

Process evaluation of a rapid evidence-support system assessment (RESSA) of health policymaking in Ireland

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Abstract

Background

The Rapid Evidence Support System Assessment (RESSA), developed by the Global Commission on Evidence to Address Societal Challenges, assesses evidence-support infrastructures that facilitate evidence-informed policymaking. As evidence-informed policymaking gains prominence globally, systematic assessment of these systems is increasingly important. However, process evaluation of system-level methodologies remains limited, particularly within complex policy environments. This study reports an early-stage process evaluation of the RESSA methodology, conducted as an assessment of health policymaking in Ireland in collaboration with multiple stakeholders, including the Health Research Board, Evidence Synthesis Ireland, and Cochrane Ireland.

Methods

A qualitative process evaluation, incorporating a checklist-based fidelity assessment with quantitative elements, examined delivery fidelity, stakeholder acceptability, and experiences. Three participant groups were included: key informants from the Department of Health and affiliated organisations, members of the project oversight group, and the RESSA lead. Quantitative assessment of delivery fidelity compared RESSA activities against protocol specifications. Qualitative interviews explored acceptability using the Theoretical Framework of Acceptability, and stakeholder experiences were analysed thematically with triangulation across data sources. Reporting of the qualitative component followed the COREQ checklist, with transparent documentation of analytic decisions to enhance rigour. Quantitative reporting adhered to established methodological standards for descriptive analysis.

Results

The RESSA was delivered with high fidelity, exceeding predefined protocol benchmarks (> 85% adherence) and demonstrating strong stakeholder acceptability. Across findings, three cross-cutting factors were evident. Internal advocacy and governance structures shaped engagement, implementation success, and potential impact. Clear communication shaped stakeholder understanding, engagement, and potential impact over time, while relational dynamics were central to implementation success.

Conclusions

The RESSA methodology can be employed with high fidelity and strong stakeholder acceptability in complex policy environments such as health. Critical success factors include early institutional advocacy, clear communication strategies, and stakeholder relationship building. This process evaluation offers evidence-based recommendations for optimising future RESSA implementation,

contributes to the literature on assessments of evidence-support systems and positions the RESSA as a relational approach within evidence-support infrastructures. These findings provide practical insights for adapting RESSA and similar assessment methodologies across different governmental and policy contexts.

Background

The evidence-support system within a given context comprises a set of structures or processes that contextualise existing evidence for advisory and decision-making, as well as learning and improvement processes. It also focuses on generating new evidence to inform future decision-making. Evidence-support systems play a vital role in shaping policy decisions across sectors and can be understood as organisational infrastructures operating across policy demand, evidence-support interfaces, and research supply, where organisational and decision-making processes shape whether evidence meaningfully informs decision-making [1, 2].

As governments worldwide increasingly recognise the value of evidence use in policymaking, there is a growing need to assess and enhance the functioning and perceived value of these support systems. Integrating evidence into policy processes presents significant challenges, shaped not only by technical considerations but also by organisational context, competing priorities, and differing interpretations of how evidence can and should be used. Understanding the political dimensions of evidence is therefore vital, as policymaking is influenced by institutional constraints, interest-group pressures, values, and other sources of ideas, as well as factors external to the sector. Furthermore, practical challenges arise when translating evidence into policy settings, underscoring the need for structured mechanisms to support evidence-based activities in complex real-world environments [3].

Despite these insights, there remains a need to further explore how evidence-support systems function across contexts, the challenges they encounter, and strategies to improve their functioning and value.

In Ireland, the emphasis on evidence-informed policymaking has grown, especially following the COVID-19 pandemic. This has fostered collaboration among the Health Research Board (HRB), the Department of Health, Evidence Synthesis Ireland (ESI), Cochrane Ireland, and the Global Commission on Evidence to Address Societal Challenges (Global Evidence Commission). The primary aim of this collaboration was to evaluate and enhance the evidence-support system within the Department of Health in Ireland by employing the Rapid Evidence Support System Assessment (RESSA) process.

The RESSA process, developed by the Global Evidence Commission [4], provides a structured approach to evaluating evidence-support systems in various countries. This involves analysing websites and documents, as well as gathering information about the features of evidence-support systems through interviews with stakeholders. The findings from the RESSA should then inform action. Currently, RESSAs are being conducted in 12 countries worldwide, including Ireland.

In Ireland, the RESSA was conducted in four stages [5]. First, a high-level website review identified key stakeholders and resources in the evidence-support system. Second, an in-depth review of the Department of Health's website and documents explored evidence use from demand, interface and supply perspectives. Third, semi-structured interviews were conducted with 20 stakeholders, including policymakers and researchers from organisations such as the Department of Health, Health Information and Quality Authority (HIQA), Economic and Social Research Institute (ESRI), and the HRB. These stakeholders were selected through purposive and respondent-driven sampling. Finally, findings were shared with the project oversight group and RESSA-identified champions, who were contacted via email for additional feedback.

It is important to note that RESSAs are not conducted uniformly, and approaches vary in formality and methodology across settings. This evaluation, therefore, reflects one application of the methodology within a specific policy context.

