25

Performing Impact in Research: A Dramaturgical Reflection on Knowledge Brokers in Academia

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Background

Knowledge Brokering: Opportunities and Challenges

The need for closer interaction between those working in public health policy and practice and researchers has long been recognised (Institute of Medicine, 2001). However, the ways that public health practitioners can effectively relate to and interact with university researchers to support the development of evidence-based practice are not clear. The difficulties for collaborative research have been well documented in previous research (Whitty, 2015; Oliver et al., 2014; Krebbekx et al., 2012) and suggest a need for opportunities and spaces for researchers and public health practitioners to work together to generate research findings of greater utility to public health practice.

Dedicated roles, such as knowledge brokers and 'knowledge exchange professionals',[1] have been created, both within universities and in 'end user'

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[1] A variety of titles for these roles exist in practice, such as information intermediary, knowledge translator, knowledge broker and innovation broker. I use a collective term, K* (KStar) roles as suggested by Shaxson et al. (2012); however, a defining key task of the role is to facilitate and enable the use of research evidence (and other types of information, e.g. local statistics) in decision-making processes, i.e. they mobilise evidence.

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organisations, to support this process. Several studies (Knight & Lightowler, 2012; Wright, 2013) have pointed out the difficulties faced by knowledge brokers. Research in which the post holders reflect on their experiences highlight structural issues around professional boundaries, organisational norms and career pathways (Chew et al. 2013).

Academics seconded into practice report role ambiguity and challenges around management and accountability, recognition and integration, and professional support and development within their academic settings (Knight & Lightowler, 2012). Likewise, health professionals taking up (part-time) posts within universities emphasise lack of time and space for reflection on their own practices within their clinical settings (Wright, 2013). My own experiences relate to my role as a Knowledge Exchange Broker within Fuse, the Centre for Translational Research in Public Health. Fuse was established in 2008 as one of five public health research centres of excellence in the UK, funded by the UK Clinical Research Collaboration. A prime focus of the Centre is the translation of the research produced into usable evidence. The role of Knowledge Exchange Broker (KEB) was created to facilitate this process.

An Institutional Knowledge Brokering Service: Introducing AskFuse

A major part of this role was to develop and sustain the AskFuse service. This rapid response and evaluation service for policy and practice partners was launched in June 2013 in the North East of England to provide policymakers and practitioners with an easy-to-access portal for public health evidence. Anyone with an interest in public health (e.g. health service providers and commissioners, local government, national infrastructure organisations, and voluntary and community sector organisations) can contact the service with an enquiry, either by email, phone or by completing an online form. In an initial conversation, the KEB explores the needs of the enquirer in more detail; the nature and timescale of any further work is then agreed (with no obligation or fee), resulting in a research brief. The costs of any work are agreed, and outputs discussed at this stage. The KEB then liaises with Fuse senior investigators and staff at the five universities in the North East of England (Newcastle, Northumbria, Durham, Sunderland and Teesside) to identify capacity and skills to develop, commission, lead and undertake research projects that address the brief. During the delivery of a project, the KEB liaises closely with the health professional(s) on the progress of

the research and offers opportunities for joint reflection on the data analysis and interpretation of findings to ensure their usefulness for the enquiring organisation.

In the chapter, I will describe my experiences of the knowledge brokering process through AskFuse and highlight the challenges and opportunities that I have faced in brokering knowledge and relationships between academics in the Centre and the policy and practice partners collaborating through the service, summarised in five themes (1. complex and lengthy conversations; 2. limits to collaboration; 3. lack of resources; 4. organisational and personal change; 5. changing evidence bases). When faced with these challenges, I often felt like an imposter. For instance, I had limited knowledge about the subject areas that policy and practice partners were enquiring about, but that did not stop them from knocking on my door as the academic expert that could answer their tricky questions. And I had never worked in public health policy in practice, yet academics were requesting my help in making sense of local public health practice and policymaking to inform their research proposals. In both cases, I felt I had to pretend to be an expert in something I was not but this pretence was required of me to perform my role effectively. What helped me make sense of this role, and its challenges, was applying a different theoretical lens that suggested solutions for addressing these challenges and coping mechanisms for feelings of imposter syndrome in this role.

