningham-Erves et al. (2021) who suggest that limited skills and knowledge are barriers to community dissemination.

Qualitative data suggested, teaching on wider dissemination formats, support from supervisors, connecting with others, and drawing on personal motives for dissemination may help support trainees to disseminate their research findings more broadly.

Although a wide variety of formats for dissemination were used, UH DClinPsy research output is still primarily shared in academic journals. One explanation for this is that, due to historical and current research practices, it is mandatory for trainees to submit a project for publication. Therefore, the proportion of trainees disseminating their research in this way may not be reflective of participants choices and values around dissemination practices. The qualitative analysis alluded to this, where some participants described not

having enough time to disseminate in the ways they would like to. However, others shared they were completing mandatory course expectations, therefore other dissemination formats were seen as extra work.

Strengths and limitations

Strengths of this project include that a mixed methodology was utilised, and input regarding the design was received from the research team and former trainees.

Whilst this project sheds light on values and motivations for trainees to engage in community dissemination of their research, the sample from which data was collected was small and it may therefore be difficult to generalise findings.

Furthermore, those engaging with this survey may view research dissemination as highly relevant and ethically important to their work, so it is possible that the value and importance may be overestimated in the data. Nor can we entirely rule out the possibility of social desirability bias on the part of respondents. Given these factors, some caution should be taken in attempting to generalise these findings.

A further limitation of the study is that recent changes in teaching practices and the research culture may not be well represented. A future evaluation could therefore be conducted to capture any developments in dissemination practices from the programme using the present study as a baseline.

In addition to continued monitoring of dissemination practices to inform the development of research training, it would be of benefit for future projects to include a question regarding participants' understanding of community dissemination and to include other DClinPsy programmes. This would allow for firmer conclusions to be drawn regarding attitudes and practices regarding community dissemination.

Implications for teaching and supervision and recommendations

- Offering teaching on non-traditional and community dissemination practices may help support trainees gain further knowledge and disseminate more widely.
- Further discussions are needed between DClinPsy courses and wider organisations around how newly qualified trainees can be supported to disseminate their MRP research when transitioning from training to qualified posts.
- Further training could be offered to research supervisors to inform them of the importance of encouragement and support for trainees around dissemination.
- Findings could contribute to broader awareness and discussions within the course team and the wider profession around demands on trainees and how to best manage these.
- The research team could promote and foster the connections and collaborations that can be made between DClinPsy trainees, alumni, wider research colleagues at the university, and other organisations to help support research dissemination practices.

CONCLUSIONS

This project aimed to explore UH DClinPsy community dissemination practices and barriers that may prevent this. Findings indicated that participants see value in disseminating their work more widely than peer reviewed academic publications, in ways that are accessible and relevant to the communities researched. However, there are barriers that disrupt this, such as limited time and lack of knowledge about how to do this effectively.

Drawing on collaborations with other students and organisations, support from supervisors, and personal motives to disseminate may be supportive of community dissemination practices. Moving forwards, it will be important for the research team and trainees to work towards bridging the gap between what trainees hope to do and the values they have regarding dissemination, and how they can be best supported to achieve this with the resources around them and competing personal and professional demands.

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