Given the concurrent conduct of RESSAs in multiple countries and the likelihood of future evaluations, it is essential to learn from the current processes to enhance the effectiveness and efficiency of future RESSAs. While the RESSA provides insight into evidence-support systems, this study examines how such assessments are conducted in practice, focusing on the methodological processes underpinning their delivery. To achieve this, a process evaluation assessed the strengths and weaknesses of the methodology used in the RESSA and provided recommendations for future applications.

Process evaluation examines how interventions are implemented in practice, exploring delivery, context, and opportunities for improvement. It involves systematic collection and analysis of data to understand implementation processes and inform future refinement. Although no specific framework exists for evaluating the process of a RESSA, guidance on evaluating the process of complex interventions is well established. This study drew primarily on Medical Research Council (MRC) guidance for process evaluation [6, 7] and on theory-informed approaches to examining acceptability and implementation processes [8, 9]. This process evaluation of a RESSA of health policymaking in Ireland draws on these best practice frameworks and was conducted according to a protocol published on HRB Open [10]. Accordingly, this study examines fidelity, acceptability and stakeholder experiences.

The three evaluation domains examined in this study reflect key dimensions of implementation processes identified in the literature. Fidelity, assessed as the extent to which an intervention is conducted as planned [12], is essential for determining whether an assessment has been delivered as intended and for interpreting its outcomes with confidence [6, 7, 13]. Acceptability, defined as the extent to which those delivering or receiving an intervention consider it appropriate based on cognitive and emotional responses [9], is increasingly recognised as a critical determinant of engagement and sustained participation in complex interventions [7, 14, 15]. Both the Medical Research Council framework [7] and the Theoretical Framework of Acceptability [9] highlight the importance of examining how participants experience and respond to interventions in practice. Understanding stakeholder experiences, including the facilitators and barriers encountered during implementation, is similarly vital

for informing the refinement and adaptation of assessment methodologies across different contexts. In particular, this evaluation examines how governance structures, communication processes, and relational dynamics shape engagement, conduct, and perceived impact.

In this study, 'implementation' is used to describe how the RESSA methodology was enacted in practice, recognising that the RESSA represents an assessment process rather than a discrete intervention.

Methods

Data collection and analysis followed the staged procedures described in the published protocol [10]. A summary is provided here.

Aims and Objectives

This study aimed to conduct a process evaluation to assess the conduct of the RESSA methodology in practice, examining its successes and challenges while generating insights into how RESSA-type assessments are conducted in practice within policy environments.

To achieve this aim, the objectives were to:

- 1) Assess the fidelity of the RESSA to determine whether it was conducted as intended and identify opportunities for enhancement in its implementation.
- 2) Evaluate the acceptability of the RESSA among participants, concentrating on their perceptions and attitudes towards the assessment process.
- 3) Investigate the experiences of participants involved in the RESSA to identify the facilitators and barriers influencing implementation and inform future applications.

Study Design

This process evaluation used a primarily qualitative design, supplemented by a structured fidelity assessment incorporating quantitative elements. This approach enabled triangulation of data sources and strengthened the robustness of the evaluation. The evaluation was conducted alongside the RESSA.

Study Population

The study involved three participant groups:

1. RESSA key informants: Policymakers, researchers, and stakeholders from the Department of Health, HRB, and affiliated organisations such as HIQA and ESRI who participated in interviews as part of the RESSA. Participants were purposively sampled to ensure diverse representation within the health policymaking ecosystem.
2. RESSA project oversight group: Members included representatives from the Global Evidence Commission, the Department of Health, the Department of Further and Higher Education, Research, Innovation and Science (Evidence for Policy Unit), the HRB, and ESI/Cochrane Ireland.
3. RESSA lead: The individual responsible for conducting the RESSA was an experienced researcher at ESI, University of Galway. The individual's role within the broader evidence-support system was acknowledged and reflexively considered during analysis.

For clarity, we distinguish between the RESSA lead (the individual responsible for conducting the RESSA assessment and producing the RESSA outputs) and the process evaluation researchers (MT and PB), who conducted and analysed the process evaluation outcomes reported in this paper.

Outcome measures

Three interrelated domains were examined: fidelity, acceptability, and experience. Fidelity was explored across two dimensions: training fidelity, examined qualitatively through participant reflections on preparedness and RESSA implementation experience, and delivery fidelity, assessed primarily through quantitative indicators of protocol adherence supported by qualitative insights. Two researchers (MT and PB) independently scored each protocol component against a structured checklist (see Quantitative data below), and qualitative data on RESSA lead preparedness and adaptive delivery were analysed thematically. Acceptability was examined qualitatively using the Theoretical Framework of Acceptability (TFA) [9] as a sensitising framework, with interview data mapped to TFA constructs including affective attitude, burden, intervention coherence, and self-efficacy. Stakeholder experiences were explored qualitatively across all three participant groups, with analysis focused on identifying facilitators of and barriers to implementation to inform future RESSA applications.

The Medical Research Council (MRC) emphasises the increasing significance of acceptability in process evaluations. Its inclusion in recent MRC guidance [7] underscores its role in the design of complex interventions. Measuring acceptability ensures that assessments like the RESSA are not only evidence-based but also practical and engaging for users.

