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BACKGROUND

- Support for People and Patient-Oriented Research and Trials (SUPPORT) Units provide expertise for patient-oriented research (SPOR) and support service integration in Quebec.
- As part of the Quebec SPOR-SUPPORT Unit, the component aims at identifying, designing and implementing effective knowledge translation strategies according to stakeholders' needs.

OBJECTIVE

- We sought to identify Quebec stakeholders' needs pertaining to patient-oriented research in health and social services systems, knowledge translation and implementation.

METHODS

- Study design:** qualitative study consisting of focus groups held during the consultation sessions of the Quebec SPOR-SUPPORT Unit between December 7th and 10th, 2015, to assess what needs to be done to increase patient-oriented research capacity.
- Setting:** Quebec's four integrated university healthcare networks.
- Participants:** using a snowball strategy, we invited a convenience sample of participants representing researchers, patients, clinicians, managers and graduate students.
- Data collection:** focus groups sessions conducted by a facilitator, using a semi-structured questionnaire with open-ended questions to encourage discussion about stakeholders' needs. With the authorization of participants, we audio-taped all workshops.
- Data analysis:** audio recordings of sessions were transcribed verbatim. Transcripts were reviewed by one of the co-authors. A thematic analysis of these transcripts based on the knowledge-to-action (KTA) framework (cycle of knowledge creation and implementation) was conducted using NVivo software (V11).

RESULTS

We conducted 12 focus groups (three per RUIS), with an average of 10 heterogeneous participants in each, for a total of 121 participants. Participants were researchers (N=51), managers (N=29), clinicians (N=28), patients (N=15) and graduate students (N=12). The mean duration of focus groups was 34.5 minutes (SD=6.3).

Table 1: Number and profile of participants

	RUIS 1	RUIS 2	RUIS 3	RUIS 4	N
Researchers	11	13	17	10	51
Patients	2	3	3	7	15
Clinicians	8	4	8	8	28
Managers	8	8	6	7	29
Graduate students	2	3	3	4	12
Total	29	26	31	35	121

* Some participants had more than one profile
N= Total number of participants
RUIS= Réseau universitaire intégré en santé

The patient-oriented research needs, including verbatim examples reported by stakeholders, are summarized in Table 2.

We identified seven themes related to specific steps in the KTA framework; four additional themes emerged from the discussions that were not specific to one step of the framework (see Figure 1).