Applying a Dramaturgical Lens

My theoretical lens draws heavily from Erving Goffman's dramaturgical perspective on social interaction. To Goffman, the world is a stage where meanings are constructed in interactions between social actors or, perhaps more accurately, are performed by people who take on different roles depending on which stage they are performing on at the time.

Goffman (1959) makes a distinction between a 'front and backstage', describing a frontstage as a space where a performance is given; in this case academics presenting their research findings, health practitioners developing and delivering interventions, and policymakers prioritising spending and commissioning interventions. The aim of each performance is to dramatise a reality for an audience; for instance, academics might need to emphasise the rigour, objectivity and independent status of their research, while practitioners will emphasise how an intervention will improve health delivery and quality of care for patients. Decision-makers are more likely to make

a show of the value-for-money that an intervention will provide and how it will benefit local people.

In contrast, Goffman (1959) defines a backstage as an area that is off-limits to the audience and therefore provides a safe haven for the performers to relax, drop their public persona and step out of character. For example, the content of the academic reports and the research process can be intensely debated behind the scenes in various backstage settings between academics, health professionals and policymakers to ensure that the research objectives and findings were embedded in the wider political context. In other words, collaboration and distinction were highlighted at different points in the co-production process to enable each community to explain and sell their work to their peers.

The distinction between front and backstages may thus provide a useful perspective for analysing the process of knowledge brokering between academia, policy and practice. Goffman's dramaturgical perspective allows for conceptualising knowledge brokering simultaneously as a process of boundary maintenance in front of stage areas and boundary blurring in the backstage areas of collaborative research. The need for boundary blurring has been emphasised as an important mechanism for knowledge exchange (Smith & Ward, 2015). What Goffman adds to this approach is a simultaneous process of boundary maintenance between academia and policymakers as a mechanism to establish credibility in the both worlds.

Methods

Data are drawn from conversations with policy and practice partners as part of the scoping of enquiries that the service received between June 2013 and March 2017. Individual conversations with over 150 enquirers and academic supporters were documented in summary notes and all email communications with both were stored to keep a record of these conversations.

These summary notes and emails have been analysed in the first instance using an auto-ethnographic approach. This approach applies a cultural analysis and interpretation of my behaviours, thoughts and experiences in relation to the policy, practice partners and researchers accessing the service. This method was chosen in recognition of the sensitive nature of the dialogues that take place between the Fuse KEB and enquirers and the importance of these dialogues for shaping collaborative research in response to their enquiries.

The auto-ethnographic approach allowed for a safe deconstruction of these conversations, noting down barriers and facilitators from my field texts

(notes and emails) in brokering enquiries through the service, and supporting self-introspection and recall of memories of these conversations. To select memories, I used a series of questions: What helped to bring policymakers and academics together and agree a protocol for a research project? What stopped some projects from advancing or academics from getting/staying involved? My memories were evaluated against these questions, searching for recurrent patterns to analyse and interpret the field texts and related memories.

Findings

Five Challenges of Knowledge Brokering Within an Institutional Rapid Response Service

I identified five themes, representing barriers and opportunities in the knowledge brokering process, which cause feeling of being an imposter, through AskFuse:

1. Complex and lengthy conversations: risk of being exposed of an imposter
2. Limits to collaboration: failing at your job as knowledge broker
3. Lack of resources: not being able to be do your job
4. Organisational and personal change: continuously adapting your role
5. Changing evidence bases: increasing transaction costs for boundary workers

Challenge 1: Complex and Lengthy Conversations—Risk of Being Exposed of an Imposter

The service aimed to create a simple, responsive portal that would open-up the academic expertise within Fuse to policymakers and practitioners working in public health in the North East of England. However, in many cases, enquiries appear at an early stage and it takes considerable brokerage time to develop them to the stage of being researchable projects or to determine what is required, or what would be most helpful to the enquirer. An early illustration of the working of AskFuse as a simple, linear brokerage process through one portal became, in practice, quite complex with a lengthy process of multiple, iterative conversations with various stakeholders around the enquiry and different academics within Fuse. An initial scoping of the project would raise further questions and comments from other parties, including

researchers within Fuse, which would set into motion follow-up conversations to clarify the research brief.

