Making Research Matter

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HOW to reach people – use of stories and the media

Summary

You need to understand how to tell the story of your research. This chapter sets out why narrative is important and explores in detail the mechanisms by which stories work. In health and care research, there is a risk that individual vignettes can distort rather than illuminate wider evidence bases. This is illustrated with some examples from patient safety. Tools from persuasion, advertising and marketing are described briefly. Social media can be used by researchers to engage wider audiences and to connect in different ways. Examples are given of use of Twitter and research projects using a range of media effectively. Interviews with leading journalists and communicators provide further insights in capturing the interest and attention of general readers.

Power of stories

An actor friend once told me of a time in his life when he was working in a regional theatre. They were visited routinely by the local fire department carrying out health and safety checks and each time were cautioned for blocking fire exits with stacks of flammable sets. The fire officer read out the regulations they were violating and the fines which could be incurred. The actors and theatre manager promised to move the sets and store them somewhere else but soon lapsed into old habits. The reproof
became almost a ritual. One time, the fire officer changed tack. He brought with him real pictures of the charred and maimed bodies of children who had been trapped in a house fire. He told the assembled actors their names and ages and shared an earlier family photograph. He described arriving at the scene with the terrible heat, the cries of the parents, crackle and thump of the structure caving in and the smell of scorched wood and plastic, the sweat of fellow officers fighting the fire and knowing what they would find. My friend said that after that point, the exits were always kept clear.

Stories help us to understand others. Stories stay with us. Stories make us want to know more. In the case mentioned previously, it was a story that motivated action to keep people safe. Researchers can learn much from journalists, like Shaun Lintern (Box 8.1) on the art of telling stories well. This chapter has practical advice on using the media and what social media can offer the researcher wanting to reach wider audiences. But first we start with a look at the way in which stories get people’s attention, for better or worse.

**Box 8.1: Interview – Shaun Lintern**

*Read all about it*

Shaun Lintern is health correspondent of *The Independent* and was named health journalist of the year in 2019 for his work uncovering failings in maternity care. He spent many years at the *Health Service Journal* raising the profile of quality and patient safety issues and helped to uncover the serious harms at Mid Staffordshire hospital early in his career as a local news reporter.

I was lucky to talk to him between deadlines in the middle of a pandemic, having started his job not long after the biggest health event of our lifetime erupted – ‘suddenly I’m the most important person in the newsroom’. I talked to him about what researchers could do to reach wider audiences and he started with some frustrations. In his work as an investigative reporter, for instance looking into maternity services
issues, he had struggled to access important papers on foetal monitoring or other aspects of safety. ‘Many important research findings are hidden behind paywalls or downloaded in very low numbers but tell important stories that deserved wider airing. I have worked well with researchers, like Alison Leary on nurse staffing, where she released her findings under embargo, giving me time to prepare a story properly with the right facts and emphasis. This got a wider readership not just for my news piece but also linking back to her academic paper – those accessing it were people actually running clinical services and making the decisions about staffing. One mode enhances the other.

We need to bridge these two worlds of research and the press – I know that most researchers want to make things better, like journalists. I count my readers in the millions, most journals count them in dozens or hundreds. I get some material coming through on drugs, devices, technology but rarely get academics approaching me with work about how services are run. Researchers should think about working with journalists on embargo basis to communicate findings, discuss what they mean in the real world, build an actual news story based on the foundation of the research with context and case studies. We can work together on a story in the public interest. I need time to think creatively about how I can make it dance and sing as a news story.

As a mainstream journalist, I use individuals and stories to drive home the points. Data alone isn’t enough to convince clinicians to change practice – you need those real-world stories. I came across this powerfully: a consultant wanting to improve sepsis care at his trust gave his colleagues performance data on sepsis care bundles – no real change. And then he tried a different route, confronting clinicians with real patients, going to Dr Smith and saying this patient Mrs Bloggs had poor outcomes and antibiotics not given in first hour and so on, and that’s when the change came. The stories can’t be the sole basis of an article; you need data and research as well. I always look in my journalism for systemic issues but I use an individual family to illustrate a wider issue. Once you’ve got the audience to engage with that one family and then you tell your reader they are just one of a hundred similar families, I think it carries much more weight. You’ve already got their attention.’
Why do stories matter?

