Connecting what we do with what we know: building a community of research and practice

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How to think about, develop, maintain and optimize connections between research and practice remains a vexed and contested area in the increasingly complex multidisciplinary and inter-professional practice that constitutes contemporary healthcare and service delivery. A body of literature challenging linear and passive notions of research uptake has emerged which views research uptake as a dynamic, contextualized and active process. This paper explores the development of a successful and exciting community of research and practice involving a university and an aged care organization in Australia. The community of research and practice is premised on dynamic, contextual and active interaction between research and practice; where the categories of research and practice are not mutually exclusive or static; and where community is more than just a structure to facilitate collaborative research projects. It is proposed that the idea of a community of research and practice is a useful one in terms of seeking to better understand and provide strategies for knowledge translation between researchers and practitioners and those who are both.

Key words: building research capacity and culture, community of research and practice, knowledge translation, research translation

Setting the scene: the initiative that forms the focus of the discussion

There is no doubt that connecting what we know to what we do is important to optimize outcomes in any area of care or service delivery, including that provided to older people. Thus how to bring together research and practice has been a long standing theme in much health care related discussion. There is a persistent perception that a gap or rupture exists between research, practice and the way that research is taken up (or not taken up) in practice (Stetler, 2003; Sabir et al., 2006; Baumbusch et al., 2008; Scott et al., 2008).

In these discussions the terms ‘practice’ and ‘practitioner’ are often used very broadly to describe those people and
activities involved in the delivery of care and support, including for example policy/project workers, clinical experts, direct care workers and corporate support personnel who support the care indirectly (Fox, 2003; McCormack, 2003; Sabir et al., 2006; Baumbusch et al., 2008). The terms ‘researchers’ and ‘research’ are used in reference to people undertaking research and the results of their efforts. Sometimes these terms are not defined – their definition is assumed to be a given as is the fact that they are two, usually mutually exclusive, distinct groups.

In this paper, using the example of a community of research and practice, we present an alternative view, namely, that individuals may, at different times, be researchers, practitioners or both a researcher and a practitioner. Underpinning this is the notion of research and practice as dynamic, contextualized and active processes. These are not fixed categories, nor are they necessarily related to the location of an individual such as researchers and research being university based and practitioners and practice aged care facility based for example. Rather they are activity based allowing for movement of individuals between categories at any point in time or even within stages of specific research projects. Such fluidity of positioning, and the possibility of such fluidity, is at the core of the concept of the community of research and practice that forms the focus of this paper.

Another assumption often implicit in discussions of research and practice and their nexus is that of research uptake as a linear process – research comes first, then comes practice. As a consequence, solutions relating to uptake of research into practice are premised on the need for some form of connecting behaviour or strategies for ensuring that research can be transferred or ‘put’ into practice. A metaphor to describe this is one of two islands and the need to build a bridge between them. In such a metaphor, the bridge is the focus rather than the two islands themselves, with the emphasis on how to build the bridge rather than why there are two islands and what works to maintain them. There is a need to explore how we can attempt to move beyond the idea of two islands and building bridges between them, to explore how we can think of a community of research and practice that metaphorically is on the same island. One way of doing this is to focus on an actual initiative in a specific context that has had the effect of successfully bringing research and practice together. The initiative can be analysed for what it can tell us about how these synergies were optimized and research uptake enhanced. In other words, we can work from a specific initiative to see what general principles about research uptake we can learn that might then be extrapolated to other situations.

This paper attempts to do this. The initiative that forms the focus of the discussion is the emergence of community of research and practice between a university and a large aged care organization in South Australia. The organizations in question are Helping Hand Aged Care, a non-profit organization that provides a range of aged care services including in home care and independent living services, help for carers and residential care facilities, and the University of South Australia, specifically the Division of Health Sciences. Our goal in the paper is to explore, in depth, how a community of research and practice has emerged and what that has meant for how research and practice have come together.

What is a community of research and practice?

The notion of a community of research and practice (CRP) draws on the idea of a community of practice (CoP) that is well documented in the extant literature (McDonald & Viehbeck, 2007). CRPs are dynamic social structures that require cultivation to emerge and grow (McDonald & Viehbeck, 2007, p. 142). Over time, community members strive to develop a shared history, language, stories, resources and technical standards. Such communities are premised on much more than loose interaction and the passive sharing of data or information. They are dynamic, active and based around shared activities where the community is more than just a collection of specific activities or projects. This makes them very different to professional or social networks (McDonald & Viehbeck, 2007, p. 142).