The time-consuming nature of scoping research and the short timescale often available to support decision-making have been acknowledged in other studies (Whitty, 2015; Khangura et al., 2014). However, much less acknowledged are the feelings of uncertainty and risk this presents to the knowledge broker. Feelings of being an imposter are multiplied by the increasing length and complexity of the brokering process; chipping away at the broker's confidence and confirming feelings of inadequacy to deal with the complexity, with the added risk of more lengthy negotiating processes increasing the chance of being exposed as an imposter to various stakeholders and academics.

Challenge 2: Limits to Collaboration: Failing at Your Job as Knowledge Broker

As a portal, the service aimed to facilitate partnerships. However, it became clear that not all business flows through the one portal. I was aware of the presence of pre-existing partnership between individual academics and health commissioners and hoped to build on these partnerships and make them more visible across the North East for other partners. However, some partners retained their preference for working with specific individuals or institutions and did not endeavour to open-up these partnerships to other interested parties or share practices and expertise.

Moreover, there was limited capacity or willingness amongst Fuse academics—outside of a group already traditionally more service-orientated—to respond to enquiries, particularly those with little monetary value. Performance-related pressures within universities means that many academics are unlikely to participate. Small-scale local projects can be difficult to translate into academic articles for peer-reviewed journals (except for papers that are more practical and about collaborative experiences) and any funding secured does not carry the same prestige as a grant from a research council. Many academics are keen to engage with policy and practice partners but are restricted in doing so because these activities are extra, on top of already heavy teaching and research workloads.

The need for better incentives and recognition of this labour in workloads to encourage universities to engage in knowledge translation has been highlighted in other studies on knowledge partnerships between researchers, practitioners, policymakers and the commercial sector (Greenhalgh & Wieringa, 2011). However, the limits to collaboration also put pressure on knowledge

brokers and increases their feeling of 'not being up to the job'; if they are not able to get academics to work with policy and practice partners, then this can be perceived as a direct failing of their role and confirmation that they are an imposter, who lacks the necessarily skills and understanding to do their job effectively.

Challenge 3: Lack of Resources—Not Being Able to Do Your Job

Feelings of 'not being up to the job' are reinforced by the third challenge. An obstacle in many conversations has been the limited availability of funding for research. It has been difficult to disabuse some enquirers (especially in voluntary and community sector organisations) who believe Fuse has a pot of money to fund research and very difficult—where people come without funds—to help them locate sufficient money to have any chance of carrying out their plans.

Consequently, the monetary value of the projects proposed is often quite small. The low value of projects, and the speed with which partners wish projects to be tendered for and then delivered, makes it difficult to accommodate many requests within the academic setting. The mismatch between policy and research timeframes and funding is also emphasised in other studies, showing that research is often published after policy decisions have been made (Oliver et al., 2014; Khangura et al., 2014). Moreover, the lack of resources available within practice organisation for research and evaluation enhance feelings of inadequacy for knowledge brokers. Even if they feel up to the job, they can't effectively do their job because the required resources are not available.

Challenge 4: Organisational and Personal Change—Continuously Adapting Your Role

A significant challenge in the development of the service was the coincidence of its launch with a major public health system upheaval brought about by the Health and Social Care Act (UK Government) in 2012: the restructuring of the NHS and the move of responsibility for commissioning and delivering public health to local authorities. At that time, jobs were lost and people were moving between and out of organisations, making it difficult to maintain existing relationships or establish new ones. Given this state of flux, it has taken a long time for public health partners themselves to be

comfortable with their new positions and to understand their own systems, e.g. procurement procedures within their new local authority settings.

