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Policymakers' perceived barriers and facilitators in the use of research evidence in oral health policies and guidelines: a qualitative study protocol

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ABSTRACT

Introduction Evidence-informed oral health policies are crucial to improving patient and population outcomes, but policymakers and organisational leaders infrequently systematically incorporate research evidence. Although there is indirect evidence regarding challenges in other healthcare sectors, the use of evidence-informed oral health policies remains unstudied in oral health. This study aims to assess policymakers' perceived needs, barriers and facilitators in using research evidence to inform policies in oral health.

Methods and analysis This is a qualitative study situated within a phenomenological paradigm. We will conduct semistructured interviews with policymakers (5–10) affiliated with key organisations conducting guidance, policy statements, guidelines or any knowledge transfer deliverables in oral health. Organisations will be sampled purposively and with no geographical restrictions. All interviews will be recorded, and an audio transcript will be generated. Subsequently, a researcher will review and validate the transcripts. Data will be analysed using thematic analysis supported by ATLAS.ti software.

Ethics and dissemination Ethical approval was not sought because the study protocol met the criteria for exemption from such review according to the Clinical Research Ethics Committee of the Hospital de la Santa Creu i Sant Pau and the Spanish legislation (Law 14/2007 of 3 July, on biomedical research). Informed consent will be obtained from all subjects involved in this study. The findings of this study will be shared with participating organisations for feedback, disseminated in conferences and published in a peer-reviewed journal adopting open science practices.

Study registration Open Science Framework (DOI:10.17605/OSF.IO/W4KG7).

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ This study will include policymakers affiliated with key guidance development organisations worldwide in the oral health field.
⇒ The semistructured interview method provides flexibility to explore new and emerging concepts.
⇒ The generalisability of findings will be limited by the qualitative nature of the study.
⇒ As the objective of this study is to assess policymakers' perspectives, not all stakeholders' points of view will be represented.

incorporate such a process.[2] Some explanations for the lack of utilisation of evidence by decision-makers have been described in the Global Commission on Evidence to Address Societal Challenges report: stakeholders commonly are not aware of the available evidence, the available evidence is of low quality or decisions are driven by other reasons (eg, institutional constraints and interest-group pressure).[2]

In the oral health field, a treatment-dominated approach and a lack of integration of dental care in the broader medical healthcare system and general health policies are some key barriers to translate evidence into clinical practice and policies for various stakeholders.[3] Obstacles involved in applying evidence-based dentistry (EBD) principles, such as lack of training or skills in EBD, negative perceptions towards EBD, including scepticism, perception that EBD is overly academic, complicated or of limited value, were reported by dental clinicians.[4] However, obstacles remain unstudied at the policymaker's level.

Given the high prevalence of oral conditions, such as dental caries, periodontal diseases and oral cancer, and the impact of these conditions on quality of life, well-being and their associated economic burden,[5] new

INTRODUCTION

Evidence-informed policies are required to improve the performance of health systems and enhance health outcomes.[1] Although including local and global research evidence in the decision-making process is crucial, government policymakers, organisational leaders and clinicians do not systematically

policies and health system reforms informed by trustworthy evidence are needed.

The number of evidence syntheses and policy products such as healthcare guidelines in oral health have increased substantially in the last decade. However, there is still a disconnect between research and stakeholders involved in the decision-making process, with a lack of coordination and dialogue among different actors. The result is poor decisions that lead to failures to improve outcomes, avoidable harm to patients and wasted resources.

There is growing demand from stakeholders globally for evidence synthesis products that are readily available in their local context, including decision-makers in oral health. A resolution that calls for a global oral health strategy was adopted at WHO's 2021 World Health Assembly. The strategy calls for the development of a global action plan that seeks to ensure universal oral health coverage for all people. According to the principles and objectives of the strategy, evidence-informed policies for cost-effective interventions need to be developed and implemented to influence global and national oral health outcomes. The strategy also calls for improvement of oral health surveillance and information systems worldwide to provide timely and relevant feedback to decision-makers.[6]

To ensure that research evidence is used consistently in oral health policy, understanding the current challenges facing decision-makers is required. Although there is indirect evidence regarding challenges in other healthcare sectors, the interface between research and policy remains unstudied in oral health. This study aims to assess policymakers' perceived needs, barriers and facilitators when using research evidence to inform policies in oral health.

METHODS AND ANALYSIS
Study design
We will perform a qualitative study situated within a phenomenological paradigm. To provide a comprehensive perspective, we will conduct semistructured interviews with key policymakers in oral health worldwide. This manuscript complies with the Consolidated criteria for Reporting Qualitative research (COREQ) checklist relevant at the study protocol stage.[7]

Participants
The study population consists of individuals from organisations conducting evidence synthesis, healthcare guidelines, guidance, policy statements or other knowledge transfer (KT) deliverables in oral health. For the purposes of the study, we will consider a 'healthcare guideline' any individual or group of statements that recommend or propose a particular course of action, or options for patients, healthcare professionals, institutions, or organisations. For inclusion, we will consider organisations worldwide that fulfil the following criteria:
► Produced at least three guidelines, policies or other KT deliverables on oral health topics in the last 5 years.

