Information Seeking Experiences of Canadian Pharmaceutical Policy Makers

Background
Research-informed public policy is often articulated as an ideal. Yet, “evidence-based policy making” has also been critiqued for not fully taking into account the context in which policy makers actually work.

This exploratory study investigates the work-related information seeking experiences of key informants engaged in pharmaceutical policy making in Canada.

Methods
As part of a broader research priority-setting process, we conducted semi-structured interviews with a purposive sample of 15 Canadian pharmaceutical policy decision makers.

- 5 federal; 10 provincial
- 10 drug plan managers; 5 other policy makers
- None from Quebec

Interviews were audio-recorded, transcribed and coded using NVivo 8.

We used descriptive qualitative analysis influenced by grounded theory methods.

We compared our results with Leckie, Pettigrew & Sylvain's General Model of Information Seeking of Professionals to create a model specific to our study population.

Results
Pharmaceutical policy makers need information for their work, and their information seeking is not dissimilar to that of other professionals.

Approaches to seeking were diverse, and may reflect a status hierarchy in which access to resources is unequally distributed.

Sources used also appeared to indicate levels of status.

Affective outcomes were commonly disappointment, desire for a single go-to source, and resignation to making do without evidence.

Time pressures were a concern across respondents, and influenced seeking actions as well as outcomes.

Specific types and time-sensitivity of needs, as well as a lack of established sources, create affective outcomes that point to areas of improvement for information sharing and knowledge translation.

In the absence of a dedicated, independent source for rapid-response policy research, Canadian pharmaceutical policy makers will continue to satisfice with available resources, and barriers to evidence-informed policy will persist.

Conclusions
Specific types and time-sensitivity of needs, as well as a lack of established sources, create affective outcomes that point to areas of improvement for information sharing and knowledge translation.

In the absence of a dedicated, independent source for rapid-response policy research, Canadian pharmaceutical policy makers will continue to satisfice with available resources, and barriers to evidence-informed policy will persist.