Moreover, each organisation has developed idiosyncratically and thus there is still little consistency between local authorities in the ways in which, for instance, procurement and tendering rules are applied. Changes in the public health landscape, with the disappearance of ring-fenced budgets for public health, are likely to continue in the future and will require ongoing investment of the AskFuse service in relationship building and maintenance. The wider literature confirms that policymakers value the credibility of researchers developed in these trusted relationships (Haynes et al., 2012).

By working at the boundaries of sectors, in between academia and practice, knowledge brokers are much more exposed to change, both at an organisational and personal level, requiring continuous adaptation of their roles and the people they work with. Instead of building expertise and relationships that confirms their role and identify, knowledge broker have to constantly reinvent themselves, keeping them insecure about what the future holds and their place in that future, which does nothing to reduce their feelings of being an imposter.

Challenge 5: Changing Evidence Bases—Increasing Transaction Costs for Boundary Workers

The changes to the public health system, combined with a climate of austerity and unprecedented budget cuts, confront public health professionals and academics with new and urgent questions, not only about the impact and value of their programmes but also about the evidence required to demonstrate this impact. The severity of budget cuts may mean that long-standing services need to be decommissioned to allow new developments to occur.

Public health commissioners and professionals must increasingly demonstrate the added value of their programmes and interventions to other government departments and policy areas (such as transport, education and housing). This has increased the need for investigating the evidence base around the social determinants of health. Public health teams are also progressively tasked with designing complex interventions that draw upon a mixed evidence base and that involve working in co-production with a range of professionals outside health, such as social care workers, and volunteers working in community organisations.

This raises questions about what evidence is valued and how this evidence can be best developed. The need to consider multiple types of evidence has been acknowledged by other studies (Smith & Ward, 2015), arguing that

evidence considered 'gold standard', such as Cochrane reviews, often fail to provide direction to policymakers on which interventions to implement and under which circumstances (Kastner et al., 2012).

However, less known is how the need for different types of evidence affect the transaction costs for knowledge brokers working across boundaries. If the currency of their trade (evidence and knowledge) changes when they cross different borders, this increases the (emotional) work they have to put in to sell the right type of evidence in the right format to the right knowledge user and adapt this knowledge each time they cross a boundary. For instance, local service providers can rarely afford expensive and lengthy trial designs that show effect. They are more likely to afford and put a higher value on the types of implementation advice that comes from qualitative or realist designs, but these have lower currency in the academic evidence hierarchy.

Discussion: A Bleak Picture for Institutional Brokering Services?

The five challenges outlined above to collaborative working on local research projects through an institutional brokerage service paint a rather bleak picture of the role of knowledge brokers and the feelings of uncertainty, failure, insecurity and constant change they presents, inducing and strengthening experiences of being an imposter.

However, I now apply Goffman's dramaturgical perspective to these challenges, which present them in a new light, suggesting that the challenges can be better understood as differences in performances by academics, practitioners and policymakers that need to be effectively managed by knowledge brokers. In doing so, I build on what is known about these challenges in the existing literature and use a new perspective to identify how these challenges arise and could be addressed in an institutional knowledge brokering context.

Managing Performances in Knowledge Brokering

Services like AskFuse provide an important backstage for conversations between academics, practitioners and policymakers, away from public view, where informal conversations can get at the heart of what policymakers want to know or do, and what limits there might be around academics' ability to respond to that (as outlined in challenge 1). Time spent backstage with AskFuse helped not only to negotiate performances but also helped to decide on the staging. What is the real research question (questions

behind the question)? What type of evidence is most valued? What resources are available to conduct the research? This also helps to address challenge 5 (Changing evidence bases) by enabling negotiation between knowledge producers and users about the type and mix of evidence that is needed for different performances.

