Enabling Factors and Barriers among Health Policy Makers toward Utilization of National Medical Research' Recommendations in Jeddah, 2010

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Abstract

Background: There is concern for the international community that research findings are not utilized by health policy-makers to the extent that they could be. The review of literature revealed that most of the findings from this field are based on studies from developed countries, and relatively little is known about these factors in developing countries. Moreover, although a considerable number of health related research is conducted in Jeddah Governorate every year, less is put into consideration. This situation might have negative implications on the implementation of research in the future.

Objectives: The current study aimed at identifying enabling factors and determining barriers among health policy makers toward utilization of national medical research' recommendations in Jeddah city, Saudi Arabia, 2010.

Methods: A cross sectional descriptive study was conducted in MOH hospitals and PHCC sectors and private hospitals and dispensaries. Self administered questionnaires were distributed to 210 general managers and medical directors of MOH governmental and private hospitals plus MOH PHCC supervisors and only medical directors of private dispensaries. For convenience, two versions of the questionnaire were used; Arabic & English. It included 3 parts: socio- demographic data, enabling factors and potential barriers for utilization of research' recommendations. Data were collected by 3 trained data collectors. It was entered and analyzed using SPSS version 16. Ethical considerations were ensured.

Results: 19% of the respondents addressed that they received recommendations from previously conducted research while only 12.4% indicated that there was previous research conducted in their institution. Moreover, 23.3% pointed out that they find solutions for their problems in the received recommendations. It was noted that 51.9% of the respondents shared in previous research, and an equal percentage reported that they conducted research. Although 95.7% of the respondents believe that conduction of research is important, nevertheless, a lower percentage (83.8%) of them expressed that they wish to conduct research. The top three barriers reported by the respondents included a pile of situations pertinent to the staff working in the institute such as lack of

their awareness to research, being isolated from knowledgeable colleagues with whom they wish to discuss the research and lack of support from other staff in implementation. On the other side, it was remarked that the least potential barriers for conducting research perceived by the respondents were related to difficulty in understanding statistical analyses, methodological design and inability to justify conclusions drawn from the research.

Conclusion: Among the interviewed health policy-makers there was a gap between the perceived importance of the research from one side and its conduction and utilization of its recommendations on the other side. The reported barriers were mainly remediable as being attributed chiefly to modifiable subjective factors driven from the lack of knowledge and experience about research methodology. In addition, the insufficient time perceived as a barrier reflects the vision of the studied institute which were not focusing in part of it on conduction of research and incorporating it in its plan and regular routine work.

Key words: enabling factors, barriers, research recommendations, Saudi Arabia

Introduction

A strong emphasis should be given to improving the linkages between researchers and policy-makers.(1) Policy makers can be defined as Individuals responsible for the development of policy and supervision of the execution of plans and functional operations.(13) On the other hand, research utilization has been defined simply as the implementation of research findings in practice.(2)

Research, practice and policy in the health care sector focus on improving the organization, delivery and outcomes of care.(3) It is clear that policy-makers have a vital role to play in supporting the research/policy interface by creating space and time for engagement with researchers.(4) On the other hand, most health researchers would like to believe that the work they produce is influencing practice and policy and consequently leading to actual improvements in health care delivery.(5)

However, there is concern that research findings are not being utilized by health policy-makers to the extent that they could be. (5) This gap between research findings and practice has been, and continues to be, a concern for the international community.(6) It has a new term called “know-do gap”.(14)

Recognition of the importance of bridging the “know-do” gap is increasing around the world and has resulted in an emergence of various institutions involved in analyzing this problem and promoting the transfer of knowledge to practice and policy. (15)

To bridge this gap a commonly suggested strategy is to identify barriers for changing practice and then implement interventions to reduce identified barriers.(7) Most of the findings from this field are based on studies from developed countries, and relatively little is known about these factors in developing countries.(8)

Rationale

1- The researcher believes that research is time and effort consuming, that’s why his concern is regarding the barriers among health policy makers toward utilization of national medical research’ recommendations.

2- Up to the researcher’s knowledge, no similar study has been done in Saudi Arabia.

Aim of the Study

To promote utilization of national medical research’ recommendations among health policy makers.

Objectives

1. To identify enabling factors for utilization of national medical research’ recommendations among MOH health policy makers in Jeddah city, KSA 2010.

2. To determine barriers among MOH health policy makers toward utilization of national medical research’ recommendations in Jeddah city, KSA 2010

Literature Revieqw

Health policy-makers have been the focus of studies. Some can involve health policy-makers, for example in mental health, being shown research papers describing evaluations of programmes and then asked how useful they would find such research. Others examine the policy-makers’ use of research in general.(9)

In Canada in 1999 one study interviewed 25 executive directors and held a focus group with a group of other directors to examine the use and transfer of research in these organizations. A number of central issues were identified by the directors that affect the contribution of research to the delivery of their programs and services. A conceptual model for developing ‘locally-based research transfer’ was subsequently outlined that could serve as the basis for

enhanced research use and research transfer in other local area contexts.(10)