Stories are the telling of events in a structured way. This is done by choosing what order to tell events and what to leave out or keep in, using narrative skills to keep audiences entertained and interested. There is now a well-established theory and science on the power of storytelling. Evolutionary biology, neuroscience and psychology all tell us how we humans are wired to enjoy stories and to share social information. As Brian Boyd and other scholars of narrative have noted, communities have always used stories to solve problems, alert each other to danger, share advice and make sense of the world together (Boyd 2009).

Some of my favourite non-fiction books have involved expert storytelling. This includes oral histories on the great depression by Studs Terkel 50 years ago (Terkel 1970). His skilful selection, editing and ordering of first-person accounts show us the complexity and richness of everyday lives, more compelling than a novel. Juxtaposing the reports of lean times for the broker, the seamstress, the linotype operator, the Pullman porter, the coalminer he gives voice to the extraordinary ordinary. Oliver Sacks invented a new genre popularising neuroscience with his compelling case stories. Who can forget the eponymous hero of the book on the man who mistook his wife for a hat, whose brain had stopped being able to understand what his eyes were seeing? (Sacks 2014). Atul Gawande’s account of the death and dying of his father and the way in which it challenged his received ideas of what modern medicine can and should do is stimulating, moving and profound (Gawande 2014).

Medicine and healthcare of course lend themselves well to storytelling. Rita Charon as a physician developed a field of narrative medicine and explains what that means with numerous examples from her daily practice. She argues that doctors and other professionals ‘need the expertise to listen to their patients, to understand as best they can the ordeals of illness, to honour the meanings for their patients’ narratives of illness and to be moved … to act on their patients’ behalf’ (Charon 2008: 3). In this way, the patient–clinician consultation becomes the place where stories are forged, with patients offering up clues and fragments and professionals reading cues and subtexts to arrive at
diagnoses or accounts which make sense in managing and living with their problems. She tells the moving story of a patient, Luz, who irritated the doctor with repeated demands for disability claim signatures for headaches before the uncovering of the real story of persistent family abuse.

As humans, we can relate more to the single story than the general. The skill is to select the individual example or story which illustrates and resonates with a wider message. In his book on how organisations make sense of information, Karl Weick starts himself with a powerful story (Weick 1995). He relates how long it took before the medical profession recognised harm to young children caused by deliberate parental violence. A radiologist in 1946 noted through X-rays a surprising pattern of injuries (or set of cues) which could not otherwise be explained except by intentional assault. But this hit a ‘professional blind spot’, with paediatricians overestimating the likelihood that they would have spotted parent-inflicted harm and radiologists not directly connected to families or doctors with direct contact with children. The original finding was published in a radiology journal not read by paediatric doctors. It was not until 1961 that there was medical recognition of ‘battered child syndrome’, through gathering together locally reported cases which could be seen as a pattern.

His story illustrates several themes of sense-making from professional siloes and identity to the social act of interpreting data. Weick shows how individuals and organisations use stories to illustrate and embody wider themes:

Stories are cues within frames that are also capable of creating frames. Ideologies, paradigms, and traditions are known by their examples, not by their abstract framing principles. When people are asked to describe their ideology, they start with examples that imply patterns of belief within which these examples make sense. Stories that exemplify frames, and frames that imply stories, are two basic forms in which the substance of sensemaking becomes meaningful. (Weick 1995: 131)
There are now platforms for storytelling, like TEDx events, for researchers and scientists to reach much wider audiences. For example, check out a young Irish environmental scientist, Fergus McAuliffe, telling the story of how the wood frog freezes to life, not death. The talk itself is a masterclass in good communication.

A carefully chosen story, which has wider cultural resonance, helps to connect your findings to your audience in powerful ways. In telling a story, we offer up an experience which may arouse in you interest, curiosity, pity, shame, recognition or fear. The advertising industry, using the science of persuasion and communications, understands this. In the words of Don Draper in Mad Men, every great ad starts with a story.

**How do stories work?**

In a readable account of the science of storytelling, Will Storr notes that ‘story is what brain does’ (Storr 2020). He identifies some essential elements of stories. One feature is change, which can cause surges of neural activity as our brains are on constant alert for potential risks or new situations where we might need to act differently. This is particularly true of unexpected change, which focuses our brain’s attention on the fundamental question of story – ‘what’s happening?’. These dramatic turning points incite our curiosity and stimulate us to want to fill in the information gaps. This relationship between curiosity and knowledge is a critical aspect of stories and why they matter to the researcher.