Performing for Different Audiences

As challenge 2 highlighted, there are different audiences with whom academics and health professionals must communicate. Each group needs to present a different reality to their audience (e.g. the rigour of their research, its usefulness for patients and the cost-effectiveness of projects for commissioners) and these different realities can cause problems in the knowledge exchange process. For example, scientific rigour can clash with the timescales for developing an intervention: lengthy ethics procedures that academics need to follow can draw out the research process and delay the start time of an intervention. Also, increasing quality of care is not always value for money. Moreover, public health interventions, no matter how effective and evidence informed, can be in direct conflict with other local interests; for instance, alcohol licensing can be perceived as a threat to the local night-time economy.

Goffman (1959) compares this to the problem of actors having to perform on different stages, giving different messages to various audiences. To keep each performance intact, ideally performers prefer to segregate their audiences so that the individuals who witness him/her in one role will not be the same individuals who witness him/her in another role, at least not simultaneously or consecutively. Performing different roles is part of being a competent actor; the audience needs to believe that an actor personifies each role separately and therefore keeps the different roles separated in time across different audiences.

When Audience Segregation Fails

Unfortunately, Goffman points out that this is not always possible: sometimes audience segregation fails. As practitioners and academics maintain a range of networks and partnerships, their separate performances are bound to overlap and clash. Goffman proposes two solutions.

First, all those in the audience may be suddenly accorded temporarily backstage status and '*collusively join the performer in abruptly shifting to an act that is fitting to the one for the intruders to observe*' (1959: 139). In other words, the audience become performers themselves to present the right message to

the new arrivals. This is done not to mislead or exclude the other audience ('intruders' sends the wrong message in this case), but to focus the performance on the new audience. This also avoids having to do two different performances at the same time, which would lead to confusing messages. This solution suggests a certain amount of fluidity between audience and performers.

A second way outlined by Goffman (1959) to handle the problem of failed audience integration is to accord the intruder a clear-cut welcome as someone who should have been in the region all along and adopt them as members of the existing audience to keep the current performance on track.

The Backstage Functions of AskFuse

The solutions outlined by Goffman for common performance problems point to various backstage functions that are provided by AskFuse. Firstly, differences in roles and audiences can be discussed backstage and more synchronised performances can be rehearsed that present the right message for the right audience at the right frontstage.

Practising performances in advance is also beneficial for knowledge brokers. Backstages, such as AskFuse, provide a safe space to rehearse conversations as part of complex and lengthy project negotiations (challenge 1), reducing the chances of being exposed as an imposter by presenting incoherent performances to different knowledge users and producers. Rehearsing performances for different audiences also helps knowledge brokers to cope better with organisational and personal change, allowing them to adapt their roles accordingly and feeling less insecure about their performances (challenge 4).

Secondly, AskFuse can help with the management of 'destructive' information: messages that challenge the coherence of the different performances and discredit the impressions of the actors. To make their audiences believe in their performances, it is vital for actors to be coherent in their performance. This will require the over-communication of some facts and the under-communication of others.

For Goffman, herein lies the inherent problems that many performers face: '*There are usually facts which, if attention is drawn to them during the performance, would discredit, disrupt or make useless the impressions that the performance fosters* [*destructive information*]' (1959: 141). Therefore, a basic problem for many performances is that of information control; the audience must not require 'destructive' information about the situation that is being defined for them.

This hiding of destructive information is a key role for knowledge brokers, and includes information that is destructive for their own performances, such as a lack of resources to enable them to do their job. Challenge 3 highlighted that limited funding for applied research and lack of time and interest among academics can be classified as 'destructive' information for Fuse. It discredits or disrupts the claim that Fuse is focused on the translation of research evidence into practice and that it values collaborative working to enhance knowledge exchange. Therefore, a key function for AskFuse is how to manage this 'destructive' information from ruining the collaborative performances.