In Mexico in 1999 the results of a descriptive study of the relationship between health research and policy in four vertical programmes (AIDS, cholera, family planning, immunization) were reported. 67 researchers and policy-makers from different institutions and levels of responsibility were interviewed. Then interviewee responses looking for factors that promoted or impeded exchanges between researchers and policy-makers were analyzed. These were, in turn, divided into emphases on content, actors, process, and context. Many of the promoting factors resembled findings from studies in industrialized countries. Some important differences across the four programmes, which also distinguish them from industrialized country programmes, included extent of reliance on formal communication channels, role of the mass media in building social consensus or creating discord, levels of social consensus, role of foreign donors, and extent of support for biomedical versus social research. Various ways were recommended to increase the impact of research on health policy-making in Mexico. Some of the largest challenges include the fact that researchers are but one of many interest groups, and research but one input among many equally legitimate elements to be considered by policy-makers. Another important challenge in Mexico is the relatively small role played by the public in policy-making. Further democratic changes in Mexico may be the most important incentive to increase the use of research in policy-making.(19)

In Poland in 1999 a national postal survey was conducted and supplemented with information collected during focus groups, semi-structured interviews and through analysis of relevant policy documents. The main aim of the described study was to obtain data describing the needs, preferences and limitations of healthcare managers as information users, and to identify environmental factors influencing their information behaviour. The target population included hospital chief executives, medical directors, head nurses and directors of the institutions responsible for health services planning and purchasing. Target institutions were drawn systematically from official lists, stratified by regions of the country and hospital reference level. The interviews were conducted with primary care unit managers and with Ministry of Health officials. National health strategy and directives, cost-effectiveness analyses of interventions and clinical practice guidelines emerged as information of primary importance to respondents. The main barriers to effective information behavior were found to be: attitudes towards research activity, lack of appropriately processed data, lack of skills enabling information seeking and appraisal, inappropriate format of publications, ineffective dissemination of information and absence of services facilitating access to evidence. The current information environment of healthcare managers, together with their attitude towards information and deficiencies in information skills, appear to serve as a barrier to evidence-based practice in the Polish healthcare system.(20)

In 2002 , physicians from secondary and tertiary hospitals in six cities located in China, Thailand, India, Egypt and Kenya were enrolled in a cross-sectional questionnaire survey. The primary outcome measures were scores on a Likert scale reflecting stated likelihood of changing clinical practice depending on the source of the research or its publication. Results revealed that overall, local research and publications were most likely to effect change in clinical practice, followed by North American, European and regional research/publications respectively, although there were significant variations between countries. The impact of local and regional research would be greater if the perceived research quality improved in those settings. It was concluded that conducting high quality local research is likely to be an effective way of getting research findings into practice in developing countries.(11)

In 2004, a survey of more than 550 policy-makers and almost 1,900 researchers in 13 low- and middle-income countries found that, on average, a greater proportion of policy-makers than researchers reported that more resources should be spent on health systems research such as health policy, service delivery, financing and surveillance as the best means of meeting the objectives of the national health research system.(12)

In 2007, in Mali, a study of the selection and updating of Mali's national essential medicines list was undertaken using qualitative methods. In-depth semi-structured interviews and a natural group discussion were held with national policy-makers, most specifically members of the national commission that selects and updates the country's list. The resulting text was analyzed using a phenomenological approach. A document analysis was also performed. Results showed several factors emerged from the textual data that appear to be influencing the utilization of health research findings for these policy-makers. These factors include: access to information, relevance of the research, use of research perceived as a time consuming process, trust in the research, authority of those who presented their view, competency in research methods, priority of research in the policy process, and accountability. It was concluded that improving the transfer of research to policy will require effort on the part of researchers, policy-makers, and third parties. This will include: collaboration between researchers and policy-makers, increased production and dissemination of relevant and useful research, and continued and improved technical support from networks and multi-national organizations. Policymakers from developing countries will then be better equipped to make informed decisions concerning their health policy issues. (5)

Up to the researcher's knowledge there is no similar study in KSA, hence our study will be of great importance.

Material and Methods

3.1 Study Area:
Jeddah is a Saudi city located in the middle of the Eastern coast of the Red Sea known as the 'Bride of the Red Sea' and is considered the economic and tourism capital of the country. Its population is estimated around 3.4 million and it is the second largest city after Riyadh.(16)

The study was conducted in Jeddah Health Affairs involving all governmental and non governmental health institutions. Governmental health institutions included MOH (Ministry Of Health) hospitals (n= 9) plus PHCC (Primary Health Care Center) sectors (n= 7) each supervisory sector includes 6-7 centers .While non-governmental health institutions included all private hospitals (n=31) and private dispensaries (n=181). (data were obtained from Jeddah Health Affairs)

3.2 Study Population:
Target population was constituted of those who fulfill definition of policy makers (individuals responsible for the development of policy and supervision of execution of plans and functional operations).

Governmental
- PHCCs: 7 supervisory sectors.
- Hospitals: 9 hospitals

Private:
- In private hospitals: all general managers and medical directors
- In private dispensaries: medical directors.

3.3 Study Sample:
- Sector supervisors (n=7)
- General managers & medical directors in MOH governmental hospitals (9*2) (n=18)
- Private hospitals (31*2) (n=62)
- Medical directors in private dispensaries (n=118)

So, total was 210 after adding 5 administrative directors at Jeddah Health Affairs to the population sample.

