

Commentary – Summary

Dissemination: Current Conversations and Practices

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The dissemination of research in a manner that leads to its effective implementation is a topic of concern across disciplines and practices. As the demands on scarce health-care resources increase, a shift to evidence-based decision-making and practice is required. Despite attention to the need for effective and efficient communication among researchers, practitioners, and policy-makers, a gap exists between research evidence for practice and actual practice. Yet, although dissemination is widely acknowledged to be a pivotal concept linking research and practice, discussions on this topic often devolve into opposing themes (science versus practice, researcher versus practitioner, creation versus application) that can hinder genuine communication and mask important issues that require collaboration.

The realization that progress still has to be made if truly intersectoral, collaborative, comprehensive dissemination is to be achieved was the foundation for the workshop *Conversations in Dissemination*, hosted by the Alberta Consortium for Health Promotion on May 5, 1999. The workshop focused on how researchers, practitioners, policy-makers, and others can help one another to access, interpret, apply, and participate in a more broadly conceived dissemination process. Through staged conversations — co-facilitated by researchers and practitioners — participants from academia, practice, and intermediary groupings were helped to define their multiple roles in the creation and application of knowledge and to identify specific dissemination strategies. Keynote speaker Dr. Penelope Hawe suggested that relationships — as well as having supportive and rational organizational climates — are crucial to successful dissemination, that knowledge is developed on both sides of the practitioner/researcher divide, and that researchers

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and academics ignore this to their peril. She further identified issues around relationships, capacity-building, intersectoral collaboration, and premature dissemination, which locate these efforts in the context of modern-day health care. So what do we know about dissemination?

Beginning with a Unidirectional Approach

Initial efforts in dissemination reflected a rather paternalistic, unidirectional, often top-down approach to the distribution of knowledge. Researchers were charged with the task of both creating knowledge and getting their research information out to practitioners and the public. Rogers (1983) introduced diffusion theory as a means of conceptualizing this knowledge transfer, outlining a pattern in the adoption of new ideas and elements believed to affect successful diffusion including the nature of the innovation, channels of communication, time-frame for the process of adopting the innovation, and the social system in which the innovation is placed (Johnson, Green, Frankish, MacLean, & Stachenko, 1996). A growth curve was used to portray the initial slow spread of the innovation, through the acceleration of acceptance and utilization, to the final slowing down of responses to innovative practice.

Further studies resulted in the identification of innovators (placed at the beginning of the growth curve during the initial, slow phase), early adopters and early majority (evident in the acceleration phase of innovation uptake), and middle majority and late adopters (evident in the final, decelerated phase of uptake). Each of these categories provided researchers with information on the manner in which individuals become aware of new knowledge and the interventions that might be used to encourage ready adoption of the innovation being presented. Although this provided researchers with insight into the characteristics of users (usually practitioners), dissemination was still viewed as a problem — primarily a one-way process, and often an unsuccessful one.

Subsequent efforts to improve dissemination culminated in lists of barriers to meaningful communication (Funk, Tornquist, & Champagne, 1995), attention to the process of communication, and the development of technology to ensure that such communication was effective (Lomas, 1997). Change theories were revisited as a way of further examining knowledge uptake. When it became clear that understanding the users of knowledge was insufficient to guarantee successful transfer, researchers focused their attention on the context for knowl-

edge dissemination — the organizations in which practitioners and policy-makers worked.

A Systems Approach Leads to New Linkages

Orlandi (1996) recognized that a major bottleneck in the flow of knowledge was caused by the organizational and professional screen through which information must pass. He proposed systems theory to link the development and delivery processes in the creation and application of knowledge, including problem identification, adoption, utilization, evaluation, revision, and testing. Whereas the dissemination process was initially seen as an endpoint to the research process, a system was now envisaged that would identify different players, different activities, and different processes at work in innovation transfer. New communications strategies would provide rapid access to research results; connections could be forged between researchers and the practitioners and decision-makers who might use their information; feedback loops could be established to provide researchers with useful information on the practicality of the knowledge and/or innovations being offered; and new questions could be generated. The challenge became one of harnessing technology to meet the researcher's dissemination requirements (Johnson et al., 1996). The initial, positive response to these initiatives resulted in the development of organizational research structures and teams; intermediaries to process information from researchers into acceptable formats for practitioner uptake; and the use of strategic and operational linkages among researchers, practitioners, consumers, industry, policy-makers, and communities (Lomas, 1997). Interactive processes whereby practitioners and consumers could participate actively in producing, seeking, and utilizing knowledge formed the basis of a new social order (Green & Johnson, 1996; King, Hawe, & Wise, 1998).

Two-Way Communication

Successful dissemination requires a complex system of two-way linkages among researchers, practitioners, and their organizations (King et al., 1998). We now recognize the importance of involving those who are affected (practitioners, decision-makers, and, yes, consumers) by the outcome of research from the beginning, ensuring a sharing of decision-making power, commitment to the process, and ownership of the outcomes (Green & Johnson, 1996; King et al.). With this recognition comes the realization that the field must be developed to enable these parties to become active searchers and users of knowledge. The only way to

ensure evidence-based practice is to bring those involved to a common table for discussion and collaboration. This requires that communication be still further improved among researchers, practitioners, policy-makers, and consumers: "conversations in dissemination" must take place; bridges must be built among policy-makers, practitioners, communities, and resources (Green & Johnson; King et al.).

Taking the Next Step

The Alberta workshop endeavoured to begin these "conversations." This information and the realizations that flow from it were presented at the Alberta Public Health Association Conference on May 6, 1999, the day after the workshop was held. Written summaries are being provided to participants, and information is being posted on internet listservs and published in newsletters and academic journals. Further, the findings are being communicated broadly to those in a position to change dissemination practices, be they practitioners, researchers, administrators, or information brokers or other consumers interested in changing practice to achieve better health outcomes. Additionally, ways to keep the conversations going are being generated and supported. Dissemination is more than a two-way process: it is intersectoral, interdisciplinary, and interlinking; it requires capacity and commitment. This is a new beginning.

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Acknowledgement

The author wishes to acknowledge the efforts of the Alberta Consortium for Health Promotion Steering Committee on Dissemination for their thoughts, which facilitated the thinking behind this article.