Wenger (1998) has identified three essential elements of CoPs as being mutual engagement, joint enterprise and shared repertoire amongst those individuals that comprise the CoP. This thinking has much in common with contemporary thought about knowledge translation. Knowledge translation refers to a ‘dialogic, collaborative engagement between researchers and practitioners through which people come to reflect on what they do, and its consequences, and identify what they might do differently by drawing on research based knowledge’ (Baumbusch et al., 2008). Such an approach emphasizes the importance of relationships, multiple perspectives, contextually knowledge and complexity of the context in which the uptake of research is occurring (McCormack, 2003; Canadian Institutes of Health Research, 2004; Rycroft-Malone, 2007; Baumbusch et al., 2008; Kitson, 2009). Partnerships and collaborations are crucial to enable knowledge translation. Collaboration in knowledge translation is promoted as creating a common agenda and focus between researchers and practitioners (Baumbusch et al., 2008). In other words knowledge translation promotes the three elements identified by Wenger (1998) as critical to a
CoP, namely mutual engagement, joint enterprise and shared repertoire. This suggests that a CoP or for the purposes of our focus here a CRP, could well be a device to facilitate and enhance knowledge translation and the synergy between research and practice.

A CRP emerges between Helping Hand Aged Care and the University of South Australia

The CRP that has developed between Helping Hand Aged Care and University of South Australia did so over time. It was not something that was consciously constructed or manufactured, using formal structures or legal constructs. Rather it emerged from relationships and a reflective journey taken by the leaders and other participants. The three elements identified by Wenger (1998) provide a useful framework for describing important elements in the journey.

Mutual engagement

Communities have their origins in the relationships between the members. In this case, the foundation relationship developed between ‘practitioners’ and ‘researchers’ who met when both were involved in a research study. Through discussions related to the study and across broader topics, they found common territory and synergies occurred. It emerged that the practitioners and the researchers shared a common concern about improving practices within aged care. In particular, both shared a broader vision for active practice change, aligned with and drawing on the development of a robust research culture within aged care.

From this beginning, discussions took place about how they might work together in the future. There was no defined activity at this stage, for example, no grant application to write or specific research proposal to pursue. Rather, both parties took the opportunity to engage with each other as opportunities arose (for example, brainstorming with Helping Hand Aged Care staff on issues of social isolation and older people) and to discuss their aspirations for how to bring together research and practice, with a view to changing and improving both policy and practice outcomes for older people and influencing funders.

As a consequence of this mutual engagement around common concerns, a number of activities emerged (refer to the following section Joint enterprise – a model for CRP) and from these activities the ‘structure’, that is, the community, developed, – not the other way around. Indeed the structure of the CRP is a fluid one that reflects the activities that form the common remit and focus of the community at any point in time with respect to research and practice. It is, as described by McDonald and Viehbeck (2007) a dynamic social structure that required and requires continued cultivation to emerge and grow.

Joint enterprise – a model for a CRP

A variety of activities and developments led to the emergence of a CRP at Helping Hand Aged Care. They include:

- A Professor of Ageing was appointed to champion and provide impetus to the activities and shared vision.
- Helping Hand Aged Care and the Professor of Ageing negotiated with the University of South Australia to co-locate an existing university research centre with Helping Hand’s Research & Development Unit at Helping Hand Aged Care, with joint sharing of resources and staff, including co-locating University staff.
- This co-location gave rise to a virtual research centre created between University of South Australia, Helping Hand Aged Care and other partners, including an overseas university, with the aim of broadening the ideas and thinking within the community and to create a wider range of opportunities for all involved.

These developments provided the platform from which a wide range of engagements and activities could proceed. The physical presence of the researchers within the organization has been critical to creating a sense of shared community amongst the participants. The following figure provides an overview of the activities that comprise the focus for building the CRP (Fig. 1).

Shared repertoire

Wenger (1998) identified that community members strive to develop a shared history, language, stories, resources and technical standards. In this case, co-location and shared activities over a number of years have enabled these to develop organically. Experiences and activities like sharing lunches, struggling to develop research proposals on time, sharing highs and lows of undertaking research, and sharing information from articles discovered by colleagues. All of this works to build history, mutual trust and respect and develop a shared sense of community which is a core element of the CRP.

To facilitate both research and practice development and translation of outcomes into practice and vice versa, each project and activity of the CRP includes a combination of research producers and research users, who can, in some cases, be the same individuals. For example practitioners who will use the findings can at the same time be part of the production of them. This is in keeping with Fox’s (2003,
Conclusion that practitioners and researchers must work together as part of a ‘bottom-up’ approach to research development and implementation. Such working together must occur at all phases of the translation, from the conception of the problem through to the way the research will be conducted, implemented and disseminated. In keeping with this Ginexi and Hilton (2006, p. 344) point out, that best practice (the stated goal of much research) ‘improves organizational performance to such an extent that it creates the motivation to emulate it.’