3.4 Study Design:
A cross-sectional descriptive study.

3.5 Data collection tool:
Validated questionnaire published in several studies(15),(17),(18) for administrators, clinicians, nurses and librarians & revised by epidemiologist and public health consultant for further adaptation and modification for policy makers. It was bilingual (2 versions English & Arabic) (see appendix); the English version was translated into Arabic then it was back translated to ensure lexical equivalence.

The questionnaire included 3 parts: Socio-demographic data, enabling factors and barriers.

The first part was about enabling factors of utilization of research' recommendations (19 questions plus 8 research related questions) using a 5 point Likert scale in which 5=strongly agree while 1=strongly disagree; the second part was about barriers to utilization of research' recommendations (27 questions) using the same scale and the third part included socio-demographic data (7 items).

3.6 Data collection technique:
Self administered questionnaire was used for data collection. Questionnaires were distributed by the researcher and 3 well trained data collectors during regular day working hours over a 3 month period using different methods. The first was by visiting the hospital and meeting directly with the Director of the hospital who filled out the form; the second method was to put a file that contains a form with a letter from the Health Affairs Director and return at a later date to receive it and the third method was through sending the form via fax or e-mail attached with a letter after talking with the director and explaining the purpose of the research The majority of data were collected through direct meetings. Regular meetings and contact between researcher and data collectors and monthly written reports for progress of data collection were done. All the data were verified by hand then were coded and entered into a personal computer.

3.7 Data entry and analysis:
Data were entered and analyzed using SPSS version 16. Categorical variables were presented as frequency and percentage.

3.8 Pilot study:
A pilot study was conducted in Makkah among 10 health policy makers from different health institutions to test the validity of the questionnaire. Modifications were done accordingly.

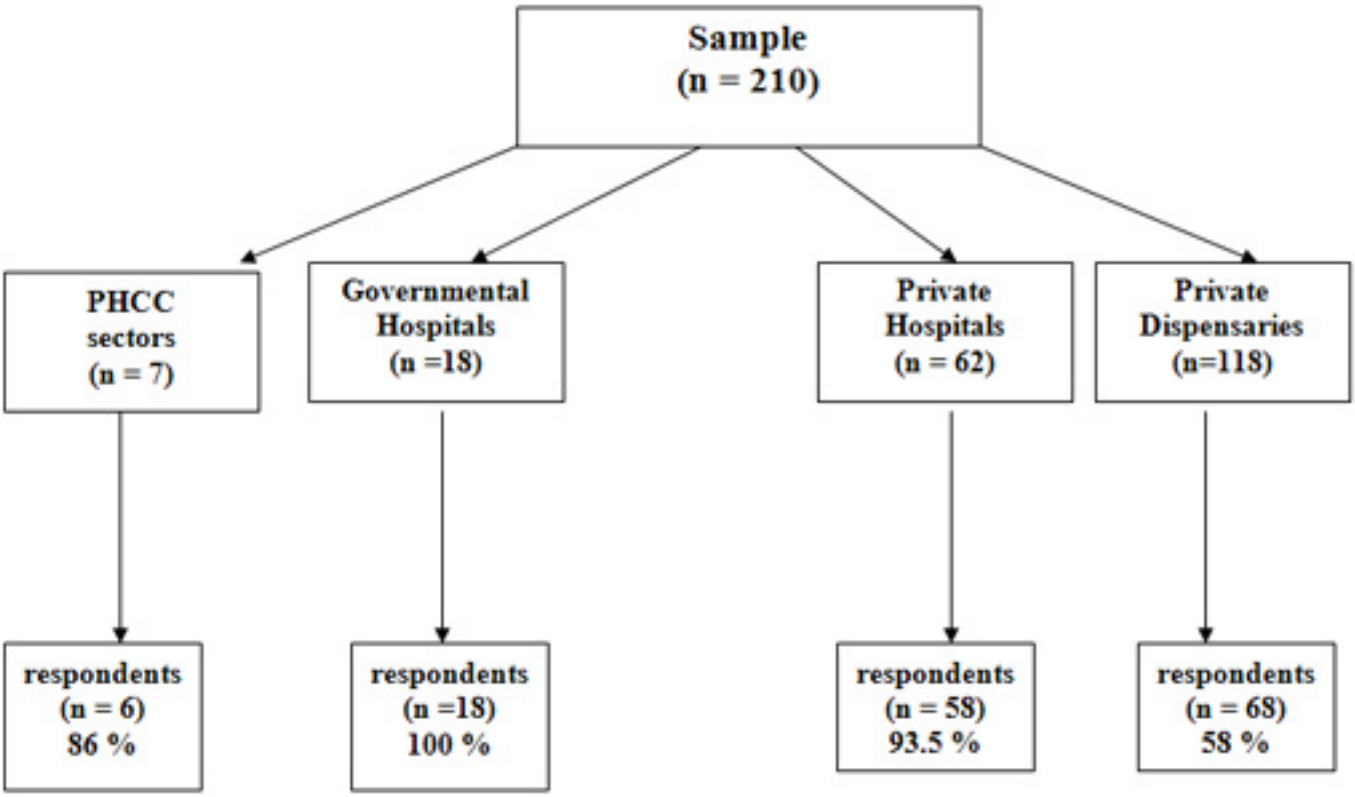
3.9 Ethical considerations:
- Written permission from Joint Program of Family & Community Medicine was obtained before conduction of the research.
- Written permission from the concerned authority in MOH was obtained too.
- Individual consent was considered as a prerequisite for data collection. It was written on the front page of the questionnaire that answering the questionnaire implied agreement to participate in the study).
- All information was kept confidential and was not accessed except for the purpose of scientific research

3.10 Budget:
The research is self funded.

Results

The current study aims at identifying enabling factors and determining barriers among health policy makers toward utilization of national medical research' recommendations in Jeddah Governorate. Accordingly the respondents were 210; response rate is shown in Figure 1 and compensation of non respondents were by medical directors of large poly clinics and administrative directors.

