

## Disseminating multidisciplinary work: Problems of language and politics

Source: Lewando-Hundt, G. (2000) 'Multiple scripts and contested discourse in disseminating research findings', *Social Policy and Administration*, 34: 419–33.

Gillian Lewando-Hundt reports on some of the challenges in disseminating research findings from a study of maternal and child health to Palestinians in Gaza and Bedouin in Israel. The study was funded by the European Commission as a collaboration between universities in the UK and Israel and a research centre in Palestine, and included researchers trained in epidemiology and public health – some of whom also had service responsibilities – and anthropologists. Lewando-Hundt argues that the different national, disciplinary and research orientations of the team led to different understandings throughout the project of issues around study design, interpretation of the results and dissemination. These can be a productive force for developing research questions. In this study, the members of the team with responsibility for service provision and a public health perspective wanted to focus on non-attenders at pre-natal clinics, and find out whether they were informed about the service on offer and why they did not attend. From a more social science perspective, the anthropologists were more comfortable asking questions about professional and client views and experiences, and focusing on what the women gained or did not gain by attending. These differences in focus were accommodated by dividing the research questions according to methodology, such that the epidemiologists led on designing a questionnaire survey to measure service utilization, and the anthropologists developed qualitative studies using focus groups and interviews to explore users' views and experiences (one of these studies is described in Case Study 5.1). By conducting both quantitative and qualitative studies as part of the same project, the two disciplines could see that using a combination of methods provided answers to slightly different questions, but both contributed to understanding the issue of maternal and child health.

When it came to dissemination, there were also differences across the research team in terms of expectations about what was legitimate. As an EC-funded study, the coordinators had an obligation to disseminate widely, but this did not form part of the normal expectations of the local research teams in Gaza and Israel, where the accepted process was to move on to planning interventions, without a lengthy phase of dissemination. The challenges of disseminating the key findings included difficulties in addressing diverse audiences, and conflict over which languages to write it in. The Palestinians were keen to have Arabic translations to disseminate widely in an accessible format, whereas one member of the team wanted a more limited dissemination, and only in English. In the end

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the draft report was summarized and translated into both Arabic and Hebrew, with these as well as the English versions bound into one document.

Expectations around the format of dissemination also led to conflicts. When the researchers first presented some of the qualitative data from the focus groups, they included data on women's views of the issue of *wasta*, or using influence or connections to jump the queue. They had intended this to be a way of informing health centre managers and others about the key findings, and generating discussion about the implications. However, the sensitivities about the topic (*wasta*) and the lack of understanding of the methods (group interviews) meant that the findings were challenged by the audience, who commented that the methods were unscientific, and the data could not be believed. In another meeting, the researchers were advised to tone down some of the criticisms reported of the clinics, and to use the word 'social' rather than 'political'. Some of the particular difficulties faced were the result of political tensions in the Middle East, but Lewando-Hundt suggests that all dissemination strategies have to take account of the ethos of local health services, the sensitivities of the various groups involved, and their expectations about what data 'should' look like.

Political sensitivities also shaped how findings were disseminated in academic journals. For instance, although the context for the Gaza setting was health service provision by the Israeli Civil Administration, this was usually too contentious to note. Direct comment by the authors on the position of Palestinians was avoided, in case it appeared to be politically biased, and they instead quoted other authors. Choosing whether to use Hebrew or Arabic names for places, or whether to use the term 'Bedouin', 'Bedouin Arabs', 'Palestinian Israelis' or 'Israeli Arabs', was not just a matter of linguistic preference, but one that suggested particular political affiliations. For joint papers a compromise had to be reached on terminology, with drafts being discussed by members of the research team until a consensus was reached.

In this study, then, not only disciplinary differences but also political and institutional differences had to be negotiated throughout the research process. Although these issues might be particularly explicit in settings in transition, such as the Middle East, they are likely to shape research in most collaborative settings, and we have to pay attention not just to the technical aspects of research design, but also to the politics of research.

## Reflective questions

What kinds of issue do you think might influence the outcome of such negotiations over dissemination amongst a research team?

Briefly outline some of the criteria you might think relevant to deciding the order in which contributors should be listed as 'authors' on a publishable research paper. What were the reasons for your choices? Is it appropriate to include anyone who did not actually write anything (for example, someone who collected all the data, e.g. a skilled qualitative interviewer)? Is it reasonable that the person who has the most senior position/title (e.g. Professor) be the first name listed even if they did not make the largest contribution?

## Feedback

It is likely that there will be power differentials of many types in a research team, even one that is not multidisciplinary or international, and this may lead to tensions. For example, it may be that more junior members do not feel able to challenge or even

broach these issues with more senior colleagues. Some researchers may feel that future opportunities for work contracts depend on not creating any tensions or difficulties. Funders' requirements may 'trump' other political or social interests, for example. Similar issues affect authorship debates, as levels of seniority may influence decision-making by everyone. To make this somewhat easier most journals and many academic institutions now have clear criteria or guidelines for determining authorship. In biomedical sciences, these will often include judgements about whether the contribution has been to the *scholarship*, i.e. the analysis, the framing of the initial research question, the theoretical framework or the discussion and conclusion, rather than to the process of data collection or study organization and management. You might want to argue that these are also essential elements in the process of knowledge production (you couldn't have a new theory without them); but this is not currently usual practice, although listing the contribution that each named 'author' has made is. In qualitative social sciences, data generation is usually recognized as an essential contribution in authorship criteria.