AskFuse provides a safe space for what Goffman calls 'staging talk': reflections between (different teams of) performers on past performances and rehearsing new ones. An important element of stage talk is 'collective moaning': moaning between different actors when backstage about past performances gone wrong, rowdy audience members and props that did not work. In order words, they share 'destructive' information. Goffman describes moaning as the surest sign of backstage solidarity (1959: 133). Backstages, such as AskFuse, provide a perfect forum for a little moaning and sharing of discrediting knowledge with trusted policy and practice partners to build solidarity. In turn, this solidarity can be used for developing collaborative research projects and shared funding applications with our policy and practice partners.

Staging talk and the moaning about is important for knowledge brokers to overcome their own challenges in the knowledge brokering process, such as limits to collaboration (as outlined in challenge 3). Being able to moan about uncooperative academics and unwilling practitioners in a safe space with other academics and practitioners is a great way to build trusted relationships makes knowledge brokers feel less like a failure in their jobs.

In addition, AskFuse provides a medium for defusing these 'destructive' messages. Goffman has suggested that 'destructive' information can be made less harmful by 'over-communicating' other facts that draw attention away from these messages. For instance, by emphasising Fuse's free Quarterly Research Meetings and Knowledge Exchange Seminars, where practitioners and policymakers meet with academics to talk about their research and its usefulness. Alternatively, attention could be drawn to the money that has been made available through Fuse and its membership of the NIHR School of Public Health Research.

Dealing with Change: 'Deviant' Roles

The backstage functions of AskFuse address some of the challenges identified in the knowledge brokering process of institutional services. However, the service does not provide a solution to rapid changes. Challenge 4 highlighted that when health systems are restructured, the fluidity between front and backstages appears to increase: new frontstages are developed (e.g. transfer of UK Public Health responsibility from the National Health Service to local government in 2013) and old backstage areas disappear (e.g. UK Regional Health Authorities were abolished), while demarcations between audiences and performers are still unsettled. Moreover, challenge 5 suggests that not only the stages are changing but also the types of information that need to be communicated on these stages.

To maintain (academic and health professional) performances in times of shifting contexts and stages, Goffman argues that it is necessary for actors to adopt discrepant roles and communicate out of character. One of the discrepant roles Goffman discusses is the go-between or mediator: *'The go-between learns the secrets of each side and gives each side the true impression that he will keep its secrets; but he tends to give each side the false impression that he is more loyal to it than to the other'* (1959: 148).

This role is comparable with the position of the KEB, who acts as the go-between amongst policymakers, practitioners and academics on various shifting stages. Taking this role helps knowledge brokers to deal with constant change (challenge 4): instead of having to reinvent themselves, they can switch characters and maintain an impression of professionalism related to their character that reduces feelings of being an imposter.

I do not reject Goffman's characterisation of the need to give false impressions, but I subscribe to a particular interpretation that emphasises providing different impressions to different audiences as outlined by Goffman in his description of one of the key functions of the role: *'Sometimes, the go-betweener may function as a means by which each side is given a slanted version of the other that is calculated to make a closer relationship possible'* (1959: 148–149).

This makes the KEB role not only relational but also translational: he/she must translate differences in performances between policymakers, practitioners and academics into a view that is more acceptable collectively than the original projection. For instance, writing a research brief together with health practitioners can help to translate initial enquiries into researchable questions that academics can relate to the existing evidence base. It helps academics

to understand what evidence is valued by practitioners and helps the practitioners in turn to understand what research is feasible within available resources and timescales.

Taking a deviant role to help translate differences in performances reduces transaction costs for knowledge brokers, as identified in challenge 5. Instead of having to work hard at selling the right type of evidence in the right format to the right knowledge user, a knowledge broker can focus on making sense of differences in knowledge usage between stakeholders by communicating out of character. For example, by explaining to an academic researcher that the practice partner is not really interested in a fancy RCT design that only explains whether an intervention works or not, but would like to know how they can do the best possible job within the limited resources and time that they have, and therefore might be more interested in mixed and realist research designs.