Figure 1: response rate of the participants in the study



1. Characteristics of the study group:
Demographic characteristics of the study group

Table 1: Demographic characteristics of the study group (n=210)

Characteristics	No.	%
Age group		
<40 years	33	16.3
40-<50 years	72	35.4
50+ years	98	48.3
Gender		
Males	193	91.9
Females	17	8.1
Nationality		
Saudi	63	30.0
Non Saudi	147	70.0
Qualification		
Bachelor	44	21.0
Master Degree	11	5.2
Board	102	48.6
PhD	53	25.2
Type of job		
Medical	195	92.9
Administrative	15	7.1
Experience in the job		
<5 years	87	45.3
5+ years	105	54.7
Type of the health institute		
Governmental	31	14.8
Private	179	85.2

The table shows that the majority of the participants 170 (83.7%) were in their 5th decade or above, and the overwhelming majority 193 (91.9%) are males. The Saudis constituted 63 (30%) of the policy makers in the involved health institute, and those who have postgraduate qualifications amounted to be 166 (79%) who have mainly Board 102 (48.6%) or PhD degrees 53 (25.2%). The majority of the participants have medical jobs 195 (92.9) and slightly more than one half of them 105 (54.7%) have experience in their job of five years or more.

The participants in the governmental health institutes accounted for 31(14.8%).

Table 2: Previous and current participation in research and opinion about conduction of research

	No.	%
Previous research done in the institution		
Yes	26	12.4
No	184	87.6
Received recommendations from research		
Yes	40	19.0
No	170	81.0
Finding solutions for problems from research		
Yes	49	23.3
No	161	76.7
Sharing in previous research		
Yes	109	51.9
No	101	48.1
Conducted research		
Yes	109	51.9
No	101	48.1
Think that conduction of research is important		
Yes	201	95.7
No	9	4.3
Wish to conduct research		
Yes	176	83.8
No	34	16.2

The table shows that only 12.4% of the respondents indicated that there was previous research conducted in their institution while 19% addressed that they received recommendations from the previously conducted research. Moreover, 23.3% pointed out that they find solutions for their problems in the received recommendations. It was noted that 51.9% of the respondents shared in previous research, and an equal percentage reported that they conducted research (Figure 2). On the other hand, it was remarked that although 95.7% of the respondents believe that conduction of research is important (Figure 3), nevertheless, a lower percentage (83.8%) of them expressed that they wish to conduct research (Figure 4).