Data Collection

Qualitative data

Interviewer characteristics and reflexivity

Process evaluation interviews were conducted by MT and PB, both female PhD-qualified qualitative researchers based at the University of Galway at the time of the study, with professional backgrounds in

health services and policy research and experience in semi-structured interviewing and implementation research. No formal interviewer-participant relationships were established prior to the process evaluation, although participants were professionally familiar with the wider RESSA project. Participants received information outlining the study aims and the interviewers' roles before participating. As both interviewers had professional backgrounds in health services and policy research and were familiar with the RESSA context, reflexive discussion and peer review were used during analysis to ensure interpretations remained grounded in the data.

Sampling and recruitment

An initial purposive sample of approximately ten participants was recruited to support early thematic exploration [11]. Participants were drawn from the pool of individuals who had taken part in the RESSA interviews and the project oversight group, ensuring representation across stakeholder roles. The RESSA lead was also included as a participant. Recruitment continued iteratively from this defined sampling frame until data saturation was reached. In parallel, sampling aimed to include approximately 50% of individuals involved in the RESSA process to enhance credibility and breadth of perspectives within this bounded sampling frame. Potential participants were invited via email, and 14 completed semi-structured interviews; no participants withdrew after consent. Participants were assigned anonymised identifiers reflecting their role in the study (OG = Oversight Group; KI = Key Informant; RL = RESSA lead), which are used when presenting interview quotations.

All participants completed at least one interview. Key informants and Oversight Group members participated in a single process evaluation interview. The RESSA lead participated in two interviews, including a follow-up interview conducted after completion of the RESSA. The Oversight Group members were involved in the RESSA over a longer period as part of the study design and provided ongoing input into the project. As such, the Oversight Group and RESSA lead accounts reflect a perspective informed by sustained involvement, whereas key informants contributed cross-sectional reflections based on a single RESSA interview encounter. This distinction should therefore be interpreted as differences in exposure to the RESSA process rather than as a fully longitudinal interview design across all participant groups.

Interview procedures

Interviews were conducted online using a secure videoconferencing platform (Zoom Video Communications, Inc., version 6.6.11, San Jose, CA, USA) and typically lasted between 20 and 40 minutes, with the RESSA lead's combined interviews exceeding one hour. Participants represented a range of roles across policy, research, and evidence-support organisations, both nationally and internationally. Semi-structured interview guides developed by the research team were used to support consistency across interviews [10]. These guides were informed by the process evaluation aims and

relevant implementation frameworks and were refined through team discussion prior to data collection. All interviews were audio-recorded and professionally transcribed verbatim.

Quantitative data

To assess delivery fidelity, we compared the RESSA's conduct (website/document searches and interviews) against a protocol-based checklist. Two researchers (MT and PB) independently scored each component as "met" or "not met," then reconciled any discrepancies through discussion or a third-party review. Percentage agreement was calculated as:

$(\text{Number of agreements} / \text{Total number of items}) \times 100.$

A high level of agreement indicated strong fidelity, while discrepancies highlighted areas for improvement.

Quantitative data on informant participation (e.g., declined, delegated, or missed interviews) were summarised using descriptive statistics, with benchmarks derived from prior literature.

Data analysis

NVivo V20 software [12] facilitated coding and data organisation of all qualitative data. Two researchers (MT and PB) were involved in coding and interpretation of the data. Methodological rigour was supported through triangulation across participant groups, iterative questioning during interviews, peer scrutiny of analysis, and transparent documentation of analytic decisions to maintain an audit trail. An initial coding framework, informed by the process evaluation aims, was applied and iteratively adapted as themes emerged inductively from the data. Decisions regarding coding and theme development were documented to maintain transparency, and interpretations were refined through regular peer discussion and engagement with the wider project team. Reporting followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist [13], with the completed checklist provided in Supplementary File 1.

Results

Fourteen participants were included across three groups: key informants (n = 7), project oversight group members (n = 6), and the RESSA lead (n = 1). Overall, the RESSA demonstrated high delivery fidelity, strong stakeholder acceptability, and largely positive experiences across participant groups. Quantitative assessment indicated high adherence to protocol requirements, while qualitative analysis highlighted important contextual factors influencing delivery, engagement, and perceived impact. Findings are organised below across three interrelated process-evaluation domains. First, fidelity examines adherence to the planned methodology alongside factors shaping delivery, including RESSA lead preparedness, access to stakeholders, and adaptive delivery. Second, acceptability presents findings informed by the Theoretical Framework of Acceptability, illustrating positive stakeholder attitudes, low

perceived burden, and evolving understanding of the RESSA process. Third, experiences explore perceived value, facilitators of successful implementation, and barriers that may influence future uptake and impact. The extent to which interview accounts were critically probed, including concerns about whether senior accounts of evidence use were sufficiently challenged, is explored further within the barriers and risks subsection.

Together, these findings provide insight into both the feasibility of conducting the RESSA and the contextual conditions required to support its effectiveness within policy systems.

Across these domains, three cross-cutting findings were evident. First, internal advocacy and governance structures shaped engagement, implementation success, and potential impact. Second, clear and consistent communication shaped stakeholder understanding, engagement and potential impact over time. Third, relational dynamics, including trust, independence, and collaborative positioning, were central to implementation success.