To reduce it to the very basic level, stories need plot, character and setting. They also often share the element of singularity – that is ‘the new, never seen’. **Plot** is not just a series of unrelated events, but the way these are ordered and linked. The engine of narrative is to find the relation and association between events. This is what Peter Brooks, in an early study of narrative fiction, described nicely as ‘the organising line, the thread of design’ (Brooks 1984). In a classic three-act form, this might take the shape of crisis, struggle and resolution.

There are many guides for writers analysing the structure and architecture of successful fiction. These range from the classic three-act form of crisis, struggle and resolution to Joseph
Campbell’s formulation over 70 years ago of 17 archetypes or sections of plot setting out the hero’s journey (Campbell 2008). But these formulae do not help the health service researcher wanting to present their findings in an engaging way. Helen Sword in her excellent primer on stylish writing for academics suggests that in telling the story of your research, you can choose how you frame it (Sword 2012). You may begin with the research question and why it matters to you (the researcher’s story), a historical account of previous research (the backstory) or an example of how this research has changed lives (the impact story). At different times, you may want to use all of these lenses through which to see your research.

It helps to think of the main argument of your research. The science journalist Tim Radford has developed some guiding principles for science writers. One is that a story should only ever say one big thing. On the one hand, go big with a line of argument or organising principle. But on the other hand, stay focused on a thread. He makes a nice analogy: So if an issue is tangled like a plate of spaghetti, then regard your story as just one strand of spaghetti, carefully drawn from the whole. Ideally with the oil, garlic and tomato sauce adhering to it (Radford 2011).

In terms of stories which resonate, plot only matters when it comes into contact with character. As Storr notes, the job of the plot is to test the main character. This is what makes stories connect to the reader – the challenges facing characters exposes their vulnerabilities and worldviews which are flawed and individual. We are endlessly fascinated by other people and their life stories. What does this mean for the researcher? It comes down to another key principle, articulated by Jon Sutton, the editor of a psychology journal – put the people back in. Giving human examples and personal anecdotes helps readers connect, care and be curious – enough to carry on reading to the end.

If plot and character (or human element) are essential ingredients to powerful stories, setting is the third factor. Good storytellers provide the reader with concrete and well-realised settings. Thomas Newman describes a campaign for infant safety
seats on aeroplanes, fuelled by the first-hand account from an air steward setting the scene before an accident happened: ‘It was a golden July day when disaster struck’ (Newman 2003). We know from Storr that our brains are wired to evoke images and create mental models using all our senses if we are given a cue by some vivid descriptions. For researchers this might mean a personal anecdote of the environment in which data was collected or observations were taken – the beeping of machines in the intensive care ward or the hedgehog toy on the bed of a care home resident. Details matter and help to evoke a scene – the reader’s imagination can do the rest. Again, in the words of Don Draper:

The greatest thing you have working for you is not the photo you take or the picture you paint. It is the imagination of the consumer. They have no budget. They have no time limit. And if you can get into that space, your ad can run all day. (Mad Men, Season Six, Episode 4: To Have and To Hold)

Stories versus science?

There is a paradox here in the human element of stories and the power they invoke. I worked in the field of patient safety some years ago and the movement or field of knowledge was charged by a series of stories. Each one was tragic as they described individuals, often children, who had been harmed as patients in incidents which could have avoided. This included the case of Wayne Jowett, a teenager who died from a wrongful intrathecal injection while receiving chemotherapy. Martin Bromiley tells the heartbreaking story of his wife who died from a series of avoidable blunders while undergoing a minor sinus operation. The physician Thomas Newman in a powerful article (Newman 2003) describes a rare but overlooked condition of kernicterus in babies which led to the permanent and devastating disability of Susan Sheridan’s son Cal. This led to an effective campaign, spearheaded by Susan Sheridan’s compelling personal testimony, for screening all newborns for high bilirubin concentration.
The risks which Thomas Newman sets out are that powerful stories can overshadow the science. As he says:

The trouble with these compelling stories is that their apparent simplicity and focus can lead to the neglect of complicated considerations of what else we might do with our resources, and how we should make these decisions. A problem for those promoting evidence based policies is that we are at a disadvantage when we cannot identify the specific people who would benefit or be harmed. (Newman 2003)

The apparent simplicity of the solution and the power of the testimony can blur the complex decisions for policy and practice. In the case of kernicterus, the context in which Cal’s condition had not been identified was concern about overtreatment of neonatal jaundice in the 1990s. The corrective, prompted by stories like Cal’s and medical malpractice cases, led to action which in itself bore risks of exchange transfusion and overtreatment. The answer is not to return to dry academic or technical language. Newman and others note how public health and medicine need to harness the power of stories, getting better at shaping them themselves or enlisting the help of those who do it well.