Figure 2: Previous research done in the institution

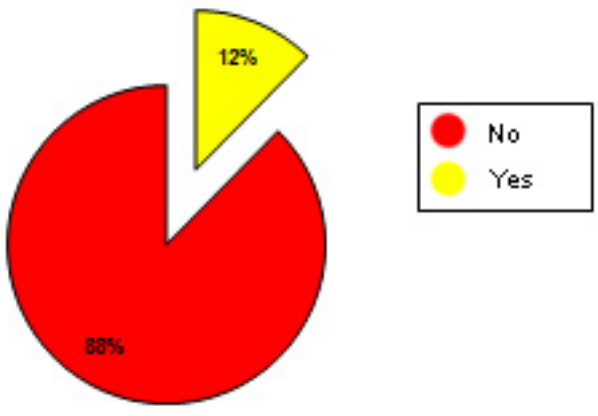


Figure 3: Conducted research

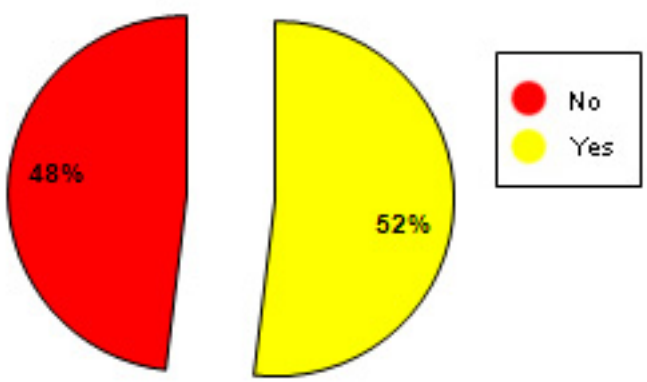


Figure 4: Think that conduction of research is important

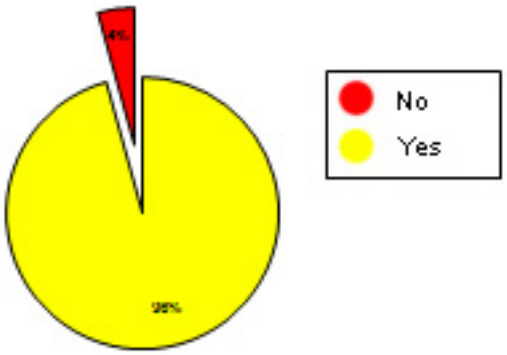


Figure 5: Wish to conduct research

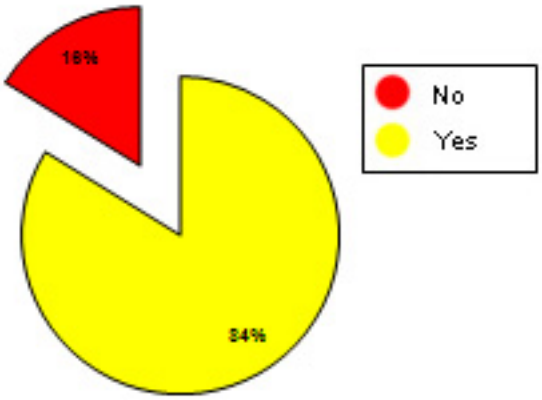


Table 3: Agreement of the respondents to the items representing enabling factors for research

Enabling factor	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Research quality	--	7(3.3%)	14(6.7%)	162(77.1%)	27(12.9%
Agreement of both researchers and policy makers to give more attention to biomedical than social	2(1.0%)	4(1.9%)	21(10.0%)	155(73.8%)	28(13.3%)
Specificity, concreteness and cost-effectiveness	4(1.9%)	1(0.5%)	14(6.7%)	155(73.8%)	36(17.1%)
Both researchers and policy makers identify priority together	3(1.4%)	4(1.9%)	28(13.3%)	148(70.5%)	27(12.9%)
National support	1(0.5%)	5(2.4%)	4(1.9%)	129(61.4%)	71(33.8%)
Official research organizations e.g. research department	3(1.4%)	3(1.4%)	12(5.7%)	128(61.0%)	64(30.5%)
Informal ties	16(7.6%)	53(25.2%)	38(18.1%)	83(39.5%)	20(9.5%)
Balanced interests	--	31(14.8%)	59(28.1%)	105(50.0%)	15(7.1%)
Formal communications	--	5(2.4%)	15(7.1%)	152(72.4%)	38(18.1%)
Political stability	--	--	19(9.0%)	118(56.2%)	73(34.8%)
Homogeneity of research community	2(1.0%)	7(3.3%)	19(9.0%)	135(64.3%)	47(22.4%)
Policy-makers' access to information	2(1.0%)	5(2.4%)	21(10.0%)	148(70.5%)	34(16.2%)
Relevance of research findings	3(1.4%)	45(21.4%)	38(18.1%)	92(43.8%)	32(15.2%)
Perception that utilizing research findings is time-consuming	64(30.5%)	128(61.0%)	10(4.8%)	7(3.3%)	1(0.5%)
Policy-makers' competency in research methods	2(1.0%)	3(1.4%)	32(15.2%)	142(67.6%)	31(14.8%)
Trust policy-makers place on research	1(0.5%)	6(2.9%)	47(22.4%)	123(58.8%)	33(15.7%)
Authority of those who present their view	3(1.4%)	39(18.6%)	80(38.1%)	73(34.8%)	15(7.1%)
Relative importance or priority of research findings compared with other sources of information in the policy-process	--	23(11.0%)	91(43.3%)	87(41.4%)	9(4.3%)
Uncertainty of who is responsible or accountable for accessing, locating, and providing research findings to address the policy-decisions	11(5.2%)	74(35.2%)	101(48.1%)	22(10.5%)	2(1.0%)

Table 3 demonstrates the agreement of the participants about the statements representing the enabling factors for research. It shows that the majority of them agree about the research quality being an enabling factor (90%), and an almost equal percentage (91.1%) agree about concern in biomedical rather than social research, and 90.9% agree about the importance of specificity, concreteness and cost effectiveness. Moreover, it was found that 95.2% of the respondents assert their agreement about the importance of national support as an enabling factor, and 90.5% pointed to the formal communications in addition to 91% who addressed political stability as enabling factors.

On the other hand, it was noted that the great majority of the participants (91.5%) disagree about the assumption that utilizing research findings is time consuming.

Table 4 (next page) illustrates the response of the participants to the items representing barriers for conducting research arranged in descending order according to the overall agreement for each item. Based on this ranking, it was evident that the top ten barriers included a pile of situations pertinent to the staff working in the institute such as lack of their awareness to research, being isolated from knowledgeable colleagues with whom to discuss the research and lack of support from other staff in its implementation. The other pile of barriers are related to the quality of the research, where it was found that there is high agreement on the ambiguous reporting of the research, being not readily available, vague implication on practice in addition to late publication are potential barriers for conducting research. Moreover, two of the top ten barriers are conceptualized around the time factor, where it was found that 60% of the respondents perceive that there is not sufficient time on the job to implement new ideas, in addition to 58.6% who see that there is not sufficient time to read research. Finally, the factor which is related to the institute in general was represented by the availability of facilities, where it was found that 76.7% of the participants consider the inadequate facilities in the institute as a crucial barrier for implementing research.

On the other hand, it was remarked that the least potential barriers for conducting research perceived by the respondents were related to fine details of the research, for example: difficulty to understand statistical analyses, inadequacy of the methodological design and unjustified conclusions drawn from the research.

