

# 2009 Annual CAHSPR Conference

## Building Bridges

Among Researchers, Decision-Makers &  
Practitioners to Create Evidence-Based  
Health Services Delivery & Care

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# Building Bridges for Knowledge Translation

## 2009 CAHSPR Conference

### CIHR Definition of KT

On-going human interaction *process*

- socially constructed
- contextually-embedded

*Content* = shared understanding

- factual evidence +
- tacit “*how to*” knowledge / understanding +
- experiential knowledge

# The KT Content

## KT on Empowering Partnering / Client-Driven Care or “*how to*”:

- Build client-centred relationships
- Engage clients as partners
- Build on the strengths of clients & others
- Optimize clients’ knowledge,  
abilities & decision-making involvement

# KT Theory to Date

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## **PARiHS Framework (Kitson et al.):**

- **Context**
- **Evidence**
- **Facilitation**

# KT Theory to Date

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## Knowledge to Action Model (Graham et al., 2006):

- “science push” by researchers
- “demand pull” by users in an action cycle

# The KT Context

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## Home Care Sector in Ontario

- Amalgamation of 6 home care programs
- Conglomerate of broker & provider agencies
- 1470 FTE providers & 16,000 clients
- 22,000 sq km urban/rural area

# The KT Intervention

## 2 Participatory Action Cycles:

- ◆ Consider the opportunities (research -> EBP)
- ◆ Identify what helps & hinders
- ◆ Create plans to change
- ◆ Implement strategies
- ◆ Assess & share the outcomes

# The KT Intervention Sample

## PARTICIPANTS:

<b>Category</b>	<b>n</b> (Cycle 1)	<b>n</b> (Cycle 2)	<b>Variation</b>
<b>Researchers</b>	12	12	Nurses; Epidemiologist; KT-Health Scientist; Psychologist; Sociologist
<b>Decision-Makers</b>	5	39	Policy makers; all levels of management
<b>Providers</b>	33	152	Case Managers; Nurses; Therapists; Social Workers; Personal Support Workers
<b>Total</b>	50	203	

# Research Methodology: Social Phenomenology

**What is the nature of the process of implementing KT through social interaction?**

- ◆ interpret the constructs reflecting intersubjective experience of daily life
- ◆ create an ideal-typical construction

# The Nature of the KT Process

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## Patterns of social interaction among participants:

- ◆ Overcoming barriers & optimizing facilitators
- ◆ Transcending “science push” & “demand pull”
- ◆ Synthesizing evidence, tacit & experiential knowledge
- ◆ Integrating knowledge creation, transfer & uptake throughout everyday work

# The Nature of the KT Process

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## Overcoming Barriers & Optimizing Facilitators:

- ◆ *Social construction of an organizational barrier*
- ◆ Social construction of a an organizational facilitator
- ◆ Social construction of a team-level facilitator
- ◆ Social construction of a team-> organizational-level  
facilitator

# The Nature of the KT Process

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## Transcending “Science Push” & “Demand Pull” through Social Interaction:

- ◆ Science push on behalf of the organization
- ◆ Demand pull, requesting that the evidence-based knowledge inform the proposed application

# The Nature of the KT Process

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## Synthesizing the Research Evidence with Tacit & Experiential Knowledge:

- ◆ Reflection on relevant experiential knowledge of pilot testing of the evidence-based principles
- ◆ Synthesis of experiential knowledge into the co-creation of a refined evidence-based direction