What can we learn from journalists about telling a story?

Box 8.2: Research example – air quality

Breathing better air

Some researchers build relationships with particular journalists over months or indeed years. Sir Stephen Holgate, a leading researcher and clinician on allergy and asthma, made a connection with Ben Webster, the Environment Editor for The Times. There were many exchanges and collaborations with a wide range of scientists and researchers. This fruitful partnership resulted in a longstanding Times campaign on air pollution
and human health, in which the journalist scanned the national and international press to ensure a story every day on the topic. Speaking to me, Sir Stephen said, ‘This campaign reached places I couldn’t from my laboratory or clinic. I have worked with Ben Webster for many years and we shared a mission in improving air quality, based on the evidence. But we worked together, learning from each other.’

Journalists are skilled in setting the scene and telling a story in a way which stays with the reader. A newspaper account of the error which killed the wife of Martin Bromiley, the patient safety campaigner mentioned earlier, starts with this devastating opener:

When Elaine Bromiley was admitted to hospital for a routine sinus operation her family kissed her goodbye and said they would see her soon. But this would be the last time they saw her conscious – Elaine, who was just 37, died 13 days after the surgery as a result of complications that could have been avoided. The mistakes by NHS staff robbed her two young children – Adam, four, and Victoria, five – of a mother and set husband Martin on a quest to change the culture of healthcare in the UK.3

This vividly sets the scene for the account which follows of a movement to change processes, cultures and practices in the NHS. But it starts with a human story and the everyday which turns to irreversible loss. We need to understand the pull of stories in order to be good communicators.

But researchers have responsibility to be true to the science, as well as engaging interest. The experience for a midwife of one rare but catastrophic missed diagnosis of pre-eclampsia will overshadow a hundred normal births. This is a common and well-recognised cognitive bias for us all – we remember the stories, especially those rare events with disastrous outcomes, happening to those near to us more than we do the facts on risks and probability. In my neighbourhood, the news of a woman trampled by cows while running on a route I use sticks in my
mind more than the greater number of local people harmed in road traffic accidents. We need to balance the emotive appeal of stories with the wider sense of what our study means as a contribution to a body of knowledge.

**Tools of persuasion**

We can learn from behavioural science in understanding more about how people respond (or not) to reward, incentives and what makes them change. It is also helpful to look at evidence on persuasion and social marketing. This includes classic primers, from the 1923 handbook by top advertising man Claude C. Hopkins who invented brand images and test marketing (Hopkins 1923). He also understood subliminal messaging and the power of suggestion, noting that people are best coaxed not driven. This takes a new turn in more recent work – including the new field of neuromarketing – such as *Brandwashed* by Lindstrom (Lindstrom 2012). This describes in forensic detail how companies generate and manipulate our demand for products, such as the manufactured cues of ‘freshness’ in Whole Foods shops. He also gives an account of the ‘gamification’ trend, seen in the last ten years or so, where companies adopted design principles and motivation drivers. Techniques used in games to generate incentives, rewards and competition could be used commercially to increase demand or markets. Interestingly, public health and other staff are increasingly baking in some of these approaches when designing new lifestyle change programmes (Johnson et al 2016).

Another way of framing this is captured by Larry McEnerney in an informative lecture from the University of Chicago on the craft of writing effectively. He notes that writing is not to communicate your ideas, but to change your readers’ ideas. Your writing only has value for (particular) readers, when they connect to the content. What does that mean as you prepare an output? Avoid putting down everything you know. Instead, focus on the reader and what matters to them. Understanding what motivates particular individuals and groups and what they want to know is a critical part of social marketing knowledge.
Using the media

We live in a digital age where the most precious commodity is attention. Indeed, there is now a growing body of thinkers and writers on the attention economy (Franck 2019). Media providers are skilled at getting our attention and keeping it. They do this by telling us stories and providing hooks which will draw us in and break up the information in a way which keeps us clicking. For some, the subject will be news, celebrities, lifestyle or politics. In other media platforms, the subject is ourselves – or carefully curated and edited versions of ourselves. In all kinds of media, the skill is in telling the stories.

Box 8.3: Interview – Clint Witchalls

*Entertain and inform*

I talked to Clint Witchalls, the health and medicine editor of *The Conversation*, about what makes a good story. *The Conversation* is a news service set up in the UK in 2013 (following earlier launch in Australia) with articles written by academics and researchers. Authors work with professional journalists who help to make the articles more engaging, but content comes from the people who are experts in their fields. As a news portal, content is shared with 22,000 sites worldwide giving a global reach of over 40 million readers a month.