Discussion

Making the best use of available research studies is a priority goal in most countries, developed or developing, and what was promising in our study was that the majority of participants had a positive attitude toward research conduction although little research was conducted by participants and few of them were useful in practice in comparison with Polish managers where only 15% of respondents thought that research results had significant influence on practice in health care, and only 3.2% perceived developments in scientific knowledge as having an input in their area of decision making.(20)

Troslte et al(19) looked for factors that promoted or impeded exchanges between researchers and policy makers. These were in turn divided into emphasis on content, actors, process, and context. They finally recommended improving communication between researchers and policy makers via training of both parties: assisting researchers to communicate their findings in an understandable and

Figure 6: Agreement of the respondents to the items representing top ten barriers for research conduction

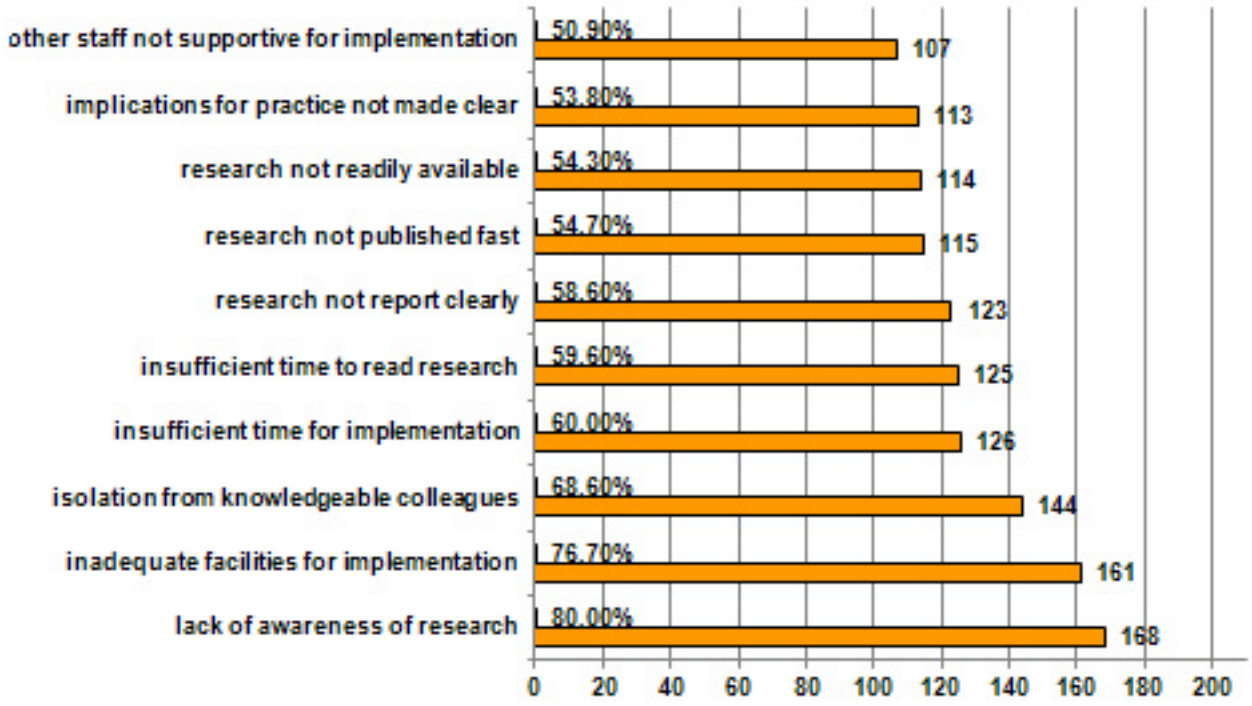


Table 4: Agreement of the respondents to the items representing barriers for research