The domain headings below retain fidelity, acceptability, and experiences, but each subsection highlights how the three cross-cutting factors operated within the evaluation domains.

Fidelity

Overall delivery fidelity was high, with the website and document review processes fully adhering to protocol requirements and exceeding the predefined benchmark of 85%. All key informants agreed to participate, attended interviews as planned, and completed the interview process, although two invitees did not respond to initial contact. These findings indicate strong fidelity of delivery alongside high engagement across stakeholder groups.

Qualitative findings highlighted how governance, communication, and relational positioning shaped three interrelated fidelity themes: RESSA lead preparedness and skillset, Access, engagement and the role of advocacy, and adherence and adaptive delivery of the RESSA.

RESSA lead preparedness and skillset

The RESSA lead reflected on initial uncertainty when operationalising a relatively novel methodology without established precedents or clear benchmarks. Early stages of the process involved developing an understanding of how to apply the approach in practice, with the RESSA lead noting that “...the first thing was understanding what a RESSA is and how to do it... there was a point where you just had to jump in and start the RESSA...” (RL). Despite this early ambiguity, prior experience in qualitative research, systematic reviewing, and stakeholder engagement was described as supporting effective RESSA implementation.

Participants highlighted that qualitative interviewing skills and prior policy experience supported fidelity to the RESSA methodology, particularly when engaging senior policymakers and translating complex concepts into interview discussions. The RESSA lead reflected on the need to operationalise unfamiliar

terminology into accessible questions, noting that “simplifying that into... how does this translate into an interview question” was a key part of implementation (RL).

Access, engagement, and the role of advocacy

Access to key documents and stakeholders emerged as an important factor shaping implementation. The RESSA lead described initial delays related to convening the oversight group and identifying appropriate contacts within complex organisational structures, which slowed early progress. However, internal advocacy within the Department of Health was consistently identified as a critical facilitator of engagement. Once awareness of the project increased and trusted individuals began to actively promote it, participation improved. As the RESSA lead noted, “we definitely needed somebody... to promote the project... if we had that proactive person in the department, there could have been more engagement” (RL), highlighting the importance of visible internal support.

Oversight group meetings were also described as playing a key role in sustaining momentum over time. These meetings were noted to provide both governance and practical impetus, supporting accountability while helping to maintain focus and progression of the work. Together, these reflections suggest that access and engagement were not static but evolved as advocacy, visibility, and formal structures emerged.

These findings highlight how governance structures and internal advocacy acted as key mechanisms shaping engagement and delivery fidelity.

Protocol adherence and adaptive delivery of the RESSA

Although the RESSA broadly followed the planned protocol [5], the RESSA lead described several adaptations that reflected the evolving nature of employing a novel methodology. Integration of document review findings into interviews was not always explicit; however, stakeholders noted that the review informed interview design and questioning, shaping how discussions unfolded in practice. The RESSA lead also reflected on potential gaps in stakeholder sampling, particularly regarding supply-side actors, and highlighted the iterative approach to refining recruitment as the assessment progressed.

Despite these adaptations, the overall process remained aligned with protocol objectives. The RESSA lead described purposive and respondent-driven sampling as important mechanisms for broadening perspectives, noting that “...after some of the interviews... that garnered another person... who gave quite a different perspective,” (RL), reflecting how recruitment evolved in response to emerging insights. The absence of prior RESSA examples created some ambiguity around definitions and expectations in early stages; however, the RESSA lead emphasised that investing time in developing a shared understanding ultimately supported smoother implementation and more focused engagement over time.

Acceptability

Stakeholders across all participant groups described the RESSA as highly acceptable, characterising the process as timely, professionally delivered, and aligned with their values regarding evidence-informed policymaking. Analysis guided by the Theoretical Framework of Acceptability identified positive affective attitudes and perceived value, low burden and flexible engagement, intervention coherence and evolving understanding, and confidence and trust in the process.

Positive affective attitudes and perceived value

Participants consistently described their involvement in the RESSA as worthwhile and meaningful, highlighting the opportunity to pause and reflect on existing practices in a supportive, collaborative environment. Many characterised the experience as constructive rather than evaluative, with one stakeholder describing it as “a hugely positive thing... [that] implies that you’re going to do something with the output” (KI4). These reflections suggested that the developmental tone of the assessment helped foster positive engagement and a sense of shared purpose.

Engagement was often framed as contributing to a broader system improvement effort, with one participant emphasising that involvement reflected a professional responsibility to support change: “we cannot sit at our desks... when the opportunity comes along... to improve them, we don’t volunteer our time... that’s the only way to improve... internal buy-in is critical” (KI6). Stakeholders described value not only in the outputs themselves but also in the opportunity for dialogue and mutual learning across organisational boundaries.

Low burden and flexible engagement

Across stakeholder groups, participation in the RESSA was widely perceived as low burden and manageable alongside existing professional responsibilities. Participants frequently described the conversational interview format as accessible and easy to engage with, requiring minimal preparation while still allowing space for reflection. One stakeholder noted that “the involvement was just showing up and chatting... there was no expectation that I had to do anything beforehand” (KI3), highlighting the perceived flexibility of the process. While most valued this informal approach, a small number suggested that providing advance questions or prompts might support readiness for future iterations.

