



# Longitudinal Evaluation of a Knowledge Translation Role in Occupational Therapy

Danielle Hitch (1, 2), Kate Lhuede (1), Lindsay Vernon (1), Genevieve Pepin (2) & Karen Stagnitti (2)

1. Occupational Therapy, North Western Mental Health, Melbourne, Australia, Occupational Therapy, Deakin University, Geelong, Australia



## Background

Knowledge translation has been described as “a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system” [1]. To enable this translation, the allied health workforce must have sufficient capacity to access, critique, adapt and embed evidence into their daily practice. In addition, allied health clinicians also need to have the capacity to generate quality research. In 2014, a large metropolitan mental health service in Australia developed a senior occupational therapy research and knowledge translation role to address an identified need for greater evidence based practice. This role has focused on knowledge translation and building capacity in the workforce.

## Aim

The aim of this study was to evaluate the impact of the first three years of this role, on workforce participation in research activities, attitudes towards evidence based practice, workforce perception of the role and the social network of the service in relation to evidence based practice and knowledge translation.

## Method

Multiple methods were used in this study to gather a comprehensive range of data. Workforce surveys were completed in early 2014 (n=42) and late 2016 (n=44) with participants completing them both in person and online. Research key performance indicators (academic, research production and cultural) were also identified for measurement over time.

The data from these surveys were analysed using descriptive and inductive analysis, and also with social network analysis.

## Findings

This role has demonstrated positive outcomes across a range of variables. There was a medium effect on the average number of quality assurance and knowledge translation activities undertaken by the workforce, and the number of participants who self-identified as research generators and research leaders increased. As shown in Figure 1 (represented by the grey box/dot), the Lead Research Occupational Therapist moved from the periphery to the centre of the social network related to evidence based practice at the service. Improved awareness of other clinicians was observed, the frequency of interaction between clinicians around evidence based practice increased, and less of the ‘silo’ effect was observed across the service (which incorporates six area mental health services).

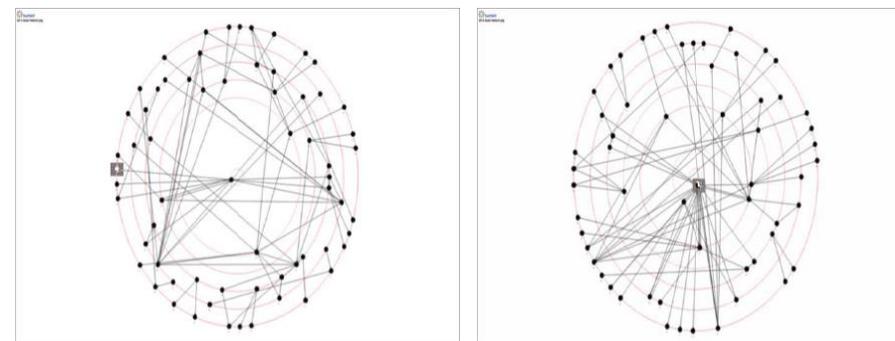


Fig 1. Social networks for evidence base practice in 2014 (left) and 2016 (right)

Most knowledge translation activities were engaged in 1-3 times every two months, although several (including communicating with patients and/or carers) were absent from current behaviours. An improving trend in attitudes towards evidence-based practice was recorded, but the change was not statistically significant. Perceptions of the knowledge translation role were generally positive, and while most of the workforce wanted contact with the incumbent either occasionally or monthly, there was a significant increase in those wanting online contact over time. The role has met all of its key performance indicators, across the academic, research production and cultural domains.

## Implications

The shift in focus of this role from research to knowledge translation and capacity building has produced tangible outcomes for the occupational therapy workforce. These achievements have had a positive impact on the sustainability of the role, which will be continued for at least another two years. A further challenge will be to directly measure the impact of this role on outcomes for people with mental illness and their carers, through the impact on practice of each project undertaken.

## Acknowledgments

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## References

Straus SE, Tetroe J, Graham I: Defining knowledge translation. *Canadian Medical Association Journal* 2009, 181:165-168.