Barriers	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Lack of awareness of the research	5(2.4%)	28(13.3%)	9(4.3%)	136(64.8%)	32(15.2%)
Inadequate facilities for implementation	8(3.8%)	15(7.1%)	26(12.4%)	119(56.7%)	42(20.0%)
Being isolated from knowledgeable colleagues with whom to discuss the research	7(3.3%)	41(19.5%)	18(8.6%)	123(58.6%)	21(10.0%)
Insufficient time on the job to implement new ideas	13(6.2%)	52(24.8%)	19(9.0%)	99(47.1%)	27(12.9%)
Insufficient time to read research	8(3.8%)	56(26.7%)	21(10.0%)	98(46.7%)	27(12.9%)
The research is not reported clearly and readably	4(1.9%)	55(26.2%)	28(13.3%)	96(45.7%)	27(12.9%)
Research reports/articles are not published fast enough	--	39(18.6%)	56(26.7%)	96(45.7%)	19(9.0%)
Research reports/articles are not readily available	4(1.9%)	64(30.5%)	28(13.3%)	88(41.9%)	26(12.4%)
Implications for practice are not made clear	--	53(25.2%)	44(21.0%)	100(47.6%)	13(6.2%)
Other staff not being supportive of implementation	2(1.0%)	45(21.4%)	56(26.7%)	92(43.8%)	15(7.1%)
Staff not cooperating with implementation	8(3.8%)	40(19.0%)	57(27.1%)	83(39.5%)	22(10.5%)
Research has not been replicated	4(1.9%)	34(16.2%)	67(31.9%)	98(46.7%)	7(3.3%)
Feeling the benefits of changing practice will be minimal	5(2.4%)	85(40.5%)	24(11.4%)	82(39.0%)	14(6.7%)
Uncertainty about the believability of the results of the research	2(1.0%)	50(23.8%)	62(29.5%)	79(37.6%)	17(8.1%)
Administration not allowing implementation	11(5.2%)	58(27.6%)	48(22.9%)	79(37.6%)	14(6.7%)
The relevant literature is not compiled in one place	--	40(19.0%)	80(38.1%)	83(39.5%)	7(3.3%)
Research results not generalizable to own setting	7(3.3%)	53(25.2%)	61(29.0%)	75(35.7%)	14(6.7%)
Not feeling capable of evaluating the quality of the research	3(1.4%)	79(37.6%)	40(19.0%)	78(37.1%)	10(4.8%)
The research is not relevant to the practice	9(4.3%)	80(38.1%)	41(19.5%)	59(28.1%)	21(10.0%)
Seeing little benefit for self	11(5.2%)	97(46.2%)	23(11.0%)	68(32.4%)	11(5.2%)
Literature reports conflicting results	3(1.4%)	40(19.0%)	93(44.3%)	64(30.5%)	10(4.8%)
Not perceiving a need to change practice	16(7.6%)	96(45.7%)	26(12.4%)	63(30.0%)	9(4.3%)
Unwillingness to change/try new ideas	12(5.7%)	113(53.8%)	19(9.0%)	50(23.8%)	16(7.6%)
Not setting the value of research for practice	37(17.6%)	87(41.4%)	22(10.5%)	50(23.8%)	14(6.7%)
Statistical analyses are not understandable	2(1.0%)	54(25.7%)	96(45.7%)	52(24.8%)	6(2.9%)
Methodological inadequacies of the research	4(1.9%)	38(18.1%)	119(56.7%)	41(19.5%)	8(3.8%)
Conclusions drawn from the research are not justified	4(1.9%)	68(32.4%)	94(44.8%)	37(17.6%)	7(3.3%)

stimulating way, or synthesizing policy makers on the usefulness of research results as an input to decision making. They also recommended that research should be evaluated in terms of its cost and effectiveness before being considered as the basis for a policy or program. However, this type of evaluation is still underdeveloped internationally. (19)

While in a Mali study (5) the factors influencing the use of research findings were Policy-makers' access to information, relevance of research findings, perception that utilizing research findings is time-consuming, policy-makers' competency in research methods, trust policy-makers place on research, authority of those who present their view, relative importance or priority of research findings compared with other sources of information in the policy-process and uncertainty of who is responsible or accountable for accessing, locating, and providing research findings to address the policy-decisions. In our study the participants point of views were comparable except for the perception that utilizing research findings is time-consuming, where the majority disagreed. On the other hand two of the top ten barriers are conceptualized around the time factor, where it was found that 60% of the respondents perceive that there is not sufficient time on the job to implement new ideas, in addition to 58.6% who see that there is not sufficient time to read research and this could be explained in the way of utilization of research findings will outweigh the time consumed for research conduction i.e efficiency will mask real time consuming.

Moreover, it was found that the other top barriers included a pile of situations pertinent to the staff working in the institute such as lack of their awareness to research, being isolated from knowledgeable colleagues with whom to discuss the research and lack of support from other staff in its implementation. The other pile of barriers are related to the quality of the research, where it was found that there is high agreement on that the ambiguous reporting of the research, being not readily available, vague implications on practice, in addition to late publication, are potential barriers for conducting research. Finally, the factor which is related to the institute in general was represented by the availability of facilities, where it was found that 76.7% of the participants consider the inadequate facilities in the institute is considered as a crucial barrier for implementing research.

Conclusion

The current study revealed that among the interviewed health policy-makers there was a gap between the perceived importance of the research from one side and its conduction and utilization of its recommendations on the other side. The reported barriers are mainly remediable as being attributed chiefly to modifiable subjective factors driven from the lack of knowledge and experience about research methodology. In addition, the insufficient time perceived as a barrier reflects the vision of the studied institute which are not focusing in part of it on conduction of research and incorporating it in its plan and regular routine work.

Recommendations

- Encouragement of conduction of research in different health institutions through real and pragmatic support.
- Incorporate any executive directors, planners or managers who are subjected to trainer course for administration to be fortified by a research methodology course
- Deliberate efforts should be made to legislate provision of incentives for research implementation.

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Appendix

(pdf versions of the Arabic and Endlish appendices can be found at www.mejfm.com/????

بسم الله الرحمن الرحيم

السلام عليكم ورحمة الله وبركاته

Dear health policy maker:

I would like to have your active participation in my research, which is about **(Enabling Factors and Barriers among Health Policy Makers toward Utilization of National Medical Researches Recommendations in Jeddah, KSA, 2010)**

A questionnaire is attached to this paper. It is about enabling factors and barriers toward utilization of recommendations of national medical research.

Answering the questionnaire means that you are agree to participate in the study. Be sure please, that all data submitted to us will be treated confidentially

Thank you for giving us part from your valuable time to support our new research area.

