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Knowledge Translation

Reflections From a Research Program on Nursing Interventions for Family Caregivers of Seniors

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Background

In the past decade, the development of research infrastructure in the field of nursing science has been marked by the creation of research chairs. The Desjardins Research Chair in Nursing Care for Seniors and Their Families is one of these, having been founded in the wake of two major social transformations in the Western world: the aging of the population and the shifting configuration of the family. One consequence of these phenomena is that the type of assistance and care provided to aging and increasingly dependent parents has undergone many changes. Family caregivers are growing in number and the care they are called upon to deliver is becoming more and more complex. Empirical research has shown that these changes can have a significant impact on the lives of family caregivers, whose health is often undermined by stress, physical and psychological exhaustion, and a sense of being overwhelmed (Schulz & Martire, 2004). As a result, family caregivers are being considered more and more as an at-risk group within the health-care system. Their quality of life has come to depend in large part on nursing care. However, given that caregivers are reluctant to use services (Ducharme et al., 2007), and given that outcome studies have generally concluded that selected services and interventions have a marginal or modest impact on caregiver well-being (Brodaty, Franzep, Green, & Koschera, 2003), innovative nursing interventions to support families need to be developed and tested.

The Desjardins Research Chair has, over the past decade, contributed to knowledge development by carrying out evaluative studies of innovative nursing interventions for family caregivers of seniors living at home or in health-care institutions. It engages in four interrelated activities: knowledge development (evaluative studies of individual, group, and online nursing interventions); research training for graduate students;

knowledge translation for clinicians and decision-makers, with a view to improving nursing practices; and recommendations for improving policies around seniors and their families (www.chairedesjardins.umontreal.ca). The purpose of this article is to reflect upon the issues and challenges that we have identified within the framework of our research program concerning knowledge translation activities. Our reflections on these issues and challenges were guided by the following question: *What are the conditions that favour the utilization of research-based evidence and that foster changes both in the practice and management of nursing care and in health-care policies?*

Though the models and approaches underlying research translation are numerous (Grol & Grimshaw, 2003), our reflection emerges above all from the efforts of our research team in fostering the application of our findings. Our studies, based on a variety of theoretical models (i.e., stress-coping, self-efficacy, transition) and mixed methodological approaches, have focused on the development and evaluation of various psycho-educational interventions. The primary purpose of these interventions has been to provide family caregivers with strategies for coping with the health-illness transitions they encounter daily in their informal caregiver role. Three of the key strategies we have evaluated are social-support-seeking, problem-solving, and cognitive reframing. The issues discussed in this article derive from our experiences in translating our own research results.

Partnership: A *sine qua non* for Success in Knowledge Application

At the start of the 2000s, our team was confronted with what might be referred to as a "partnership obligation" — that is, interdisciplinary and intersectoral alliances stipulated by various funding agencies. Nearly a decade later, we have come to recognize this imposition as a condition for success in bringing about changes in practice and policy. In short, it has now been acknowledged that research projects conducted in partnership yield better results (Godin & Gingras, 1999). In the context of our research program, partnership constituted a *sine qua non* of the impact of our work on practice, management, and political decision-making. Partnership accelerates the application of new knowledge by contributing to the decentralization of knowledge bases and destabilization of the dominant thought processes among stakeholders (researchers, clinicians, managers, and decision-makers) (Ducharme, 2003).

A harmonious partnership, however, calls for a strategic approach. In the course of our work in conceptualizing and evaluating nursing interventions, we sought to respect the conditions for a successful strategic alliance such as those put forth by Austin (2000):

- Our studies had to be realistic and had to address important clinical and social problems about which little or nothing is known. The caregiving studies in our program were not yet producing hard "evidence" to shape nursing practices in home support services and in health-care institutions. Moreover, families wanted us to address their concerns regarding the quality of the care offered to their relatives and their own health needs.
- The partners selected had to be passionate and highly motivated with respect to the goals of the studies undertaken. Given that managers had too often been excluded from research partnership models — despite their critical contribution as agents of change — from the outset our projects included decision-makers from the Quebec Association of Health Establishments and managers from local community service centres and long-term-care facilities, in addition to practising nurses, members of advocacy groups, family caregivers (as principal stakeholders), and competent researchers from various disciplines.
- It was essential for us to learn one another's culture within the team, especially the culture of decision-makers, with which we were not well acquainted.
- Other winning conditions included flexibility of partners, transparency with regard to the research process, and, to be sure, sufficient funding.