Time commitments were generally viewed as proportionate and worthwhile, even within busy policy environments. Oversight group members similarly described their involvement as a judicious use of time, suggesting that the structure of meetings and interviews balanced efficiency with meaningful engagement. Together, these reflections indicate that low perceived burden and adaptable scheduling supported participation across diverse roles and organisational contexts.

Intervention coherence and evolving understanding

Although overall acceptability of the RESSA was high, some participants described initial uncertainty about its purpose, scope, and positioning within existing policy structures. This was particularly evident among oversight group members and a small number of key informants, who noted that understanding

developed gradually as engagement progressed. One participant reflected that their initial grasp of the approach was “probably... not brilliant,” but that “it didn’t take long to figure that out” once discussions were underway (OG3).

For oversight group members, this evolving understanding reflected sustained engagement with the RESSA over time. In contrast, key informants, who typically engaged in a single interview, described a more immediate yet iterative process of sense-making. This began with initial study materials (e.g. the information sheet and consent process), was supported by introductory explanation from the RESSA lead, and developed further through the interview itself as concepts were discussed and clarified. This was reflected in key informant accounts, with one noting that “as I spoke it all became clear that it was all relevant” (KI6). These reflections suggest that familiarity with the assessment was not fully established at the outset but was strengthened through engagement, whether over time or within the interaction itself.

Participants also highlighted uncertainty around roles, permissions, and organisational expectations, which occasionally led to hesitation in the early stages of engagement. For example, one participant reflected, “Initially, when I got the invite... is it for me or should I pass it on to the head of the unit?” (KI2). Others described navigating internal governance processes before participating, illustrating that introducing a novel assessment approach within established government departments required clarifying organisational boundaries and expectations. While these uncertainties did not appear to undermine overall participation, they highlighted how using new assessment models may require ongoing explanation and shared sense-making over time. These reflections also highlighted the distributed nature of policymaking within government departments, where responsibility for evidence use and policy development extends beyond senior decision-makers to include teams involved in generating, interpreting, and applying evidence in practice.

These patterns emphasise the role of communication in shaping stakeholder understanding of the RESSA and supporting engagement over time.

Confidence and trust in the process

Participants generally felt capable of contributing meaningful insights, even when initially unsure of how their experiences fit within the broader aims of the assessment. Confidence in the independence of the RESSA and the professionalism of the RESSA lead appeared to support sustained engagement over time, with one participant noting, “All I can do is give my own honest perspective and just trust the process” (KI6). These reflections suggest that clarity around neutrality and process integrity helped participants feel comfortable sharing candid views despite initial uncertainty.

Overall, stakeholders characterised the RESSA as flexible, collaborative, and professionally facilitated. Participants frequently described strong alignment between the assessment approach and their expectations of evidence-informed policy development, indicating that the format and tone of engagement supported both openness and perceived relevance within policy contexts.

Experiences

Stakeholder experiences highlighted the perceived value of the RESSA, key facilitators supporting implementation, and structural barriers that may influence the uptake and long-term impact of findings.

Perceived value and independence of the RESSA

Participants described the RESSA as timely and relevant within a broader international shift toward evidence-informed policymaking. The independent and external positioning of the assessment was frequently highlighted as enhancing credibility and creating space for reflection within complex organisational contexts. One oversight group member noted that government departments can sometimes operate as “black boxes,” and that undertaking a RESSA provided “a very valuable mapping tool” to better understand existing structures and opportunities for improvement (OG6). Similarly, participants emphasised that the impartiality of an external perspective strengthened confidence in the process, with one stakeholder highlighting “the impartiality and the critical eye of an independent evaluator” as “really important and beneficial” (KI6).

Key informant participants also emphasised the practical value of structured discussions that align with ongoing internal reflection and planning. Some described reassurance in seeing their own organisational questions reflected in the assessment, with one noting they were “surprised how much [the interviews] aligned with the questions we were asking in-house... it was reassuring” (KI7). Oversight group members further highlighted the potential of the RESSA to clarify evidence needs, timelines, and coordination across policy areas, suggesting that the process helped surface shared challenges and opportunities across different policy units.

Participants also highlighted the added value of combining document review with qualitative interviews, describing these data sources as capturing different but complementary aspects of the evidence-to-policy system. The RESSA lead explained that documents provided insight into how evidence-informed policymaking was positioned in the Department’s formal strategic outlook, whereas interviews generated detail on day-to-day interfaces and relationships that were not visible in written materials. She noted, “There were some things that the documents gave that we wouldn’t have picked up in the interviews... whereas the interviews definitely expanded on some things... the interface... between the supply and demand sides of evidence... was not picked up in the documents at all... so, I think they complement each other quite nicely” (RL). This complementarity was perceived as strengthening the credibility of the assessment by enabling findings to be triangulated across formal structures and lived policy processes.

Together, these findings underscore the importance of relational dynamics, including trust, independence, and collaborative positioning, in shaping engagement and perceived impact.