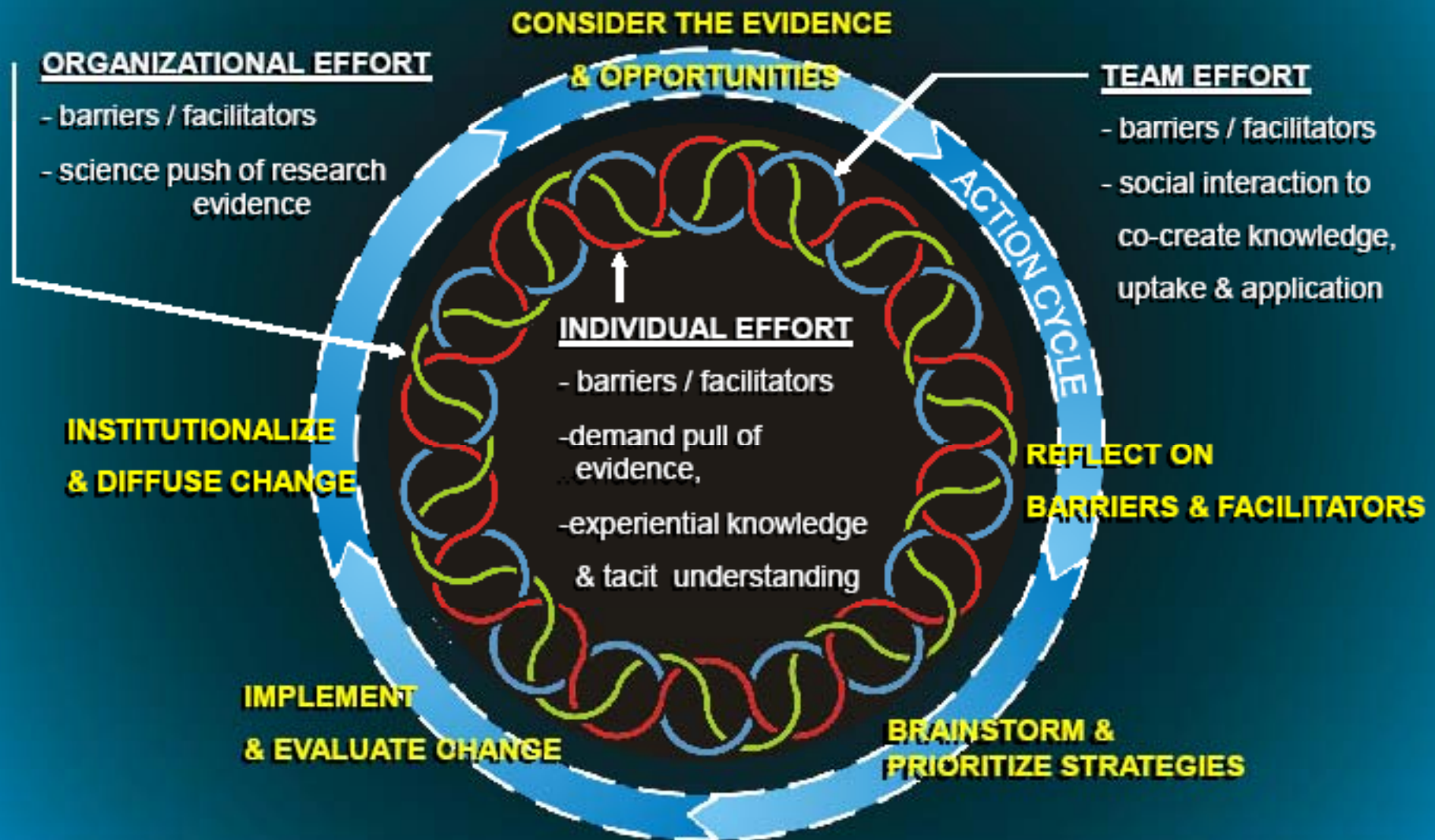
# The Nature of the KT Process

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## Integrating Knowledge Creation, Transfer & Uptake throughout Everyday Work:

- ◆ Evidence-based knowledge transfer beyond action groups
- ◆ Knowledge co-creation, drawing upon experiential knowledge from individuals across the wider organization & the research evidence

# PARTICIPATORY ACTION KNOWLEDGE TRANSLATION (PAKT) MODEL



# Interpretive Findings

## Structuration Theory

- The **human agency** of individuals who comprise an organization **and** the structure in which they operate **are simultaneously constituted** within a complex relational process in which neither has primacy (Giddens, 1991).

# Conclusions

## **Ideal KT process designs would afford:**

- ◆ **experiential learning of content**
- ◆ **participant creation of an organizational culture**
- ◆ **collective transformative leadership in lieu of formalized facilitation**
- ◆ **shared responsibility & accountability**

# Participatory Action Knowledge Translation Impact (Baseline – End of Cycle 1; Cycle 2)

## Readiness to Learn

- ◆ Supportive Work Context \* (p = .001; .001 )
- ◆ Self-Efficacy for EBP
- ◆ Self-motivated Learning Orientation \* (p. = .001; .001)

## Provider Process Outcomes

- ◆ Job Motivation \* (p= non-significant ; .001)
- ◆ Empowerment
- ◆ Team Functioning (p = .08; .027)

## Care Delivery Outcomes

- ◆ Health-Promoting Partnering Effort (p = .085; N.S.)
- ◆ Job Satisfaction
- ◆ Perceived Effectiveness (p = non-significant; .001)