However, there is a downside to partnerships. The drawbacks include time- and energy-intensiveness, the need to make compromises and choices, the need to understand partners' culture, and the need to share power. Partnership also calls for a complex process that entails agreement on a number of points: the composition of the team and its values, beliefs, and objectives; availability of resources; the role of each partner; a conflict-resolution mechanism; and intellectual proprietorship. Owing to these multiple conditions, our research projects have taken much longer to operationalize and complete, but, paradoxically, the transfer of their results to users has taken much less time.

Once Trained, Each Graduate Student Becomes a Multiplier

As stated above, one of the missions of a research chair is to train graduate students. In this regard, numerous graduate students in master's and doctoral nursing programs, as well as others pursuing postdoctoral training within our team, have greatly contributed to the application of our results in nursing practice and management. These nurses now hold key positions in the health and social services network and are driving forces within their care teams; they have the power to bring about changes in practice. We strive to maintain close ties with these practitioners so that our results can be "translated." For instance, we have worked closely with nurses who today hold positions in the home support departments of Quebec's health and social service centres. A stress-management intervention evaluated in one of our studies (Ducharme, Lebel, Lachance, & Trudeau, 2006), intended for family caregivers of physically or cognitively impaired persons living at home, is currently being applied by nurse case managers in eight of these centres. We have also worked with clinical nurse specialists in long-term-care facilities to promote the Taking Care of Myself program (Ducharme, Lévesque, Lachance, Legault, & Préville, 2005), which we conceptualized and evaluated in 26 nursing homes; this program, which is intended for family caregivers who place a cognitively impaired person in a residence, is used in various settings either as originally designed or in an adapted version.

Another important factor that can greatly affect the application of research results is how they are communicated.

Communicating Our Research Results: A Process That Must Be Learned

The type of communication still favoured by nurse researchers is the scientific article in a peer-reviewed journal that only the chosen few can access and appreciate. This type of communication, however essential for empirical knowledge, is often at a remove from the direct application of knowledge. Whereas hard evidence from research seems to be not yet part of the decision-making process of clinicians, managers, and political authorities, and whereas tacit informal knowledge, organizational memory, and experience are preferred over explicit scientific knowledge (Thompson, McCaughan, Cullum, Sheldon, & Raynor, 2005), our team has sought to examine the various modalities for communicating research results that might foster change in practice.

One of the issues appears to be translation. It is crucial that the results of our research be properly translated by researchers and be understood by clinicians and decision-makers. What this entails is not only giving results visibility but also rendering them digestible and comprehensible. Practising nurses, unit managers, and health-care decision-makers all need to be able to quickly grasp the meaning of hard research results, as these data can influence their decisions and actions. A major obstacle, at times, is the researcher's lack of skill in conveying a key message to those who have the power to change usual care practices: It is a matter of matching the message with the needs, culture, experience, and knowledge of the target audience. In this respect, we were inspired by several questions: *How do we get people to rapidly understand a key message? How do we prepare an executive summary of a study's results?* And, at a more general level, *How do we demonstrate the power of research?* These considerations are addressed below.

A Matter of Monumental Import: Communicating With Political Authorities

Evidence obtained through research provides decision-makers with an invaluable tool for offering the population care and services that are both effective and efficient. This, in turn, can help to rationalize costs, which is a constant concern in times of strained budgets. Though decisions to change not only care practices but also service supply are ultimately political, nurse researchers have not yet made politics a prerogative. Yet politics is a major factor in the potential impact of research findings on practice changes (Choi et al., 2004). It has become clear to us that researchers must either develop political skills or, at the very least, surround themselves with qualified resource persons who possess these skills. Research training and success with grant applications are no guarantee that one has the skills needed to write concise texts conveying the salient results of a study or, for that matter, to persuade decision-makers of the authenticity of their findings. Consequently, believing they lack the expertise required for these tasks, many nurse researchers simply ignore them. This too is a "cultural" issue. What it concerns is the link between the world of research and the world of politics.

In the case of our research program, some members of the team are field researchers who have experience with political influence or who come from disciplines where this type of activity is more recognized and exercised (e.g., sociology). What this means for us is being heard and understood by the provincial ministries responsible for health and social services and for families and seniors, or even by the Canadian Caregivers Coalition, so that policies and concrete actions (e.g., work-family reconciliation measures and innovative health-promotional services) can be developed for families of seniors, who constitute an at-risk clientele for the health-care system.

