

# Knowledge to Action in Communities of Practice

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## Background | Research Overview | Results

**Knowledge-to-Action (KTA)** refers to the movement of research and experience-based knowledge between social contexts, and the use of that knowledge to improve practice.

**Communities of Practice (CoPs)** are groups of people who come together to exchange information and knowledge on a specific topic; CoP members work together to identify innovations, translate evidence, and implement changes in healthcare settings.



CoP leaders generally aim to mobilize relevant knowledge to solve the compelling problems of frontline practice.

Policy makers and practitioners are adopting CoPs as a vehicle for moving knowledge and innovations into practice

The concept of CoPs, and the precise way in which these communities mobilize KTA processes, is not fully understood

Much of the work on CoPs has focused on how a community creates new knowledge to solve the challenges of its shared enterprise.

### Theoretical Framework - PARIHS Promoting Action on Research Implementation in Health Services

PARIHS holds that knowledge transfer depends on the interplay between three dimensions:

1. the level and nature of the evidence being transferred,
2. the nature of the organizational context where the evidence is being implemented,
3. the way in which the implementation process is facilitated.

Effective KTA processes might begin with an assessment of the evidence and of the organizational context that is to implement the evidence

The PARIHS framework will inform each case study, focusing on KTA processes within and through a CoP.

## Research Overview

### Setting: Seniors Health Knowledge Network Collaborative

The aim of SHKN is to improve the health and health care of Ontario seniors by facilitating knowledge exchange through a library service, knowledge brokers, local implementation teams, collaborative technology, and CoPs.

SHKN Collaborative is a network of networks that includes the SHKN Knowledge Exchange, Alzheimer Knowledge Exchange, and Ontario Research Coalition.

CoPs attempt to mobilize knowledge that is then moved toward frontline practices, where it is hoped that the knowledge will be implemented.

The CoPs have access to a Knowledge Broker (who helps to assemble relevant knowledge, and facilitate the implementation of the knowledge), a library service, and on-line collaboration tools.

Launched in 2005 linking Ontario caregivers, policy makers and researchers who focus on improving the care of seniors.



### Research Objectives

Increase our understanding of the Knowledge-to-Action processes mobilized through CoPs that are working to improve the health of Ontario seniors.

### Research Questions

1. Knowledge-to-action processes:
  - a) What KTA processes are initiated through the CoPs?
  - b) How well do the three PARIHS dimensions (evidence, context, and facilitation) proposed in the Promoting Action on Research Implementation in Health Services (PARIHS) framework describe the emergent patterns of knowledge flow?
  - c) To what extent does KTA involve an interaction between explicit knowledge and tacit knowledge?
2. The role of human agents:
  - a) What roles are evident among those who participate in these processes?
  - b) How does the active involvement of knowledge users in the KTA process influence knowledge utilization?
  - c) What factors support or hinder effective involvement in KTA processes?

## Methodology

### CASE STUDY

Multiple case study design method, with 3 cases per year for 3 years, for a total of 9 cases.

The case is defined as the knowledge-to-action initiative planned and implemented by selected CoPs.

### DATA COLLECTION

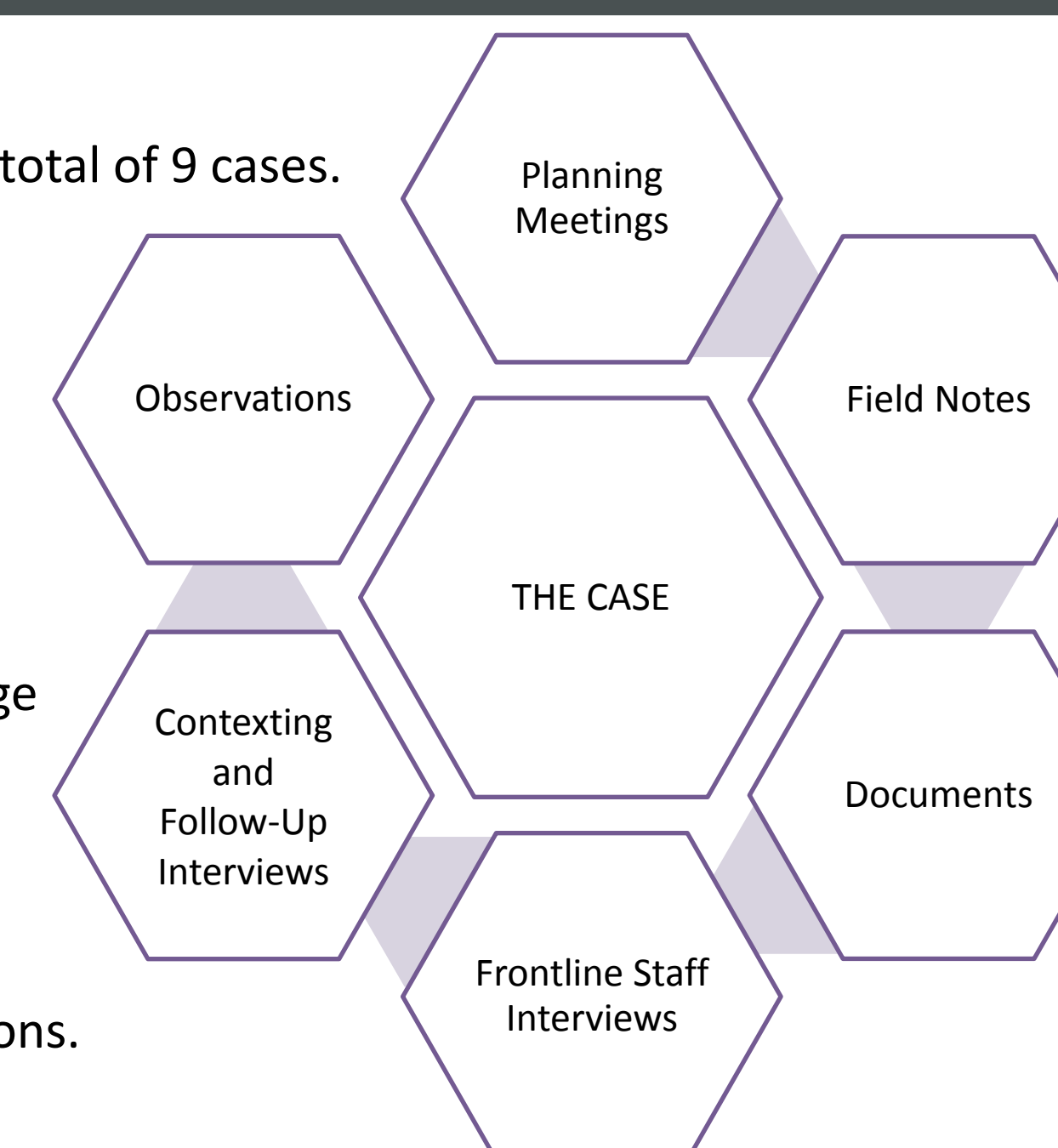
Observe the facilitative techniques used and identifying types of evidence used by CoP members, noting the prevalence of tacit and explicit knowledge within KTA processes and the roles of those involved.