Clint said that what makes a good story was partly the topic – the public appear to have an insatiable curiosity about neuroscience, diet, fitness and, inevitably, sex – but also the way the topic was framed. At the time of writing, top health-related stories on the website ranged from robots in care homes to whether running is bad for your knees. Plus a slew of COVID-19 related articles, from the effectiveness of corticosteroids in treating patients in hospital to the real risks to middle-aged men and likely access for different populations to effective vaccines. He suggested that researchers play to selfish interest – ‘what’s in it for me? How can this help me to lose weight?’ without dumbing down. This might include a quirky anecdote worth passing on at dinner – ‘Did you know how many words a three-year-old remembers?’ – as well as headlines which describe the
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study and its findings – ‘grammar schools do nothing for social mobility’. This is important for busy readers on mobile phones to get the gist of the story quickly. But also to optimise the chances of your study being found by people doing general searches on the internet.

Other tips from Clint include creating a line of argument, with four or five main points building up to a story – not just a string of unrelated facts. Make a compelling story with attention-grabbing statistics or quirky facts. And bring yourself in – why did you spend time on this? What findings were unexpected? What did you feel? A researcher working on calcium channels was motivated by the unexpected early death of his beloved uncle from a heart attack. In learning and understanding information, people use their senses to take in and make sense of information – so describe what the laboratory smelled like where you were working or the noise on the hospital ward when you were shadowing nursing staff in an ethnographic study.

In terms of using language, use concrete nouns rather than abstractions (‘process, remuneration systems’). There is a fine balance to strike between being rightfully sensitive to concerns, for instance using phrases like ‘people taking their own lives’ rather than ‘committing suicide’ which suggests a crime. At the same time, researchers must not get too hung up on technical correctness when reaching general audiences. Clint for instance talks about tussles with academics stressing ‘live virus’ which may not be needed for the public at large. I remember a researcher challenging a headline we produced at our evidence centre on a non-inferiority trial where the headline suggested equivalence for two treatments. Somehow the title ‘x is judged to be no worse than y under controlled circumstances’ has less of a ring to it than ‘x broadly the same as y’. The judgement is knowing when to let go of the last degree of accuracy in the interests of wider engagement. As Clint says, the first and last rule of journalism after all is – ‘don’t be boring’.

We have always known that television, newspapers and other media are very effective in amplifying and communicating research to wide audiences – and indeed, to the academic community. In an interesting analysis 30 years ago, it was found
that research from a high-impact academic medical journal covered in the daily press (The New York Times) was twice as likely to be cited by other scholars (Phillips et al 1991). This effect was not apparent during the period of a strike by the newspaper, providing a natural experiment to study the effect of newspaper coverage on citation rates. The power of the media to enhance the impact of research has been given extra charge in recent years with the growth of social media platforms and activities.

**Using social media**

Researchers who want to reach wider audiences need to develop skills and competence in using social media. There is good science to indicate the effect that social media can have. For instance, a trial on the use of Twitter relating to Cochrane schizophrenia reviews showed more visits to review pages (Adams et al 2016). Importantly, readers also stayed longer reading the research when directed by accurate Twitter messages rather than stumbling across the research online. If you want to communicate your findings well, social media is an important set of tools at your disposal.

There are useful guides on making the most of new media channels, from Facebook to LinkedIn to Twitter. For social science and health researchers, helpful resources include the toolkit for communicating research produced in 2017 by the Health Foundation [www.health.org.uk/publications/communicating-your-research-a-toolkit](http://www.health.org.uk/publications/communicating-your-research-a-toolkit) and the Economic and Social Research Council (ESRC) guide to social media for researchers [https://esrc.ukri.org/research/impact-toolkit/social-media/using-social-media/](https://esrc.ukri.org/research/impact-toolkit/social-media/using-social-media/).

Twitter is one of the most useful platforms for academics to engage more widely. Many people start by following a number of influencers and ‘lurking’ before they send posts themselves. You need to find the influencers and people whose threads you find interesting, trying to broaden your range to include diverse opinions and those outside your professional tribe. It is useful to forward and comment on other tweets and content, as well as generating your own content. Those who only ‘broadcast’ their own output, or promote their own organisation, are not making the most of Twitter or being a generous member of the online
community. A good rule is to only post one tweet about your own work to every four or five where you are liking, responding to and sharing content of others. It can also be a valuable resource to ask questions and crowdsource information or identify new experts. The best opinion leaders on Twitter signpost material from a wide range of sources, offer opinion and connect people from different spheres.

