

Medact Research Policy

Why we conduct research

Aims & Values

- We undertake high-quality, in-depth research because it helps us understand health inequalities, provides a basis for developing better policies and offers solid evidence for effective campaigning and advocacy, as well as informing our decisions about what we prioritise.
- Recognising that it is neither possible nor desirable to conduct research in a moral vacuum, we are proud of the fact that as well as being methodologically rigorous, our research is ultimately geared towards supporting our organisation goal of building a safer, fairer, better world in which everyone is able to access their right to health.¹
- We think this underlying aim constitutes an important part of what it means to conduct 'ethical research' and believe transparent and accountable politically-engaged research, conducted in good faith with integrity and intellectual honesty, can produce the most socially useful knowledge.²

Strategy

- Our in-house ability to produce new primary research supports the overall work of Medact, so we select research topics, design research projects and ask particular research questions with our overall strategic goals in mind, as well as our values.
- We choose which issues to investigate based on criteria related to our campaign priorities matrix, outlined in our organisational strategy, as well as additional factors taken into consideration to ensure our research is original and useful:

¹ See: Bryman, Alan. *Social Research Methods* (New York: Oxford University Press, 2001), 149; Flyvbjerg, Bent. *Making Social Science Matter: Why Social Inquiry Fails and How it Can Succeed Again* (New York: Cambridge University Press, 2001); Haraway, Donna. 'Situated knowledges: The science question in feminism and the privilege of partial perspective', *Feminist studies* 14, no. 3 (1988); Novick, Peter. *That Noble Dream: The 'Objectivity Question' and the American Historical Profession* (New York: Cambridge University Press, 1988). Haraway maintains that 'rational knowledge does not pretend to disengagement' (Haraway 1988, 590) and that engagement does not constitute some 'inevitably disqualifying and polluting bias' (Haraway 1988, 575). Novick argues it is always misleading to claim to be able to distinguish between 'accounts "distorted" by ideological assumptions' and work that is somehow 'free of these taints' (Novick 1988, 6). In other words, the idea of a complete separation between object and subject - or purpose and analysis - is flawed. Therefore 'attachment/detachment' is a false dichotomy, meaning all research is to some extent (more or less transparently) 'engaged'.

² See: Laurence Cox, 'Movements Making Knowledge: a new wave of inspiration for sociology?', *Sociology* 48, no. 5 (2014): 954-971; Kleidman, Robert, 'Engaged Social Movement Scholarship', in *Handbook of Public Sociology*, ed. Vincent Jeffries (Plymouth: Rowman & Littlefield, 2009): 341-356; Allen Isaacman, 'Legacies of engagement: Scholarship informed by political commitment', *African Studies Review* 46, no. 1 (2003); Burawoy, Michael. 'For public sociology', *American Sociological Review* 70, no. 1 (2005): 4-28. Michael Burawoy argues that sociologists who have 'engaged with and participated in' social movements have 'infused new ideas into sociology' (Burawoy 2005, 15). Yet since we recognise that political commitments can sometimes impede 'critical distance' (Kleidman 2009, 352) and 'produce blind spots as well as insights' (Isaacman 2003, 29), we are committed to reflexivity as a central principle.

- Addresses a systemic issue which health workers care about
 - Contributes to reducing health inequality or determinants of ill health
 - Identifies and works to fill gaps in existing knowledge
 - Asks questions able to produce answers which inform action
 - Inform campaigns which can make a real difference
 - Intervenes where Medact and the health community's voice is powerful
- We recognise our strengths, such as the knowledge we can harness from within our movement and commit to capitalising on our members' research expertise. Part of the Research Manager's role is to engage and support this via the new Medact Research Network.
 - We also recognise our weaknesses (such as our limited resources) and seek to collaborate with other organisations aligned with our values where appropriate, while remaining committed to upholding Medact's mission.