Facilitators supporting the conduct of the RESSA

Participants identified several factors that supported effective delivery of the RESSA. The professionalism and flexibility of the interview process were frequently highlighted, with stakeholders

describing the conversational format as enabling more open and reflective dialogue. Some participants emphasised the importance of responsiveness and adaptability during interviews, noting that the RESSA lead “followed my thinking” (KI3). Clear communication and organisation were also valued, with one stakeholder reflecting that “the whole thing was very professional, very well organised... and very clear” (KI2).

The presence of a senior and diverse oversight group was widely viewed as an enabling factor, contributing legitimacy, visibility, and momentum throughout the process. Participants described the “gravitas of that group” as supporting engagement and signalling the importance of the work within the department. In addition, the framing of the RESSA as a collaborative learning exercise rather than an evaluative audit helped foster trust and openness. As one oversight group member explained, it “shouldn’t feel like an audit... [or] a naming and shaming exercise,” noting that this approach had been “handled very well” (OG5).

This independent positioning was also perceived as a key facilitator, supporting participant openness and enabling the assessment to be experienced as neutral and constructive rather than judgemental. Participants described how engagement with external viewpoints supported reflective discussion and strengthened confidence in the process (KI7).

Barriers and risks influencing the conduct of the RESSA

Despite generally positive experiences, participants identified several barriers that could influence future implementation. Early engagement was sometimes shaped by communication approaches, with some stakeholders noting uncertainty about project leadership or reduced responsiveness to impersonal outreach. One participant observed that “a cold email... you’re less likely to get a response” (KI5), suggesting that relational entry points and trusted intermediaries may influence participation within policy environments. While some participants perceived outreach as impersonal, this reflected practical constraints within complex government systems and the absence of fully embedded senior champions, rather than a deliberate engagement strategy.

Structural factors also shaped how the assessment unfolded, including competing priorities, limited time, and the complexity of navigating organisational hierarchies. Participants highlighted that sustaining momentum would likely depend on motivated individuals or internal champions who could act on the findings and integrate them into ongoing policy processes. Without this internal ownership, some oversight group members expressed concern that outputs might lose visibility over time, with one noting that it “could very easily just disappear” (OG4).

A smaller number of participants offered more critical reflections on aspects of the interview process itself. In particular, some suggested that senior stakeholders were not always challenged on their interpretations of evidence, with accounts occasionally remaining at a general level rather than being critically interrogated in terms of the type, sufficiency, or application of evidence in policymaking. This was reflected in observations that interviewees, often operating at senior levels, could confidently

describe evidence use without this always being explored in depth. One oversight group member noted concern that interviews could inadvertently “perpetuate” broad or unexamined claims about evidence use, reflecting that “we didn’t challenge them in the interview” and suggesting a need for a clearer interpretive stance when reporting findings (OG2). Others felt that more dialogic formats might support deeper analytical engagement, arguing that discussion among peers could enable more direct questioning, including “critical challenging of something I might have said” (KI6). Together, these perspectives highlighted the balance required between fostering openness and ensuring sufficient analytical depth in complex governance settings. These findings suggest that while a collaborative approach supported openness, it may have limited opportunities to critically challenge participants’ accounts of evidence use in real time.

These challenges further illustrate how limitations in advocacy, communication, and relational positioning can constrain engagement and potential impact.

Forward reflections and future considerations

This theme captures how participants conceptualised the RESSA’s role within the policy system, revealing expectations about ownership, temporality, and mechanisms of sustained impact. Rather than viewing the assessment as a discrete intervention, accounts positioned it as a catalyst whose influence would depend on relational dynamics and organisational follow-through.

Participants frequently framed the RESSA as a starting point rather than an endpoint, positioning its value in what happens after publication rather than in the report itself. Several described the importance of using findings to guide future action, with one participant expressing hope that outputs would provide “a roadmap... of where we can go into the future” (KI2). Reflections centred on the need for continued engagement through structured follow-up activities, including forums or meetings where stakeholders could revisit findings and identify next steps. As one participant noted, they would be “happier” if stakeholders came together to discuss “what we can do differently next year and the year after” (KI4), highlighting expectations of iterative learning rather than one-off change.

Across interviews, participants emphasised that impact was perceived to depend on internal ownership and active champions within the system. Oversight group members in particular highlighted the importance of individuals who could sustain momentum and translate findings into ongoing policy conversations, noting that key actors would need to act as “the multiplier” and use the outputs in their engagement with partners (OG5). These reflections suggest that successful RESSA implementation was understood not as an automatic consequence of publication, but as contingent on relational leadership within the system. Some participants indicated that responsibility for taking forward recommendations should sit within the Department itself, reflecting concerns that valuable outputs might otherwise lose traction amid competing priorities.

Participants also reflected on dissemination and timing as important considerations for future delivery. Suggestions included wider circulation of findings through internal channels and targeted

communications to reach those directly involved in policy development. One stakeholder emphasised that outputs should not “just sit in-house,” but instead be shared broadly so staff seeking evidence-support could recognise their relevance (KI6). Others noted that planning, including communication strategies and alignment with organisational cycles, would likely influence uptake.

