AN INTERACTIVE INTEGRATIVE APPROACH TO TRANSLATING KNOWLEDGE AND BUILDING A “LEARNING ORGANIZATION” IN HEALTH SERVICES MANAGEMENT

- The best way to translate research so it gets used is to build a “learning organization” that promotes continuous sharing of knowledge by and between all stakeholders.
- A learning organization requires three things: those who do research and those who use it must interact regularly; mechanisms should ensure effective knowledge translation; and all information must be recorded and packaged for future sharing.
- Knowledge translation is a complex process. Research findings interact with personal experiences, preferences, and other evidence in decision-making. Understanding these interactions can guide organizations in maximizing knowledge transfer and research use to improve healthcare.

The following is a summary of a journal article by Somsak Chunharas

Knowledge translation is an attempt by those who create scientific knowledge to persuade decision makers to use knowledge. In most cases, it is seen as a “one-off” intervention, used to influence a specific decision.

Chunharas suggests an alternative — a so-called interactive integrative approach to knowledge translation — that translates research for decision makers with a view to building a “learning organization.” A learning organization is one that facilitates continuous learning and sharing of knowledge among employees. It puts decision makers in the driver’s seat, allowing them to build knowledge translation into how they — and the research organizations they work with — make decisions.

What follows is an overview of Chunharas’ interactive integrative model of knowledge translation, including the kinds of knowledge considered, the stages of problem-solving, and the dimensions for translating knowledge and making decisions.

Types of decisions and types of knowledge

Managing health services means making decisions about providing the best services in a way that uses resources the most efficiently. To do this, decision makers draw from three knowledge sources: 1) management information systems; 2) personal experiences or trusted sources; and 3) research findings.

Chunharas explains these three sources are used in each stage of the problem-solving cycle. That cycle moves from 1) identifying the problem; 2) formulating possible solutions; and 3) implementing the best solutions; to 4) monitoring and evaluating results.

As Chunharas explains, different stages of problem-solving call for different types of knowledge. For example, when decision makers are formulating solutions, they tend to be open to research evidence, but they are equally concerned about feasibility and affordability.
Four dimensions of translation and decision-making

Chunharas argues building knowledge translation into decision-making stages and treating the three kinds of information with equal respect can transform healthcare organizations into continuous learning environments.

Effective knowledge translation — just like the decision-making processes it seeks to influence — is not a simple linear process. It is a complex, often unclear, chain where different kinds of knowledge interact. In his interactive integrative model, Chunharas explains there are four distinct dimensions of knowledge translation and decision-making:

Dimension 1: problem-solving stage
The problem-solving cycle addresses a variety of decisions and reflects the different types and sources of knowledge available. Researchers trying to influence decisions need to be aware of evidence from other sources and how these sources are perceived by decision makers.

Dimension 2: context of the decision
The politics, perceptions, preferences, and resources surrounding the people and the issues determine the types of evidence that decision makers consider important. Understanding the context of the situation is the key to planning a better interaction between those who provide knowledge and those who use it.

Dimension 3: nature of the available knowledge
Scientific data are not the only valid sources of information. Personal experiences and trusted sources are also given weight by decision makers. Moreover, perfect knowledge is never available; a judgment is always made on what the best available evidence may be on any given decision. That is why quality counts. According to Chunharas, the quality of all kinds of information is improved when decision makers and knowledge providers interact regularly.

Dimension 4: knowledge translation process
There is no perfect model for translating knowledge. However, the most effective approach involves researchers and managers gaining a better understanding of the various dimensions of translation and decision-making. This requires some degree of process planning and management, as well as mechanisms to bring about a learning culture.

Managing an interactive integrative approach to knowledge translation

Chunharas’ model assumes all sources of knowledge are valued and researchers, stakeholders, and decision makers can come to a sense of common goals — creating the right environment for a continuous learning culture.

Achieving this kind of interactive and integrative environment requires following a series of steps: planning to ensure all the stakeholders are involved; moderating or facilitating to help the group integrate knowledge translation effectively; and capturing all the information that is available for future sharing.

Summary

Chunharas’ approach to knowledge translation creates learning organizations and fosters a continuous learning culture rather than approaching knowledge translation as a one-off intervention designed to influence a given decision. His model can help health services organizations effectively transfer knowledge, resulting in more research-informed decisions to improve healthcare.

Bibliographic Reference


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