How we conduct research

Approach & Methods

- Research will have a clear protocol and timeline, agreed before it is commenced.
- The research methods we employ will vary depending on the subject. We carry out both primary data collection and analyse secondary sources. We often use mixed methods, gathering both quantitative and qualitative data. We always seek to include the voices of communities affected by the issue and recognise the power of combining analytical rigour with human narratives expressing people's lived experiences in their own words.³
- We often use investigative techniques, such as Freedom of Information (FOI) requests, alongside more traditional research methods, in order to challenge institutional opacity. We do this because we recognise that working to address health inequalities means confronting wider power inequalities in society and we therefore believe in subjecting powerful institutions to critical scrutiny and holding powerful actors to account - 'studying up'. Challenges of access and lack of transparency are inherent to this terrain.⁴

³ This holistic approach might mean, for example, combining interview and focus group data with analysis of data collected via Freedom of Information requests, case studies, participatory action research, documentary analysis, network analysis, questionnaires or other methods.

⁴ See: Kevin Walby and Mike Larsen, 'Access to Information and Freedom of Information requests: Neglected means of data production in the social sciences' *Qualitative Inquiry* 18, no. 1 (2012); Joan Cassell, 'The Relationship of Observer to Observed when Studying Up', *Studies in Qualitative Methodology Vol. 1* (London: Jai Press, 1988): 89-108; Jack Douglas, *Investigative Social Research: Individual and Team Field Research* (London: Sage Publications, 1976); Williams, Christopher. *Researching Power, Elites and Leadership* (London: Sage, 2012). We also recognise that research which contributes to social change will sometimes be contentious. However, this is often an inevitable feature of work which disrupts existing power relations and 'if nobody is against a specific piece of...research, it may be because the research is unimportant as regards its implications for practice' (Bent Flyvbjerg, Todd Landman, and Sanford Schram, *Real Social Science: Applied Phronesis* (Cambridge: Cambridge University Press, 2012), 292.

- To ensure that our findings are watertight and our conclusions are reliable, we are careful to ensure that our research and analysis are robust and conducted via rigorous processes of systematic inquiry by skilled, experienced specialists. In addition, we may ask an external academic advisory committee comprised of professional scholars who are experts in their fields to oversee research design and ethical considerations for some major, or particularly challenging, projects.

Ethics

- We are entirely independent, are not affiliated to any political party and receive no government funding.
- We are committed to transparency about the funders and aims of our research as well as managing any potential conflicts of interest.
- In the interests of responsible research, we incorporate consideration of ethical principles and concerns into all stages of our work, from initial planning through to dissemination and always seek to preempt risks as well as monitoring them throughout.
- We strictly abide by relevant ethical guidelines including the Social Research Association's ethical guidelines and the UK Research Integrity Office's Code of Practice.⁵ Where necessary, we may work through the ethical approval process of a partner's academic institution.
- Specific measures taken to ensure that our research procedures abide by the above frameworks in order to minimise any potential risk of harm to participants, include ensuring informed consent is always obtained and guaranteeing participants the option of confidentiality as well as the right to withdraw.⁶
- We respect all relevant data protection legislation and seek to apply best practices in data-management and security.

What we do with research

Outputs, Dissemination & Impact

- We produce a range of research outputs including reports, policy briefs, case studies, toolkits and peer-reviewed academic journal articles.
- We want our research to be a useful resource to a wide spectrum of actors. Our target audience is broad and includes policy-makers, journalists, campaigners, health workers and the general public. We also want to help empower affected communities to advocate for change themselves.
- We always seek to translate our findings into practical recommendations that can build public understanding, inform debate and contribute to concrete change.

⁵ [SRA's Ethical Guidelines](#) (2003); [UKRIO's Code of Conduct](#) (2009).

⁶ Our approach is informed by [advice](#) from the [Health Research Authority](#) - whose ethical approval we seek, if appropriate, for any research conducted through NHS channels - and [General Medical Council's Good Practice in Research and Consent to Research](#), as well as the WHO [Code of Conduct for Responsible Research](#).

- We always aim to present our findings in the most accessible way possible, including telling stories with graphics when we can. We use plain language which is easy to understand and reflects the respect, dignity and inclusivity central to the political commitments underlying our research.
- We understand that knowing is not enough. We produce knowledge in order to make an impact, so publication is never the end-point of our research. It is just as important to disseminate our work in the media and to engage with a range of audiences to present our findings in person. This includes engaging decision-makers to influence policy and briefing grassroots health activists to enable evidence-based campaigning, helping to create change from both above and below.