Table 2: Patient-oriented research needs

Themes [§]	Verbatim examples	Frequency of themes [†]				
		RUIS 1	RUIS 2	RUIS 3	RUIS 4	N (%)
1. Networking, linkage and exchanges		8	6	9	7	30 (23%)
1.1. Share experiences, successes and lessons learned 1.2. Share effective tools and strategies 1.3. Mobilize a provincial KT network 1.4. Encourage collaborations and partnerships 1.5. Support organization of annual events (e.g. seminars)	<i>"What I need is promising knowledge translation models, but also examples of where it has been successful in Quebec, e.g. a method for engaging physicians that has worked. Since you meet with a lot of teams, if you could bring us success stories..."</i> (F03P7) [translated] [‡] (1.2)					
2. Support for developing relationships and collaborative practices between researchers and knowledge users		7	9	6	5	27 (20%)
2.1. Facilitate links between researchers and knowledge users and consolidate teams 2.2. Identify and develop initial relationships with knowledge users 2.3. Foster collaborative and engagement practices for research with knowledge users	<i>"Part of grant applications that are not often covered is the part where we build our initial relationships with our partners... How can the Support Unit support the creation of initial relationships between the various partners to enable new research projects to emerge? What role can you play in this? Can you support meetings, and facilitate these interactions?"</i> (F05P3) [translated] (2.2)					
3. Assess barriers to knowledge use (KTA)		2	8	8	0	18 (14%)
3.1. Reinforce researcher's capacity to identify barriers to knowledge use 3.2. Move from research to practice in a short time 3.3. Support managers to implement practice change	<i>"When we are working to apply knowledge, e.g. implementing new organizational models in primary care with extremely motivated but very busy doctors. How can we better address barriers? I know there is plenty of literature but sometimes just being able to sit down with someone and talk about it would be useful."</i> (F08P12) [translated] (3.1)					
4. Adapt knowledge to local context (KTA)		1	8	5	0	14 (10%)
4.1. Support in designing tools and developing key messages tailored to knowledge users 4.2. Support of experts in communication, graphic design, informatics, marketing	<i>"I would like to build partnerships with someone in IT to develop my technological applications, and someone in marketing to enable me to create catchy key messages. I think we need to expand our interdisciplinarity."</i> (F05P5) [translated] (4.2)					
5. Products, tools (KTA)		0	8	1	0	9 (7%)
5.1. Provide access to an inventory of effective knowledge tools or products 5.2. Develop tools tailored to specific knowledge users (patients, clinicians, decision-makers, managers)	<i>"Although I have been a clinician for 35 years now, I still need to understand the difference between a clinical practice guideline, a decision aid, a symposium..."</i> (F05P3) [translated] (5.1)					
6. Evaluate outcomes (KTA)		0	2	2	4	8 (6%)
6.1. Evaluate outcomes of a KT plan, strategy or tool	<i>"We have developed KT tools, for example, graphic novels for clinicians to introduce them to poverty issues, and we would like to evaluate these tools. Maybe the support unit would help us with this?"</i> (F14P7) (6.1)					
7. Training and support for knowledge users involved in research projects		1	2	3	0	6 (5%)
7.1. Offer training in knowledge translation 7.2. Offer training on how to engage and promote participation of knowledge users in patient-oriented research projects 7.3. Offer training for knowledge brokers	<i>"We have people in our CIUSSS who assist with transfer of knowledge. If we wanted to train these people, or enhance their skills, there may be a need for that. Is that a service your unit could provide?"</i> (F14P4) (7.3)					
8. Select, tailor, implement interventions (KTA)		0	3	3	0	6 (5%)
8.1. Adapt implementation strategies to a particular context	<i>"I would be interested to know if there are specific knowledge translation strategies for patients with vulnerabilities, especially in situations of poverty or with low education..."</i> (F27P11) (8.1)					
9. Knowledge synthesis (KTA)		0	2	2	1	5 (4%)
9.1. Contribute methodological support in designing and conducting a knowledge synthesis (biostatistician, information specialist) 9.2. Offer training for systematic reviews 9.3. Appraise a knowledge synthesis protocol for a grant submission	<i>"It could be interesting to have resources and readings for students doing systematic reviews, e.g. having a compendium of best practices."</i> (F29P2) [translated] (9.2)					
10. Support elaboration of a KT plan/protocol		1	1	0	2	4 (3%)
10.1. Support researchers to include the knowledge translation component in their grants 10.2. Provide a letter of support to a research team	<i>"As a researcher, I think we need support to develop a knowledge translation plan that goes beyond the publication of scientific articles and international conferences or congresses."</i> (F29P1) [translated] (10.1)					
11. Identify problem (KTA)		0	2	1	1	4 (3%)
11.1. Identify knowledge users' needs and research priorities	<i>"A lot of the implementation or knowledge translation research that we are designing is geared towards practice change or system change from the perspective of the system. Do we need new tools or new frameworks or new action cycles that start with the perspective of the patients? One step closer to the end user than they are now."</i> (F15P3) (11.1)					
Total		20	51	40	20	131

[§] Themes associated with the KTA framework are in black; themes that emerged inductively and not associated with a specific step of the knowledge to action cycle are in blue and italic
[†] Number of mentions of the need during the interactive workshops; [‡] Free translations from French to English; RUIS= Réseau universitaire intégré en santé



FIGURE 1: Needs located in the Knowledge-to-Action cycle

*Needs that emerged inductively not associated with a specific step of the knowledge to action cycle. Boxes in white: needs not mentioned at all.

DISCUSSION

- Stakeholders wish to be linked to a knowledge translation network or community in order to foster collaborations and partnerships.
- They are also concerned with how to effectively engage knowledge users throughout the research process in order to make the most of their potential contribution, and with how to change practice and address barriers to knowledge application.
- Participants did not mention any needs regarding knowledge inquiry, monitoring, and sustaining knowledge use.
- Some needs appear to be more specific to certain RUIS: assess barriers to knowledge use and adapt knowledge to local context for RUIS 2 and 3; evaluate outcomes for RUIS 4.

CONCLUSION

The results of the consultation sessions with stakeholders across the province of Quebec allowed us to identify their patient-oriented research needs pertaining to health and social services systems, knowledge translation and implementation.

These results will now guide the Quebec SPOR-SUPPORT Unit to develop and enrich an action plan to address these needs.

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