For any comments feel free to contact me,

Dr. Mahmoud Abdullah Al-Zahrani

Family Medicine Physician

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Part 1: Enabling Factors

Using the following scale, please circle your response to each of the following statements regarding
Strongly disagree = 1, Disagree = 2, Neutral = 3, Agree = 4, Strongly agree = 5

Enabling Factors	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Research quality	1	2	3	4	5
2. Agreement of both researchers and policy makers to give more attention to biomedical than social	1	2	3	4	5
3. Specificity, concreteness and cost- effectiveness of research recommendations	1	2	3	4	5
4. Both researchers and policy makers identify priority together	1	2	3	4	5
5. National support	1	2	3	4	5
6. Official research organizations e.g. research department	1	2	3	4	5
7. Informal personal ties	1	2	3	4	5
8. Balanced interests (i.e. research recommendations are not conflictive with feasibility)	1	2	3	4	5
9. Formal communications	1	2	3	4	5
10. Political stability	1	2	3	4	5
11. Homogeneity of research community	1	2	3	4	5
12. Policy-makers' access to information	1	2	3	4	5
13. Relevance of research findings	1	2	3	4	5
14. Perception that utilizing research findings is time-consuming	1	2	3	4	5
15. Policy-makers' competency in understanding the full meaning of the research .	1	2	3	4	5
16. Trust policy-makers place on research	1	2	3	4	5
17. Authority of researcher who present their view to policy-makers .	1	2	3	4	5
18. Relative importance or priority of research findings compared with other sources of information in the policy-process	1	2	3	4	5
19. Uncertainty of who is responsible or accountable for accessing, locating, and providing research findings to address the policy-decisions	1	2	3	4	5

Part 2: Barriers

Using the following scale, please circle your response to each of the following statements regarding enabling factors

Strongly disagree = 1, Disagree = 2, Neutral = 3, Agree = 4, Strongly agree = 5

Barriers	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Lack of awareness of the research	1	2	3	4	5
2. Being isolated from knowledgeable colleagues with whom to discuss the research	1	2	3	4	5
3. Not feeling capable of evaluating the quality of the research	1	2	3	4	5
4. Feeling the benefits of changing practice will be minimal	1	2	3	4	5
5. Seeing little benefit for self	1	2	3	4	5
6. Unwillingness to change/try new ideas	1	2	3	4	5
7. Not perceiving a need to change practice	1	2	3	4	5
8. Not seeing the value of research for practice	1	2	3	4	5
9. Insufficient time on the job to implement new ideas	1	2	3	4	5
10. Staff not cooperating with implementation	1	2	3	4	5
11. Administration not allowing implementation	1	2	3	4	5
12. Other staff not being supportive of implementation	1	2	3	4	5
13. Research results not generalizabale to own setting	1	2	3	4	5
14. Inadequate facilities for implementation	1	2	3	4	5
15. Insufficient time to read research	1	2	3	4	5
16. Research has not been replicated	1	2	3	4	5
17. Uncertainty about the believability of the results of the research	1	2	3	4	5

18. Literature reports conflicting results	1	2	3	4	5
19. Methodologlc inadequacies of the research	1	2	3	4	5
20. Research reports/articles are not published fast enough	1	2	3	4	5
21. Conclusions drawn from the research are not justified	1	2	3	4	5
22. Statistical analyses are not understandable	1	2	3	4	5
23. The relevant literature is not compiled in one place	1	2	3	4	5
24. Implications for practice are not made clear	1	2	3	4	5
25. Research reports/articles are not readily available	1	2	3	4	5
26. The research is not reported clearly and readably	1	2	3	4	5
27. The research is not relevant to the practice	1	2	3	4	5

Part 3: Socio-demographic

Please; Fill the space or mark the proper answer

1. Age	……
2. Gender	Male ☐ Female ☐
3. Nationality	Saudi ☐ Non-Saudi ☐
4. Qualification	Medical ☐ Non-Medical ☐
5. your highest degree	☐ Master ☐ Bachelor ☐ Ph.D ☐ Board ☐Other ……
6. How many months/ years in your current position	……

7. your institution (choose all applicable please)	a- □Governmental □ Private b- □MOH □ Non-MOH c- □Hospital □Dispensary □Sector □ Others(specify)…… .

بسم الله الرحمن الرحيم

السلام عليكم ورحمة الله وبركاته

عزيزي المسئول في المنشاة الصحية

أقدر مشاركتك لي في بحثي ، والذي هو عبارة عن

(عوامل التمكين والحواجز بين راسمي السياسات الصحية نحو الاستفادة من توصيات البحوث الطبية الوطنية في جدة ، السعودية ، 2010)

الاستبيان مرفق بهذه الورقة. وهو يتألف من عوامل التمكين والحواجز أمام الاستفادة من توصيات البحوث الطبية.

إجابتك على هذا الاستبيان تعتبر موافقة منك بالمشاركة في البحث.

يرجى التأكد من أن جميع البيانات المقدمة لنا سوف تعامل بسرية تامة.

أشكركم على إتاحة جزء من وقتكم الثمين لدعم جهودنا في مجال الأبحاث الجديدة.

في حال وجود أي ملاحظات أو استفسارات يمكنكم التواصل عن طريق الايميل أو الجوال في أي وقت

الدكتور محمود عبد الله الزهراني

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