Twitter can also be a source of ‘play’ and creativity. I saw a thread started by Emma Nuding, a medieval scholar at York University in June 2020 where people were asked to summarise their PhD theses in four words (see Figure 8.1). Different responses caught my eye and left me wanting to read more.

Using humour, surprise and curiosity is a feature of good communication. In April 2020 during the first stage of the pandemic, Doncaster Council had a Twitter campaign reinforcing the need to follow government advice to stay at home during lockdown. The tweets told a seemingly unrelated history lesson of how 50 years earlier Oregon officials had struggled to remove a rotting whale carcass from a public beach. In a thread of 11 tweets, with humorous video and images, it told the story with a message which hit home – ‘don’t ignore expert advice’. It achieved more than 130,000 impressions (likes, retweets and comments) with a total engagement over April above 4 million and over 13,000 new followers to @MyDoncaster. Not bad for a corporate account selling a public health message.

As the term suggests, the essence of social media is that it is social. Rather than just seeing Twitter or other platforms as a way of sharing or broadcasting your work, you need to engage and make connections with people. It is a social process. In Chapter 4, I mentioned the work of Teresa Chinn (Box 4.7) who set up the @WeNurses Twitter account, which now attracts nearly 100,000 followers who are mainly nurses. The platform is a lively mix of links to useful resources, information and facilitated Tweetchats on big issues of the day, from burnout to breaking bad news. It also drives social media campaigns, such as an initiative to support nurses getting more active and looking after themselves. Teresa, who is herself a great communicator, talks about the ‘reciprocal acts’ of engaging on Twitter and
makes a point of replying personally to each tweet and keeping the conversation going. For her, one of the ways in which she connects with nurses on Twitter is by celebrating people and activities as well as informing, sharing and learning. This might mean telling stories about a difficult day working in a care home or completing a master’s while looking after small children.
Authentic connection – bringing your whole self in (or at least a good part of it) – is key to keeping people engaged.

A useful resource is the kudos platform (www.growkudos.com), launched in 2013 as a free service for researchers. It works by creating ‘profiles’ for your published articles and makes it easier to share your findings and track impact on social media. The activities of this platform are three-fold:

- **Explain:** researchers are asked to write two simple paragraphs about their study: ‘What is it about?’ and ‘Why is it important?’
- **Share:** for each study profiled, the platform helps researcher to share content across social media and links across discovery channels (like search engines and subject indexes) so it can be found more easily.
- **Measure:** article-level metrics from number of people downloading the paper, citations, tweets and interaction on social media plus other measures of impact.

Your university and organisation communication departments will provide other valuable advice on promoting and targeting your work. In our evidence centre, our communications team taught me a lot about audience segmentation, marketing and digital communications. In particular, they changed how we framed our evidence summaries, looking for ways of making them more likely to be found in online searches. This is known as Search Engine Optimisation or SEO and by using tagging and keywords, you can increase what is called the ‘organic search traffic’, that is, people finding your paper by putting in a general query on Google or similar. Academics like Bev Holmes have noted the overlooked importance of strategic communications in disseminating and promoting research (Holmes et al 2017). In a rapidly changing world, communication teams are likely to have more up-to-date knowledge on social media behaviours for particular target audiences. Is Facebook, LinkedIn, Instagram or Twitter most popular for who you want to reach? Ask your communications colleagues for help in framing and tagging your research to broaden – or indeed, target more narrowly – your digital audience.
It is also important to keep visible and maintain your personal profile as a researcher. You can use research identifiers like ORCID to link you and your outputs to any related discussion or online activity. You may also want to think about creating a visual identity for your project and an attractive project website. This could include important research outputs, including summaries, but may include other material such as a recorded webinar on YouTube. You can share conference presentations or posters using repositories like SlideShare, Figshare or Zenodo. While these will probably be used mainly by other researchers, you can think about wider engagement at science festivals, TEDx talks, roadshows, science slams or science cafes.

