

Setting Priorities for Health Education Research: A Mixed Methods Study

Palermo et al. (2019)

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For which topic were research priorities identified?

health education

In which location was the research priority setting conducted?

Australia - Australia

Why was it conducted at all?

Setting priorities for any research is essential to maximize the impact of efforts (Dechartres and Ravaud 2015). Establishing research priorities focuses limited resources on investments that are relevant to the context, which should lead to greater impacts (Viergever et al. 2010) and minimize waste (Dechartres and Ravaud 2015). In the area of health (and disease specifically), this has the potential for greater improvements in population health and wellbeing. Based on these drivers, it is fair to say that in the field of health professions and sciences education, identifying, and focusing research effort on priorities should improve our understanding of how best to prepare health professionals and scientists for work, which has the potential to improve health care delivery.

What was the objective?

to identify priorities for health education research

What was the outcome?

a ranking list of 30 research topics

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

group discussion; survey

How were the priorities for research identified exactly?

Step 1: survey 1: participants were asked to select their top three priorities from a list of 24 priorities of previous priority setting studies, also asked to describe the reasons underlying their selections and to list any additional priorities, resulting in final list of 30 priorities. Step 2: survey 2: participants were asked to rate importance of the 30 research priorities. Step 3: group discussions: participants were asked about their perspectives on health education research priorities, participants were asked to describe what the priorities should be according to their own understandings and the reasons underlying the importance of the priorities for them

Which stakeholders took part?

Students, patients, academics, and clinicians across five health sciences and professions. Survey 1: 104 participants. Survey 2: 780 participants. Group discussion: 16 participants.

How were stakeholders recruited?

Range of stakeholders was drawn from an Australian University with two large faculties with campuses in two countries. A convenience sample of students, educators, researchers, clinicians, and clients/patients across all healthcare professions and health sciences from the university, major teaching hospitals, and the community (urban and rural) were invited to participate in each stage of the study. For stage 1, key individuals were identified by the research team as having a strong or strategic interest in health education and/or health education research within the university and were invited to complete the qualitative survey. Participants from stage 1 were then invited to volunteer for stage 2. Finally, stage 3 interview participants were selected conveniently from stage 2 respondents who indicated willingness to discuss the study findings in more detail. For each stage, participants were recruited via email from faculty networks, academic leads, mail lists, e-notices on virtual learning environments (students only), snowballing techniques, and face-to-face encounters.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.