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Rethinking Health Research Assessment: Distinguishing Scientific Contribution, Research Uptake, and Impact

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Editorial

Health research is often expected to produce benefits beyond academic publications, including improvements in clinical practice, health services, or policy. However, not every study is intended to generate immediate or visible benefits. When research is assessed primarily through citations or policy outcomes, valuable scientific contributions may be overlooked. The challenge is therefore to ensure that research is assessed fairly, according to its objectives and potential value. A balanced approach should distinguish three related but different dimensions: scientific contribution, research uptake, and realised impact. Scientific contribution refers to the knowledge generated or gaps addressed by a study. Research uptake concerns whether findings are communicated, recognised, and used in practice or decision-making. Realised impact refers to demonstrable changes in clinical practice, health services, policy, or health outcomes. These dimensions should not be treated as interchangeable. Fundamental research may advance scientific knowledge without immediate application, while local research may improve a health service without influencing national policy. Existing frameworks recognise the diverse benefits of health research. The Research Impact Assessment Framework offers a broad approach to evaluating research contributions (1). However, a systematic review identified considerable variation in how biomedical research funders assess and report research impact (2). This highlights the need for assessment approaches that reflect research objectives and context rather than relying exclusively on readily available indicators. To operationalise these three dimensions, assessment should consider four complementary criteria: research intent, supporting evidence, time horizon, and attribution. Evaluators should consider what the research intended to achieve, what evidence supports its contribution or impact, when potential benefits might emerge, and how confidently observed changes can be attributed to the research. Applying these criteria across the three dimensions provides a coherent and context-sensitive approach to research assessment. Claims about impact require caution. Policy decisions, clinical practice, and health outcomes are rarely shaped by a single study. Publishing findings does not guarantee their uptake or use, and evidence of research use alone should not be interpreted as evidence of improved health outcomes (3). Assessment should therefore distinguish between the availability of research findings, their actual use, and demonstrable subsequent changes. These principles have practical implications. Funders should assess grant

proposals against their scientific objectives, methodological quality, and plausible pathways to future benefit rather than prioritising immediate impact. Academic institutions should recognise methodological rigour, knowledge generation, and locally relevant research in promotion criteria. Journal editors should encourage authors to distinguish clearly between scientific findings, potential applications, research uptake, and demonstrated impact in abstracts and discussion sections. Health research should be assessed rigorously, but not every study should be expected to demonstrate the same kind of value or impact. Recognising scientific contributions, evaluating research uptake, and requiring appropriate evidence for claims of realised impact can help journals, institutions, and funders establish fairer and more meaningful assessment practices.

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