You can evaluate any new approach you try by using analytics, easily available for any platform. This will give you a sense of who you are reaching (number of downloads or post/link clicks); their response (number of likes, comments, replies or retweets); and rates of engagement (the proportion of likes/comments to the total number of times a tweet or post is seen). In social media marketing terms, a rate of 1 per cent is seen as good in terms of engagement. Get used to trying new formats, using photographs or data visualisation tools, and monitoring and evaluating what difference this makes to your digital footprint. Mastering the basic tools of social media is important for an engaged scholar in the 21st century. But you can start by small steps. On a platform like Twitter, follow other people who have something interesting to say and notice what works well. You can try out a few tweets using different formats and content to see which stimulate interest and debate.

Using a range of media

Different kinds of media channels and formats can be used to get across the main findings of your study to different audiences in different ways. One health services research project (Box 8.4) made use of a range of media to share findings about the experience of hospital patients with dementia.
Box 8.4: Research example – understanding inpatients with dementia

Refusing care and how it happens

One health services research project used a range of media channels and formats to tell the story of their research. This was a three-year observational study led by Katie Featherstone at Cardiff University in which researchers shadowed staff and patients in hospital wards (Featherstone et al 2019). The aim was to find out more about the ways in which patients living with dementia ‘resisted’ everyday care, from food to medicines, and included staff perspectives to identify what ward staff might be able to do differently. The study found that patients living with dementia frequently refused essential drugs or fluids. Sometimes they actively resisted, for instance pulling out intravenous lines or catheters. But researchers noted that standard ward routines and the containment practices by staff – whether repeating instructions in loud voices or raising side rails to confine patients to beds – often triggered greater resistance and anxiety in patients living with dementia. Researchers observed these damaging cycles of stress and their impacts on patients and families and ward staff. They also noted that ward staff often attributed resistance to the condition of dementia itself, rather than the responses of individuals to the organisation and delivery of their care.

This research was shared in a number of ways. A prime target audience were busy ward staff themselves, with practical take-home messages to improve care. The researchers worked with dementia specialist nurses and general ward staff to develop and implement some simple interventions at ward level, for calming and responding to individual needs of patients living with dementia. But the researchers also wanted to reach people with dementia, families and carers, and the general public. Given that over a quarter of hospital patients also have dementia, most of us will have relatives or friends living with dementia who need hospital care. Katie Featherstone, the lead investigator, worked with contacts in film and media to produce short films of people living with dementia and carers talking about their experiences of a hospital admission, and vignettes of patient and staff interaction on wards as training resources. Content was also produced in films of under a minute for use on Facebook,
Instagram, and Twitter and shared at annual festivals during dementia awareness week. These short films were also used to bring alive the research findings, which led to the final report being featured on the BBC and other national and regional television and radio, as well as a range of print broadsheet feature articles and coverage in professional press. In turn, this led to the Department of Health and Welsh Government providing written statements in response to the research. This whole ambitious programme of communication and engagement was overseen by a network of around 50 patients, carers and ward staff, who supported the research programme.

The art of blogging

The blog or blog post is an informal article which is a great way to tell the story of your research. Blogs are informal, conversational, entertaining. Academic blogging platforms, like The Conversation https://theconversation.com/uk (Box 8.3) for all kinds of research or Mental Elf (www.nationalelfservice.net/mental-health/) for more targeted interest, provide curated sites for researchers to post interesting content on their research. Individuals can also set up their own blogging sites using software like Blogger (http://blogger.com/) or WordPress (http://wordpress.com/), but will have to take active steps to create and sustain audiences. You can also post guest blogs through your university or with partner service organisations and networks in your field. Multi-author and group blogs are a good way of reaching across disciplines and breaking down siloes of knowledge (Dunleavy and Tinkler 2020) although there are trade-offs between strengths of collaboration and dilution of personal voice.

There are no set rules for blogs, which range from unstructured opinion pieces to forms like ‘listicles’. This has become rather hackneyed, but often does the job in attracting reader attention, by organising your findings in list form such as ‘Ten things you didn’t know about what works in improving life chances for care leavers’. Although there is no absolute wordcount limit, blogs are best when relatively short, at around 600–800 words. They
are often framed around personal accounts or anecdotes, single threads of interest and connections across subjects. The form is aimed at general debate and readers, so most avoid references or add embedded links to source material. But good blogs rest on the authority and voice of the writer, so over-generalised statements without foundation should be avoided.

