

Description

How-to research series: 3. How to set research priorities so you know where to start

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The past two months, this blog series has been dealing with other peoples' research: how to search for it, how to get hold of it and how check its quality. For the next 10 blogs, I'll be taking you through doing your own qualitative research. I'll be talking about how to choose what to research, who to speak to, and the methods you can use to collect people's experiences, analyse and make sense of them. I hope that the series will help build your confidence to ask and answer questions that will help to improve the care you and your colleagues give.

The majority of academic articles are held behind a publisher's paywall, asking for £20-40 per article or an institutional subscription to read them. Some of you will have access to these subscriptions through your employer or educational institution. If you're not sure, librarians are probably the most willingly helpful people I know, so just email your library inquiry desk and ask.

What *needs* researching?

So, first things first. How do you decide *what* to research? You might have a plan: maybe a question has come up for you in practice that you found difficult to answer and you're curious. But others might have different priorities. It has become common practice to involve those who will benefit from research: service users, health professionals or commissioners in its development, data collection and analysis. There is now also a growing trend to give people the chance to inform what it is that gets researched.

The process of asking stakeholders what research would be most useful to them is generally called research 'priority setting'. The James Lind Alliance is the lead organisation in priority setting for national research agendas. They support Priority Setting Partnerships of stakeholders in a lot of different areas, including blood pressure in pregnancy, diabetes in pregnancy, miscarriage, pre-term birth and stillbirth that come together and through a collaborative process, work out the Top 10 questions that they agree deserve attention.



Priority setting

You can see the James Lind Alliance's Top 10s on their website, but you can also do a similar process yourself with your stakeholders. There are many ways to do this kind of consultation, including using Delphi surveys, but here I'm going to take you through one option using a method called Nominal Group Technique. NGT is useful because it's small scale, can also be done online, doesn't involve any expensive software or equipment and it's easy to organise the findings (spoiler: you get the group to do it for you!). So here's what you can do.

Choose your starting point

You might choose to consult stakeholders on which broad topics that are important to them (e.g. postnatal care, induction of labour, information on place of birth etc) or, if you know the general area you're interested in, you could bring a broad issue to them and ask them to help you find important specific questions to ask within that theme. Or do both. This priority setting exercise by Helen Cheyne, Christine McCourt and Karen Semple identified priority issues across Scotland, but if you want to do your own priority-setting, you may decide to keep your explorations very local – relating specifically to your Trust or a part of your service.

Who are your stakeholders?

Start off by making a list of who would benefit from the findings of this work. That would (always) be service users; but maybe also healthcare professional colleagues? Service managers? Local voluntary sector organisations supporting new parents? Think about where you might find them.

Get them together

This kind of group consultation would usually be done in person, but moving it online is very feasible and may be more convenient for those with young babies or busy work commitments. Recruiting through patient-representative organisations like Maternity Voices Partnerships (MVPs) or putting out an open call on social media may work well to get hold of people, but it also may exclude women who don't use these channels, are otherwise shy or aren't the usual local reps. Outside of a pandemic, it often works well to ask existing community groups at Children's Centres or postnatal support groups if you can come to a meeting. Many groups are continuing to run online, so local group leaders may allow you to gatecrash a session or tag your meeting at the end of theirs.

Using Nominal Group Technique

Nominal Group Technique (NGT) is a straightforward way to ask a group of people to prioritise their own ideas. The maternity priority setting exercise carried out in 2013 by Cheyne, McCourt and Semple is a good, clear description of using this method with groups of mothers in Scotland. They convened 12 groups across four areas of the country and

met with each group twice. But even doing this exercise with one local group will give you important insights into the needs of your service and here I'm going to describe a simplified version of their method that just involves one stakeholder meeting.

Step 1: The stakeholder meeting

In this meeting you would aim to generate a list of general topics and questions from participants' own experiences and others they know. This will need some facilitation – sharing pregnancy and birth stories within the group will help people to identify questions that were important for their story, but they might need some help to stay on track. Every general theme or specific question is welcome and written by participants or a helper onto a single sticky note: one topic/question for one note. Once all the topics have been collected, the group can categorise them by theme by sticking them onto the wall or a flipchart grouped together by theme – whilst notes with small differences should both be kept, there will be duplications to discard.



Now give your participants a number of little coloured dot stickers (6? 10? it's up to you) – these are their votes. Ask them to vote for their most important topic or question by sticking their dots onto the sticky notes. They could put all their dots on one topic, or they could spread them out. You will then be able to rank the topics and/or individual questions in order of their importance to the group and choose the top 3, 5 or 10 to take further.

This is all possible online and Zoom has many tools to help you. You can use the chat box for participants to type their ideas. Or split the group into small working groups in individual breakout rooms and ask them to work together. Zoom polling software can be used to ask participants to rank the options. Be creative. If you're unfamiliar with online facilitation, ask friends or colleagues who are experienced Zoom facilitators to give you some help and having two facilitators in the session is helpful in case of an unexpected tech fail.

Step 2: Checking what research is already out there

It's almost never worth reinventing the wheel, so have a look back at the first two Research Rocks blogs on searching for and getting hold of published evidence and check what evidence is already out there on your Top 3, 5 or 10 topics.

Whilst you're not aiming to do a full systematic search on each of these topics, your searches need to be comprehensive, thorough and relevant (for example, you may want to limit the time span of your searches or which

countries you include). If you have access to a librarian to help you, give them a call. If you don't want to do it yourself, you can ask a professional researcher to help you produce short evidence reviews on these topics – we love doing this sort of work.

Once you have a sense of what's out there, think about how far the lessons learned from the other research applies to your circumstances: are the people they spoke to comparable to those you work with? Were they working within a similar country or health system? What lessons did they learn that you could borrow? You are unlikely to find existing projects that map perfectly onto where you are, but some findings will be transferable.

Step 3: Identifying your priorities

Once you have a sense of what is already our there, can you spot the gaps? Was the evidence on one of your priorities a bit thin? Was it hard to find research from a context that was close enough to yours? Were you left with some unanswered questions? This where you'll find your path.

Next month I'll be talking about writing research questions and choosing the right methods to answer them. That blog will take you from these initial possibilities to a solid research plan – so tune in in August for more on the next steps.

Stay well.

Juliet ?



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Reference

Helen Cheyne, Christine McCourt and Karen Semple (2013) ‘Mother knows best: Developing a consumer led, evidence informed, research agenda for maternity care’. *Midwifery* 29: 705–712.

Category

1. All4Maternity Blog
2. Maternity Research Roundup

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