One key area in the development of a shared repertoire of the CRP was the need to develop the research skills of those in the practice area and to involve them directly in research. This meant that they were part of research teams as investigators involved in the formation of questions and the conduct of research. Concomitant with this was a desire to provide an opportunity for staff with an interest in research to develop their skills in the area. This led to the development of the Research Intensives. The Research Intensives are one component of an overall plan to develop individual skills, provide organization-wide developmental opportunities and, at a fundamental level, build capacity around research at Helping Hand Aged Care. The Research Intensives were developed through Helping Hand Aged Care’s Research Office, in conjunction with the Professor of Ageing, and linked with other activities conducted by the Centre for Aged Care Studies.

The goals of the Research Intensives were to:
- Discuss the principles of research and proposal design including turning a research idea into a proposal;
- Create awareness/knowledge around research and methods and
- Provide feedback and advice on developing specific project proposals.

The intensives were built around a collaborative arrangement of pairing practitioners directly with a skilled researcher in order to:
- Focus the research on really practical foci which have a direct impact on the wellbeing of the older person and
- Encourage best practice in research and evidence gathering so the aged care sector can capture and build on knowledge based on a dynamic interplay between practice and research and researchers and practitioners.

This was achieved in a ‘hands on’ way with participants working directly with the Professor of Ageing and her team to develop a proposal and establish the methodology for a specific research project and supplemented by a two day workshop where proposals could be discussed and developed further. This was then followed by monthly sessions over a 12 month period with research staff from University of South Australia and Helping Hand. The content included research principles and pragmatic sessions on the ‘how to’ of research as well as providing constant feedback and encouragement in the process of developing and conducting the research.

Gauging the success of the CRP and what has contributed to it

As described earlier, the initial concerns which resulted in the development of the CRP were an interest in promoting active practice change, a commitment to promote practice based on research evidence, and the development of a robust research culture within aged care. The outcomes achieved to date demonstrate considerable progress in these areas. For example:
- Research development and culture building is occuring within the organization as evidenced by the fact that Helping Hand Aged Care has established a formal...
framework for conducting research, including a robust ethics approval process;
• Helping Hand Aged Care has set up a strategic level committee reporting directly to Executive to provide advice and direction in relation to practice research and research practice;
• The professorial position is jointly employed by both Helping Hand Aged Care and the University South Australia, which assists in enabling the person to commit to both organizations;
• The CRP environment enables researchers and organizational staff to informally interact, bounce ideas off of one another, and learn from each other (e.g. asking about literature or utilizing the skills of researchers to undertake evaluation of key programmes). Researchers get to hear discussions about practice and the everyday issues of those working and living the everyday practice experience in a way that otherwise they might not;
• The Research intensives have provided the CRP with good ideas around research ‘from the floor-up’ which helps researchers connect with the reality, needs and priorities of everyday practice;
• Practitioners have become much closer to the research and developed a sense of co-creation and co-ownership. As a consequence, practitioners are more likely to take the ideas and actively work with them in practice as ideas and research findings emerge and
• The learning that occurs incrementally (and naturally/organically) along the way as ‘researchers’ and ‘practitioners’ work together across a variety of activities, including research projects makes the difference and creates the community; not just the findings/recommendations produced in the final or formal research report.

In all of this several factors have been critical to enabling this success. The most important was to recognize that the development and on-going growth and operation of the CRP has been, and is, a journey, rather than a structure or a destination. This journey may be characterized by a cycle of thinking, planning, doing and reviewing that leads to more thinking, which is, in effect, a form of participatory or action based research (refer also to Alde et al., 2009).

The journey has been guided by the leadership and vision of key players. Without their commitment and drive the CRP would not have happened. Their leadership and vision is characterized by a belief that research can make a difference, that tenacity and a commitment to sharing, creating and changing knowledge will result in changes (improvements) to both care practice and research practice.

The CRP has maintained a sense of dynamism because it is not confined by a bureaucratic structure but rather has used existing structures to meet our needs in different, more flexible ways. Activities undertaken by the CRP have been both opportunistic and planned. While we have had some ideas in mind and have followed them through (for example, research into loneliness and older people), we also have taken advantage of opportunities which have arisen (for example, using research staff through the CRP to undertake evaluations of local services). The flexibility both in structure and approach has enabled us to learn by doing rather than just talking about what could be done. The CRP has thus been able to evolve and respond to the changing context in which the CRP exists and to the increased knowledge and understanding that emerges from CRP activities.

Conclusion: connecting what we do with what we know

The CRP is much more than the sum total of research projects being conducted at any one time. It has a focus on building understandings of research and practice from within the CRP itself that help to further orientate and guide the remit and focus of the community. The categories of researcher and practitioner are not assumed, static or mutually exclusive in the CRP and the longevity and role of the community lies well beyond any individual project. The shared experience and learning about research and practice themselves that occurs in the construction, development and maintenance of such a community is of equal, if not more, importance than the any of the activities or findings of individual research projects that may form part of the community’s remit. As more and more practitioners and researchers engage with the community, the hope is that its influence may continue to grow organically.

References