Conclusions

In this chapter, I reflected on the experience of a particular knowledge brokering model (AskFuse) that was developed within Fuse, the Centre for Translational Research in Public Health, in the North East of England. I identified five challenges in the brokering process of institutional services like AskFuse, related to brokerage time, scarcity of resources, lack of institutional incentives and willingness of academics to collaborate with health professionals, and ongoing structural changes in the UK health system.

These challenges evoke feelings of uncertainty, failure and insecurity in knowledge brokers, which induce and strengthen their experiences of being an imposter, incapable of doing their job properly and feeling out of place.

Applying Goffman's dramaturgical perspective, I reframed these challenges as differences in performances by academics, practitioners, policymakers and knowledge brokers themselves that need to be effectively managed. The AskFuse service gives these partners access to an informal conversation space that enables them to reflect on performances gone wrong, help them construct new impressions that will help them to cope when they act on different frontstages and to different audiences.

I distinguished between different functions that responsive research services could provide backstage:

1) Providing a conversation space for health practitioners and academics in which to meet and engage in conversations about local research needs;

2) Discuss the different audiences with whom each actor communicates (e.g. elected members, funders, service commissioners, service users);
3) Rehearse and synchronise their performances across different stages (e.g. conferences, research events, council sessions, staff meetings);
4) Share and hide 'destructive' information about their performances (e.g. lack of funding, limited appetite for collaboration); and
5) Negotiate new evidence bases (e.g. affordability versus impact) by considering multiple types of evidence and applying new review and research methods to make them accessible and affordable to different contexts and needs.

These backstage functions also help knowledge brokers to cope with feeling like an imposter, providing them with a safe place to 'come out' with these feelings, rehearse their performances in advance, hide destructive information about lack of resources, while being able to moan about uncooperative research partners, which helps them in turn to build trusting relationships with other backstage partners for future collaborations. In short, the backstage helps them to do their job better and feel more confident about it, reducing feelings of uncertainty, failure and insecurity about their role.

In addition, knowledge broker roles in responsive research services are important to facilitate situations where audiences overlap and where backstage performers are suddenly thrown into the limelight of the frontstage. Knowledge brokers can act as the go-between or mediator to translate differences in performances between policymakers, practitioners and academics into a collective acceptable presentation. This reduces the transaction costs of boundary work for knowledge brokers.

Limitations to a Dramaturgical Lens

Goffman's dramaturgical perspective helpfully reframes the identified challenges to allow for new solutions to be explored for knowledge brokering problems identified in the literature and reiterated in this chapter. However, I recognise that there are limitations to applying this metaphor to institutional knowledge brokering; not all readers will agree with some of Goffman's solutions, such as keeping audiences separated and hiding information that could discredit performances. Knowledge brokering often aims to reach across boundaries and unite different audiences. Therefore, failed audience segregation might be more often than not a reality rather than an inconvenient anomaly for knowledge brokers. What Goffman's dramaturgical lens

helps us to do is to reflect on how this reality impacts on our performances, including those of knowledge brokers, and how we can adjust for it. Other solutions offered by Goffman appear counterintuitive at first sight, for example, temporarily hiding information that makes performances less believable. Open communication is often highlighted as an important trait of knowledge brokers; however, the dramaturgical lens suggests that sometimes being selective with the evidence and the format that it is presented make performances more credible and knowledge brokering more effective. In strategically communicating between different parties, the knowledge broker can choose to 'over-communicate' some facts and the 'under-communicate' others for different performances.

In summary, what these reflections point to is that the messiness of institutional knowledge brokering can be turned into a strength by applying a dramaturgical perspective. Understanding this messiness can help knowledge brokers to negotiate their role better and reduce feelings of being an imposter when working across the boundaries of academy and health practice. Moreover, it provides them with a rationale for acting out of character and being deviant. This perspective turns imposter syndrome into a useful repertoire for KEB: being different and being able to act differently according to the audience and stage required makes being an imposter a valuable role to play in the knowledge brokering process.

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