The documents could address any oral health topic, according to the definition of oral health developed by the FDI World Dental Federation.[8]
► Explicitly declares the inclusion of research evidence in its development, regardless of whether the organisation performs a de novo evidence synthesis, uses pre-existing evidence synthesis or conducts narrative reviews to support its decisions.
► Healthcare guidelines or policies can inform the decision-making process at the local (national or subnational level) or global level.

Organisations that only produce informative or educational documents will be excluded.

Sampling strategy and participant recruitment
The study will use a purposive (non-probability) sampling of five to 10 organisations from diverse geographical locations. To identify organisations potentially eligible to be part of the study and to ensure global representation, we will conduct a comprehensive search of oral health guidance publications in MEDLINE and Epistemonikos databases between 2012 and 2022 and a manual search in websites of guideline developers, guideline repositories, scientific societies and Ministries of Health. To determine organisations' names, we will use the corresponding authors' contact information and affiliation reported in the identified documents.

Organisations' names and general characteristics, including organisation type (eg, professional organisations, governmental healthcare agencies), country, organisation level (eg, subnational, national, regional, global), number of KT products developed and their clinical area, will be registered. Considering the entire list of organisations that fill our inclusion criteria, we will first contact organisations responsible for generating national or regional policies in each continent via email. Our email invitation will specify the purpose of the study and the overall characteristics of a suitable interviewee. We will limit our invitations to participate in our study to one individual within each organisation above who understands KT processes, methodological steps and workflows, or is directly involved in producing evidence synthesis, a guideline or a policy. As such functions and breadth of knowledge may reside in a team rather than by a single individual (eg, a KT manager), we anticipate including participants at various leadership and individual-contributor levels across organisations. We will dedicate part of the interview process to ascertaining the role of the interviewee in the KT process. We will conduct interviews across organisation types and geographical locations until reaching data saturation.

Interview content development
To ensure consistency among interviews and flexibility to optimise the natural flow of conversation, we will employ a semistructured interview guide. First, we listed 'guiding' topics and questions that are supplemented by follow-up and probing questions that are dependent

on the interviewee's responses.[9 10] The creation of the preliminary version of this interview guide was based on the research team's experience and a literature review of the topic. Once the first draft of the interview questions is established, we will assess face and content validity by conducting two pilot interviews using a convenience sample of relevant policymakers. Following the pilot interviews, stakeholders will be invited to answer a survey about the content, format, redundancy of questions and missing questions. We will collate and gain insights from these comments to inform refinements and reach the final interview guide in an iterative process.

Data collection

The interview guide will include a series of open-ended questions designed to stimulate discussion about policymakers' perspectives regarding needs and opportunities, and describe the current challenges in developing rigorous, continuously updated and trustworthy evidence-informed policies.

The interviews will be performed via Zoom meetings and last between 30 and 45 min. Interviews will be conducted in English or Spanish. If a participant requires to be interviewed in a different language, we will include a suitable translator in the session. All interviews will be conducted by a trained moderator guiding the discussion (FV-P), and a collaborator who will take field notes. All interviews will be recorded and an audio transcript will be generated using Zoom software. Subsequently, a researcher will review and validate the transcripts. At the beginning of the interview, participants will be asked to provide brief organisation general information. The main topics explored during the interview will include perspectives on how research evidence interacts with oral health policies and attitudes related to incorporating updated and trustworthy evidence on the guideline or policy development process (online supplemental appendix 1). The researcher will undertake data collection until data saturation is achieved.[11]

Data analysis

After completing the transcription of the interviews, a research team member will extract all relevant data and proceed to conduct the analysis. We will use as a reference a taxonomy of needs, barriers and facilitators of the use of evidence by policymakers from a previous systematic review.[12]

Thematic analysis will be employed to analyse and interpret the content of the data.[13] First, open coding will be done by reading the transcripts and assigning codes line by line, forming the initial coding scheme. The open coding of all transcripts will be performed by one author (FV-P). Second, related codes will be sorted and clustered to identify themes. We will organise thematic and category codes using ATLAS.ti software[14] and the entire research team will review the final list. We will provide a full description of the coding tree. The COREQ checklist will be used to ensure quality in the reporting of this study.[7]

Study timeline

Participant recruitment started in May 2022. Interviews will be conducted between December 2022 and May 2023. Study completion is expected in August 2023.

PATIENT AND PUBLIC INVOLVEMENT

As the objective of this study is to assess policymakers' perspectives, this study involved neither patients nor the public.

ETHICS AND DISSEMINATION

All methods will be carried out in accordance with relevant guidelines and regulations. Before the interview, all participants will be informed about the voluntary basis of this study, which implies that they were allowed to withdraw at any time and that all information collected would be used only for research purposes and treated anonymously. Informed consent will be obtained from all subjects involved in this study and the acceptance of recording the session is mandatory to be part of the study. Ethical approval was not sought because the study protocol met the criteria for exemption from such review according to the Clinical Research Ethics Committee of the Hospital de la Santa Creu i Sant Pau and the Spanish legislation (Law 14/2007 of 3 July, on biomedical research). No incentives, monetary or otherwise will be offered for participation.

We will use a variety of strategies for dissemination. First, we plan to share an executive summary of the study with participating organisations for feedback. In addition, we intend to present the findings at target conferences relevant to included stakeholders. Finally, we expect to publish the research findings in a peer-reviewed journal adopting open science practices.

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