Why should public contributors care about knowledge mobilisation?

A blog by Mala, member of the knowledge mobilisation public advisory group.

First hearing the term 'knowledge mobilisation'

When I first heard the term "knowledge mobilisation" I found it quite abstract and academic. It sounded like one of those research phrases that may make sense to people already working in research or policy but does not immediately tell a public contributor where they fit or what they could contribute.

The word "knowledge" can sound as though it belongs mainly to academics or professionals, while "mobilisation" can sound like a system, strategy or policy term. Put together the phrase did not initially feel very accessible.

What helped me understand it better was thinking about what happens to research in real life. Research does not create change just because it has been published and people still need to be able to find it, understand it, trust it and use it. For me knowledge mobilisation is about helping research evidence reach the people who need it and ensuring it can be understood, trusted and used in ways that improve health and care.

I have also learned that knowledge mobilisation is not only something that happens at the end of a research project. Public contributors can support it across the whole research cycle from helping shape the original questions to thinking about how findings are shared, understood and used in practice.

What helped it make sense

I joined the Knowledge Mobilisation Public Advisory Group around a year ago, the group is still relatively new, so these are early reflections, but being part of it has helped me understand Knowledge Mobilisation in a more practical way as it has shown me that this work is not simply about sending information out. It is about asking whether evidence reaches the people and communities it is meant to support, whether it makes sense to them and whether it can be used in the real world.

One thing I noticed when reviewing existing resources and discussing the website was how easy it is for information to become text-heavy or academic without meaning to. A resource may be useful in principle but still not feel welcoming, practical or accessible to someone who is new to research or less familiar with the terminology

and can leave public contributors thinking, “What is my role here?” or “Is this really something I can contribute to?”

That is why public contributors should care about knowledge mobilisation as research may identify a better way to improve health and care, but that does not automatically mean it will reach patients, carers, communities or services. Findings can remain in academic papers, reports or professional networks, even when they could be useful to people.

An everyday example might be a research project that shows people need clearer information before an appointment or a different way of being invited into a service. Knowledge mobilisation would not just mean publishing that finding. It would mean working with patients, carers, staff and services to think about how an appointment letter, care pathway or public resource could change in practice.

Sometimes the benefit may be indirect. Knowledge mobilisation may improve a process, professional practice, service pathway or resource rather than direct patient care, but if that helps services work better and makes information clearer for people, patients and communities can still feel the benefit.

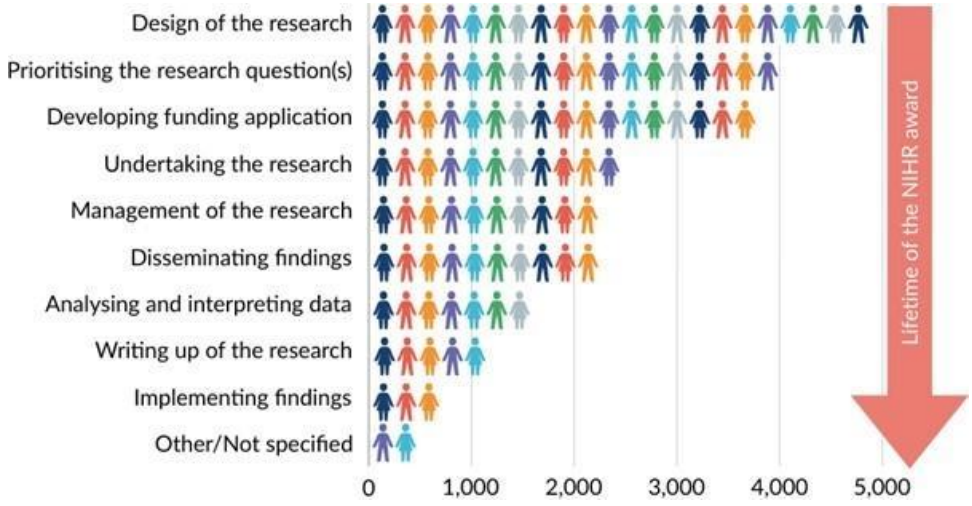
Why public involvement should not stop at publication

A graph that was shared with me from the **National Institute for Health and Care Research (2023)** makes the point clearly. Public involvement is much more common at the beginning of research such as research design and developing research questions, but it reduces in later stages such as writing up and implementing findings.

That matters because these later stages are where research often needs to be explained, adapted, shared and used.

Public involvement should not be a front door that closes at publication.

The number of reported involvements of patients and the public by type of involvement at each stage of the lifetime of an NIHR award



What public contributors can add

Public contributors can help bridge the gap between evidence and real-world practice and we do not need to be technical knowledge mobilisation experts to make a meaningful contribution - we bring lived experience and practical questions that may otherwise be missed.

For example, we can ask: Who is this information for? Would people understand it? Would they trust it? Is the language clear? Is it accessible? Does it reflect real-life pressures and barriers? What might stop people using it? What would make it easier? These questions are not minor details as they can affect whether research findings are actually useful to the people they are intended to support.

Accessibility, trust and feedback

Accessibility and inclusion are also central to this. They are not additions to consider at the end because they are part of whether people can participate in knowledge mobilisation at all. For me, this includes practical things such as receiving materials in advance, using plain language, having clear meeting structures, having different ways to give feedback and being able to share afterthoughts later.

This matters because not everyone processes information, communicates or reflects in the same way. Sometimes people may not feel ready to contribute to the meeting itself but they may have an important thought afterwards and I often find that I need time to process information and think through what has been discussed and by having a route to send afterthoughts or ideas later can make involvement more meaningful and more inclusive.

Trust is another important part of this, whether people engage with research or health information can be shaped by previous experiences, culture, stigma, language, accessibility and whether they feel seen and understood. Public contributors can help raise these issues early before a resource or message has already been finalised and can support knowledge mobilisation in many practical ways. We can review plain English resources, identify unclear wording or assumptions, advise on accessibility and different formats, help tailor resources for different audiences and raise barriers that professionals may not immediately see.

From my own experience so far, my involvement has mainly been around reviewing existing resources about knowledge mobilisation, discussing gaps and thinking about how public contributors could be better supported to understand and take part in this work. I would not claim that our group has directly tested every approach with communities or directly influenced implementation outcomes yet. However, I can see an important role for the group in drawing together learning from National Institute for Health and Care Research (NIHR) Applied Research Collaborations (ARCs), Knowledge Mobilisation Fellows and others working in knowledge mobilisation including what has been tested with people with lived experience, what worked well, what had the greatest impact and why.

Sharing that learning more widely could help public contributors, researchers and services understand how knowledge mobilisation works in practice. There is a real difference between asking public contributors to comment on a finished resource and involving us early enough to shape whether knowledge can land well.

One overlooked opportunity is creating a clear feedback loop as public contributors often give time, thought and lived experience but it is important to know what happened next. What changed because of public involvement? What was not changed and why? That feedback is not only about feeling heard, it is also a learning and accountability mechanism because it helps contributors and teams understand whether involvement changed the reach, usefulness or eventual impact of the work.

Why public contributors need to stay involved

For me, knowledge mobilisation is about more than moving research from one place to another. It is about making sure research does not stay locked away in academic or professional spaces when it could support better care, better decisions, better systems and better understanding.

Public contributors are not simply an audience for knowledge mobilisation. We are part of how it happens.