While many participants viewed the RESSA as valuable, several anticipated that change would occur incrementally rather than through immediate system-wide reform. One oversight group member described being “a bit sceptical” about direct action but suggested the work might have “legs over the long term,” supporting an “incremental approach” to strengthening evidence processes (OG6). Similarly, reflections from the research team framed the RESSA as “the beginning of something... not just... an end product that’s just forgotten about” (RL), reinforcing the perception that its primary value may lie in shaping ongoing conversations and future initiatives.

Collectively, these findings suggest that implementing system-level assessments in policy environments is relational, context-dependent, and unfolds over time, directly addressing our aim to examine how implementation processes are shaped by stakeholder interactions and contextual dynamics.

Discussion

Key findings

This process evaluation identified three key cross-cutting findings: that internal advocacy and governance structures shaped engagement, implementation success, and potential impact; that clear communication shaped stakeholder understanding, engagement, and potential impact; and that relational dynamics were central to implementation success. While the RESSA provides a structured lens on how evidence-support systems are organised and enacted, this study contributes methodological insight into how such assessments can be delivered, interpreted, and used within policy environments. The findings show that, beyond feasibility, evidence-support assessments are adapted in practice to fit organisational systems shaped by competing priorities and differing interpretations of evidence. In doing so, this study contributes to the wider implementation science and evidence-to-policy literature by demonstrating that assessments of evidence-support infrastructures function not only as technical exercises but also as processes shaped by relationships and organisational context.

While procedural fidelity remained high, qualitative findings indicated that fidelity was shaped by relational and contextual factors, including RESSA lead expertise, internal advocacy, and evolving governance structures. In this context, fidelity did not reflect rigid adherence to predefined steps but involved negotiated adaptation within a complex policy environment. Contemporary process evaluation guidance emphasises that the implementation of complex interventions is inherently dynamic, evolving in response to organisational context rather than unfolding as a static protocol [6, 7]. Consistent with this perspective, conducting the RESSA required iterative refinement of stakeholder engagement strategies, communication approaches, and shared conceptual understanding. Similar patterns have been observed in knowledge translation initiatives [14, 15], where methodological intentions are aligned

with institutional realities through adaptation. Rather than undermining fidelity, these adjustments appeared to support contextual fit, stakeholder engagement, and sustained implementation.

Findings in relation to existing literature

The strong acceptability observed across stakeholder groups further reinforces the importance of relational dynamics in evidence-informed policymaking. Acceptability frameworks emphasise cognitive and emotional responses to interventions as central determinants of engagement [9], yet policy contexts introduce additional complexities related to institutional legitimacy and professional identity. Previous research has consistently shown that policymakers engage more readily with research processes perceived as collaborative, credible, and aligned with their operational needs [1]. The RESSA appeared to function as a boundary-spanning mechanism, creating a shared space for reflection between researchers and policymakers. This aligns with knowledge brokering literature, which emphasises the importance of dialogue and co-production in bridging research and policy communities [1, 16, 17].

Importantly, initial uncertainty regarding roles, terminology, and expectations should not necessarily be interpreted as a methodological weakness. Evidence-to-policy research acknowledges that shared understandings of “evidence” are often absent across sectors, reflecting differing epistemologies and institutional incentives [2, 3]. The evolving clarity reported by participants may therefore indicate a process of collective sense-making rather than a design deficiency. From this perspective, the RESSA can be understood as a relational assessment process that surfaces and negotiates these underlying differences, contributing to organisational learning beyond the mere production of recommendations.

At the same time, the study highlights a nuanced tension between collaboration and critique within policy-focused evaluations. While a developmental, non-audit framing appeared to facilitate engagement and trust, some perspectives raised questions regarding the extent to which critical challenge could be sustained in highly collaborative environments. This tension echoes broader debates within implementation science about the balance between co-production and analytical independence. Research on participatory evaluation suggests that maintaining reflexivity and transparency about evaluative positioning may help reconcile these competing demands, enabling constructive critique while preserving relationships with stakeholders [6, 7]. These findings suggest that relational dynamics are central to successful implementation and that framing the RESSA as both collaborative and independent may help build trust, facilitate openness, and support meaningful engagement.

Strengths and limitations

Several strengths enhance the contribution of this work. The use of theory-informed analysis, drawing on MRC process evaluation guidance and the Theoretical Framework of Acceptability, provided a structured and transparent analytical approach. Triangulation across three distinct stakeholder groups (key informants, oversight group members, and the RESSA lead) enabled comparison of perspectives across different roles within the evidence-to-policy system, strengthening the credibility and depth of the findings. The integration of fidelity, acceptability, and experiential data within a single evaluation provides

a more comprehensive understanding of implementation processes than is typically captured in evaluations of evidence-support initiatives, most of which focus on outputs rather than the process of conducting assessments. Conducting this evaluation alongside the RESSA itself, rather than retrospectively, enabled real-time capture of conduct dynamics, including the relational and adaptive dimensions of delivery that are often lost in post-hoc accounts. The study also contributes to a largely undeveloped methodological area: to our knowledge, no previous process evaluation of a RESSA has been reported, and the findings therefore provide a foundation for comparative work as the methodology is applied across additional jurisdictions. Finally, the study was conducted according to a pre-registered and published protocol, supporting transparency and reproducibility.