As Clint Witchalls noted (Box 8.3), unexpected facts or nuggets of information can be useful to draw the reader in and start the story. Blogs also often use paradox and reversal. This for instance is a post I wrote on the importance of social science research at a time of pandemic – but opens with a (real) story undermining its importance:

I remember being at an academic gathering of healthcare social scientists a few years back. A lot of withering talk of the dominant paradigm of biomedical research and the limitations of positivist thinking. Then one of the delegates had a heart attack. Complete panic until someone said, ‘I’m a doctor, a real doctor’, and not one of those proud sociologists demurred. I’m glad to say, the person recovered, in no small part due to the quick attention of the physician. But we all felt a bit humbled. It was hard to see how an epistemic framework could have saved a person’s life.6

The great advantage of the blog is that the researcher can control the content. This minimises risk of distortion or spin. But there is an art to good blogging, and those starting out can work with journalists and others to get feedback and learn how to both entertain and inform.

**Picture worth a thousand words**

It is increasingly important to think **visuals** when telling the story of your research. A recent book (Engebretsen and Kennedy 2020) looks at the way in which pictures, maps and innovative graphic forms can bring to life complex data. This can help
in conveying multiple relations of data on space, population, health and behaviours in an efficient way. It is also a way ‘to produce meanings, feelings and engagement’ (Engebretsen and Kennedy 2020: 22). People tend to think of graphs and computer-generated images based on big data of different forms. But some of the most powerful use of data visualisation is hand-drawn, such as that used by the data journalist Mona Chalabi (www.monachalabi.com). Her detailed and beautiful drawing of a hundred New York residents, true to the demographic data, their risk of COVID-19 infection and the interplay between race, poverty, overcrowding and other factors conveys much complex information in an elegant and engaging way. This may be beyond most of us, but researchers can check out free resources such as DataHero, Canva or Plotly and play around with different ways of presenting results which are accurate and arresting.

Infographics are a way of summarising headline findings and graphics in a single chart. These can present complex data in a visual way and can be shared easily on social media. As with text, economy is all – identifying one or two ‘killer facts’ which illustrate the central argument is as important as the artistry. There are some nice examples by thinktanks and government departments, including the bold and arresting graphics from Public Health England illustrating the cost to the economy of lower back pain (Figure 8.2).

Imaginative ways of telling stories are not just about slick packaging and use of arresting infographics, animations or memes. The medium needs to be appropriate for the message and the audience. In earlier chapters, I looked at particular channels and platforms for reaching particular target audiences, including partnership with professional bodies to get research to practitioners. Identifying and tagging important online communities of advocacy groups, patients, professionals or policy analysts is essential for targeted and effective communication strategies. But as well as this targeted activity, social media is also a great way of reaching a range of people who might not otherwise come across your research. To do this, you need to distil your findings into a compelling message. And find the story which will make them want to read more.
**Figure 8.2: Use of infographics**


**PRACTICAL POINTERS FOR USING MEDIA AND STORIES**

**Write a blog**

Write a blog on your research in an anecdotal or conversational style. You might want to tell a personal story explaining your original motivation to do the research or recall an encounter or visit during your fieldwork which struck you or some struggle in the course of the project which stimulated new thinking. Bring in the sounds and sights and smells where you can. Make it all about the people. Add some compelling facts or data – anything unusual or unexpected? Start with the main point of interest and then expand. Keep sentences and paragraphs short and make the piece easy to scan. Link to relevant images, videos and other multimedia content, as well as source references but keep the text clean and
simple. You want to start a conversation, so ask readers questions and respond to comments. Before you post a blog, share it with a friend or colleague – or better still, an editor or journalist or communications officer – and revise.

**Tweet all about it**

Make a headline of your main findings – or a short tweet of no more than 140 characters. Then go one step further and summarise your study in a tweet of just four words, making it as playful as possible. Construct the story of your research as a tweet thread, with 6–10 individual tweets ordered to follow a line of argument. Tag people who may be interested and use hashtags to relate content to relevant online discussion and events. Monitor the effect of this, using analytics to see if people retweeted, commented or visited your source research paper or project website.

**Stand up and talk**

Create a TED talk of 18 minutes or less (preferably less) about your research. Try one version without any slides or visuals. Open with an anecdote or personal story. Start big or start small. Watch other talks to see how effective presentations are structured (even if they appear not to be). There is no single style, but it is striking how some of the most viewed talks appear to go against the grain of what we think of as effective public speaking. What the speakers have in common is they are authentic and true to themselves and are enthusiastic about their subject. People often use humour and connect to the audience with common experience, but also insert surprising and unexpected information. Think about starting with a paradoxical image or fact. Keep in mind three top line findings from your research which you want the audience to remember. Don’t overload the audience with detail and data. Structure the talk, perhaps ending with a return to the opening premise now seen in a different light.