It is only after learning different modalities of political participation, thanks to a team with multiple competencies, that we were able to contribute, however little, to Quebec's home support policy, released in 2003 as *Chez soi : le premier choix* (Home: The first option; Ministère de la Santé et des Services sociaux, 2003). This policy clearly stipulates the importance of supporting the family caregivers of seniors in their daily lives, offering services adapted to their needs, and considering these caregivers as health and social service clients rather than merely as resources for caregiving.

This is one example of the influence that our research can have on health policy. There are others. In 2008 a province-wide public consultation was undertaken on the living conditions of seniors. Briefs were solicited from different bodies and groups. This was a golden opportunity to demonstrate the reach and impact of research. The Desjardins Chair presented a brief (Ducharme, 2007), and when the ministerial report was published we noticed that many of our points about family caregivers and their support needs had made it into the document (Ministère de la Famille et des Aînés, 2008). Then the provincial government tabled a bill (Bill 6) for the creation of a fund to provide support to the family caregivers of seniors for the next 10 years. In a parliamentary commission, the ministry solicited our team's opinion on best practices regarding care for families of seniors in support of this investment (Ducharme, 2009). The bill was passed in October 2009. One last example of ties with decision-makers concerns the recent publication of the Quebec plan regarding Alzheimer's disease and related dementias (Bergman et al., 2009). Our team was mandated to make specific recommendations about issues worth pursuing in order to improve support to the family caregivers of persons afflicted with this cognitive degenerative disease. Based on practice in other countries, such as the United Kingdom and Sweden, we suggested the systematic use by nurses of a caregiver support needs assessment tool. The instrument is the *Carers Outcome Agreement Tool,* validated in an international study (Ducharme et al., 2009).

Of course not all research has such implications in terms of health and social policy. The social significance of a project is a major factor in this respect, as is momentum. Still, politics comes into play at all levels. Very often, matters of a more micro-systemic dimension but of no less importance must be considered at the regional or local level. For example, the translation of research findings can serve to sway members of the nursing board or the board of directors of a health-care institution.

A Point Often Neglected: Communicating With the Media and the Public

From the viewpoint of research translation, two other interlocutors must be taken into account, namely the media and the general public. The nature of the messages conveyed by nurse researchers continues to pose challenges. The popularization of scientific knowledge by researchers has long been belittled, considered no more than a hobby, particularly within universities. Today, the rendering of specialized knowledge more accessible to the layperson is being viewed more and more as essential for the application of knowledge. It is recognized that knowledge, if it is to be applied in practice, must be disseminated to different audiences in different forms. Learning how to make science and research results accessible is a challenge, then, that must be met. Experience has taught us that the value of media contacts should not be underestimated when an important finding needs to be publicized. Disseminating messages through the broadcast and print media, in collaboration with journalists, is a strategy that has enabled us to acquaint families with the interventions we have developed. Obviously, not all researchers are interested in this type of communication. However, as with politics, the availability of people who are capable of such translation is key to making the greatest possible impact. In our case, the research centre's communication department was of enormous help.

Regarding other strategies for targeting the general public, collecting the findings of several studies and publishing them in a book (Ducharme, 2006) allowed us to reach a much larger audience. Moreover, we have produced brochures that summarize particular results in a reader-friendly manner and have allied ourselves with partners for their mass distribution. For example, VON Canada helps distribute our brochure titled *A Five-Step Approach to Reducing Your Stress.* We have also created a Web site (www.aidant.ca) and have participated in public events such as Science on Tap, a monthly café sponsored by the Canadian Institutes of Health Research. Admittedly, these strategies are time-, energy-, and resource-intensive. However, there is no doubt that they have allowed us to speed up the research-translation process. These strategies must be supported by solid infrastructure, and that is where research chairs come in.

Conclusion

In these times of instantaneous knowledge, a paradigm shift is called for. Opening up to a multiplicity of modes of exchange, conducting research within interdisciplinary and intersectoral partnerships, training graduate students who will later become ambassadors and multipliers, and appreciating the power of politics at the macro and micro levels, as well as the power of the media and mass communication — these are but some of the strategies that enable the translation of research findings for the purpose of promoting best practices in nursing. Experience has taught us that a single approach is not enough, that we must develop a mix of approaches, each tailored to specific situations and directed at different audiences: decision-makers, consumers of care, advocacy groups, and journalists, as well as practising nurses. This is an undertaking that is relatively costly in terms of resources. However, it is necessary, to ensure that our studies have the utmost impact on quality of care. The ultimate goal is to shorten the lag that persists between the end of our research projects and the application of their results.

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