However, several limitations should be acknowledged. First, the study's focus on a single government department in Ireland may limit generalisability, and the absence of comparable RESSA evaluations restricts opportunities for benchmarking. Second, several members of the project oversight group are co-authors on this paper, and oversight group participants were evaluating an initiative they themselves helped to govern. This dual positioning introduces the potential for social desirability bias, as participants may have been motivated, consciously or otherwise, to present the RESSA process favourably. While reflexive discussion between researchers and peer scrutiny of the analysis were employed to enhance interpretive rigour, no formal member checking was conducted. However, triangulation across stakeholder groups and iterative team-based analysis were used to support the credibility and depth of interpretation. Third, the bounded sampling frame (30 eligible participants from the RESSA process with half ($n = 14$) interviewed) limits the applicability of data saturation as traditionally conceived. These limitations underscore the importance of building a cumulative evidence base through future comparative studies.

Implications for policy and practice

These findings suggest several practical considerations for future RESSA conduct. First, early identification of internal champions and explicit governance arrangements should be built into planning to support access, legitimacy, and follow-through. Second, communication about the purpose, scope, roles, and non-audit nature of the RESSA should be repeated at multiple points, particularly for participants who engage only once. Third, delivery teams should balance a collaborative tone with an explicit plan for analytical challenge, including prompts that probe the type, sufficiency, and use of evidence, so that openness is maintained while senior accounts are not accepted uncritically. Finally, dissemination should include structured post-assessment engagement with policy teams so recommendations can be translated into owned actions rather than remaining solely as report outputs.

Implications for future research

From an international perspective, these findings contribute to emerging discussions by enhancing understanding and characterisation of domestic evidence-support systems and how they function in practice. As multiple countries conduct RESSAs, a comparative evaluation will be essential for identifying transferable principles while recognising contextual variation. The present study highlights

the importance of early institutional advocacy, clear governance structures, and relational engagement strategies, which may shape implementation success across diverse policy settings. Future research should therefore explore cross-country adaptations of the RESSA methodology and examine how different organisational environments influence its uptake and impact. In addition, longitudinal research will be important to capture how evidence-support systems evolve over time, particularly given the incremental nature of change identified in this study and the well-documented challenges of demonstrating impact within complex policy systems [18]. Further work is also needed to develop approaches to evaluating the impact of system-level assessments, moving beyond short-term outputs to examine changes in organisational culture, relationships, and decision-making processes.

Conclusion

This process evaluation demonstrates that conducting a RESSA within a complex policy environment involves more than methodological delivery. In particular, the findings highlight that internal advocacy and governance structures shape engagement, implementation success, and potential impact; that clear communication shapes stakeholder understanding, engagement, and potential impact;; and that relational dynamics are central to successful implementation. The study's primary contribution is the finding that evidence-support system assessments function as relational and adaptive processes, not solely technical exercises, and that their success depends on early institutional advocacy, clear governance structures, and sustained stakeholder engagement. By positioning the RESSA as both a diagnostic tool and a catalyst for organisational reflection, this work advances understanding of how evidence-support system assessments can be strengthened in practice. Future research should examine RESSA conduct across diverse government departments and jurisdictional contexts to identify transferable principles and contextual adaptation requirements. Longitudinal studies evaluating the downstream impact of RESSA recommendations on evidence system strengthening would also provide valuable insights into the long-term utility of this assessment approach.

Abbreviations

RESSA

Rapid Evidence Support System Assessment

TFA

Theoretical Framework of Acceptability

COREQ

Consolidated Criteria for Reporting Qualitative Research

MRC

Medical Research Council

HRB

Health Research Board

ESI

Evidence Synthesis Ireland

Declarations

Ethical approval and consent

An application for the RESSA process evaluation was approved by the University of Galway Research Ethics Committee (Ref: 2024.01.003, Amend 2024.03) on 26 March 2024. Participant information sheets and consent forms were approved during University of Galway's ethics approval process. Written informed consent was obtained from all participants prior to data collection. Participants received detailed information about the study, including its purpose, procedures, potential risks, and benefits.

Consent for publication

Not applicable

Competing Interests

TM, CC, and CG are employed by the Health Research Board, which provided funding for this study. MH and JON are employed by the Department of Health. The remaining authors declare no competing interests.

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Author Contribution

M.T., B.W., N.N.B., C.C., C.G., M.H., J.N..L, T.M., J.ON., E.T., K.W., D.D. contributed to study conceptualisation.M.T., B.W., N.N.B., E.T., D.D. contributed to study design.M.T., P.B., D.D. contributed to acquisition, analysis and interpretation of data.M.T., P.B., D.D. contributed to writing the original draft.All authors contributed to reviewing and editing and all authors approved the final manuscript.

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Data Availability

Interview guides used for data collection are available on Open Science Framework: Process Evaluation of a Rapid Evidence Support System Assessment of Ireland's Department of Health - A Protocol: <https://doi.org/10.17605/OSF.IO/4K8Q2>. The interview data are not publicly available due to ethics protocols and the need to protect participant confidentiality but may be available from the corresponding author on reasonable request.

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