### DATA ANALYSIS

Each case will yield a unique narrative, framed around the PARIHS dimensions.

Identify organizational characteristics of frontline contexts, and inquire about the behaviour changes that result from KTA processes.

Through cross-case analysis, the cases will shed light on how CoPs approach, succeed at, and encounter challenges when bringing knowledge to action.



## Results

### The Oral Health Case (Site 1, Year 1)

This CoP functions well due to:

- clear vision
- common identity
- high level of trust

The CoP has a core group of leaders and a larger group of members who participate in CoP activities.

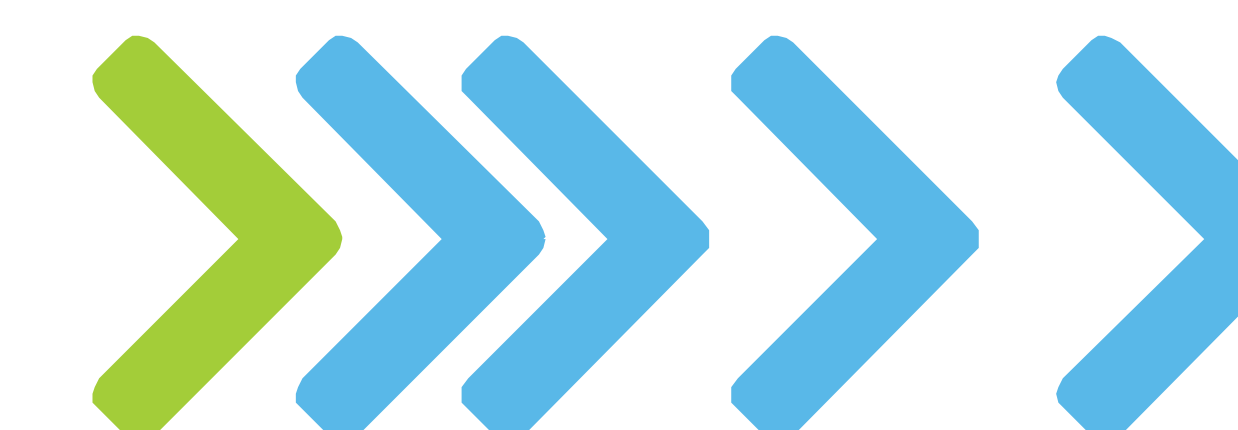
The PARIHS framework offers a lens to view knowledge-to-action processes, although findings suggest that the CoPs themselves are 'facilitators' who are facilitating at multiple levels in multiple contexts.

- beta-testing of ideas
- acute attention to: message, audience, messenger, and communication infrastructure

CoP activities can be seen as "temporary contexts" that construct and contain dialogue needed to bring about transformation.

The CoP is challenged by organizational culture across long term care facilities.

This case study revealed the complexities of KTA activities within the context of CoPs, where best-practice evidence is accessed, adapted and contextualized for use.



### Significance and Implications

This research contributes to:

1. Our understanding of the role and impact of CoPs in the KTA process; how CoPs mobilize around specific KTA phenomena, how various KTA outcomes are seen as meaningful and feasible.
2. The developmental processes of CoPs.
3. The importance of stakeholder engagement in KTA; and how structure and agency influence social construction of knowledge.
4. The use of PARIHS to understand these processes.

Our results offer insight into how CoPs improve health service delivery, and highlight where further external support could be used.

### Next Steps

Findings will be explored and interpreted in stakeholder conferences, and in a final workshop involving participants and researchers from other Canadian knowledge networks.

Cross-Case Analysis for year 1; continue with Data collection for year 2

### Select References

- Kitson, A. L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., and Titchen A. (2008). Evaluating the successful implementation of evidence into practice using the PARIHS framework: theoretical and practical challenges. *Implementation Science*, 3, 1 of 12 to 12 of 12.
- Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., and Robinson, N. (2006). Lost in Knowledge Translation: Time for a Map? *The Journal of Continuing Education in the Health Professions*, 26, 13–24.
- Conklin J, Kothari A, Stolee P, Chambers L, Forbes D, Le Clair K. Knowledge-to-action processes in SHRTN collaborative communities of practice: A study protocol. *Implement Sci*. 2011 Feb 11;6:12. doi: 10.1186/1748-5908-6-12.
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge: Cambridge University Press.