The evidence-based practice (EBP) concept has ignited rigorous discussion within the occupational therapy literature. In the September/October 2006 issue of the American Journal of Occupational Therapy (AJOT), for example, the issue of EBP was reframed as an issue of knowledge translation (Corcoran, 2006). This reframing has contributed to a growing discussion about knowledge, evidence, practice, the individual occupational therapist, and his or her professional community.

A substantial dialogue around the use of research in occupational therapy practice first emerged in the 1980s in AJOT (Baum, 1987; Gilfoyle, 1984; Grady, 1987; Johnson, 1981; Mclain, 1987; Ottenbacher, 1987; Ottenbacher, Barris, & Van Deusen, 1986; Reed, 1984). This dialogue sought to enter the evidence-based forum from the perspective of rehabilitation. However, this lens differed little from that of medicine, where the emphasis was on empirically based evidence use by the “rational” occupational therapist. Since that period, the dialogue in the broader field of health has expanded into a systems-level approach to research utilization, where the individual user is situated within an environment influenced by organizational values, organizational and team structure (Ilott, 2003), and interpersonal interaction (McCluskey, 2004). This contemporary perspective is known as knowledge translation and is articulated in the definition put forward by the Canadian Institute of Health Research (CIHR) (2005):

Knowledge translation is the exchange, synthesis, and ethically sound application of knowledge—within a complex system of interactions among researchers and users—to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system. [italics added]

Three rationales exist for addressing knowledge translation from an occupational therapy perspective. First, the recent dialogue on knowledge translation addresses systems-level issues related to EBP and may bring an important dimension to occupational therapy (Corcoran, 2006). Second, as in evidence-based medicine, occupational therapists have identified a need to bridge a research–practice gap. Through the exploration of knowledge translation, occupational therapists can develop a theory underlying the complex relationship between research and practice (Forsyth, Summerfield-Mann, & Kielhofner, 2005). Third, occupational therapy has had a tumultuous introduction to EBP. The original conception of EBP reduces the legitimacy of practice-based experience. Occupational therapists have resisted this conception, claiming that practice-based experience is a legitimate form of evidence, and have sought its recognition and integration (Rappolt, 2003). In addition, occupational therapy has been supported by both qualitative studies and quantitative studies with small sample sizes, which opposes the notion of “best evidence”
according to EBP (Tickle-Degnen & Bedell, 2003).

Knowledge translation is a concept that is burgeoning in the health field. With the potential to merge disparate views of knowledge, evidence, and practice, knowledge translation may find a welcome home in the field of occupational therapy. This article proposes that the narrowness of the EBP concept can be greatly expanded by replacing it with the broader notion of knowledge translation. Beyond the replacement of terminology, the concept of knowledge translation can facilitate our exploration of the complex social factors contributing to knowledge exchange, synthesis, and application.

The purpose of this article is to explore the concept of knowledge translation from an occupational therapy perspective. In addition, we highlight various aspects of this important concept and suggest ways in which the concept can be further developed within occupational therapy.

Characteristics of Knowledge Translation—What We Know

Studies exploring the characteristics of knowledge translation have identified several key sources of information used by therapists, as well as the barriers and facilitators related to knowledge translation. Overall, occupational therapists cited a combination of academic sources such as conferences, journals, and courses, in addition to daily influences such as working with other therapists and experiences with clients (McKenna et al., 2005; Pain, Magill-Evans, Darrah, Hagler, & Warren, 2004; Philibert, Snyder, Judd, & Windsor, 2003). Some of the least-used sources of information included research articles and Internet databases (McKenna et al., 2005; Pain et al., 2004).

Common barriers to research use in practice included time (McKenna et al., 2005), workload pressures (Curtin & Jaramazovic, 2001), and relevance to practice (Sweetland & Craik, 2001). Core facilitating factors were identified as: having time scheduled for research activities, education sessions on utilization of research findings, and additional staff to enable implementation of research evidence (Curtin & Jaramazovic, 2001).

The inability to interpret research findings may be a barrier to knowledge translation (Philibert et al., 2003). That is, beyond the paradigmatic barriers to research use, one must be equipped to understand the validity, reliability, and transferability of research findings. By understanding the principles of research, the occupational therapist is better equipped to appraise the findings critically. For example, if therapists want to apply interventions with a person who has had a stroke, they may retrieve numerous articles supporting a number of interventions. Only when they understand the design of the studies can the therapists assess study quality and choose one intervention over another with sufficient confidence.

Few studies have attempted to systematically incorporate interventions that educate occupational therapists about research designs; rather, studies mainly have provided descriptive accounts of individual level factors attributed to their use of research in practice (Ilott, 2003) or have explored systems of moving research to the end-user (McKenna et al., 2005).

The importance of research is underscored in studies that examine the relationship between various information-seeking behaviors and their influence on research use in practice (Pain et al., 2004; Philibert et al., 2003). These studies have highlighted correlations between use of databases, library use, reading patterns, and various perceptions of evidence use in practice. The implicit assumptions of these studies, however, are that research should be the primary evidence for practice, and that the individual therapist (in contrast to the group or organization) is the most important variable influencing the use of research findings in practice. We suggest that these assumptions need to be re-examined for an appropriate occupational therapy–informed perspective of knowledge translation.

Future Research: Redefining Knowledge

Another area that needs clarification is the role of practice knowledge, composed of intuition, reflection, and experience (Korthagen, 2005). One obstacle to professional development is the narrow view of EBP, where research evidence is the only evidence or knowledge with currency (Higgs & Titchen, 2001). Although recognized as an important component of improving practice, research is best situated among a host of other forms of knowledge, whereby learning occurs as a form of active engagement in a community of practice. The guidance received by colleagues or mentors may indeed be grounded in empirical findings. As stated poignantly by Chard (2005), “the extent and implementation of indirect utilization are less well known” (p. 385). This statement implies that instead of a simplistic unilateral transfer of research to practice, a systematic approach is required to integrate evidence into the community of therapists. It can be hypothesized that if a systemic structure is implemented to foster therapists’ exploration of current research (Ilott, 2003), then the research will become a part of the expertise of the community—part of the tacit infrastructure (Korthagen, 2005) of practice.
including experience among a host of other forms of knowledge, including experiential knowledge. Occupational therapy treats with hearts and minds (Wood, 2004) and has been described as a melding of art and science by Bryant and McKay (2005), who stated that "the essence of art is a unique result every time: outcomes cannot be guaranteed with the use of a particular method" (p. 72). This description suggests an important facet of occupational therapy practice—making practice knowledge more explicit and valued (Higgs & Titchen, 2001). By striving toward systematic explanation, one can further understand how research findings are integrated into practice knowledge that should lead to a more deliberate knowledge translation process.

It is worth highlighting a further issue with the "research as evidence" supremacy. Within this vision of EBP is a missing component, which relates to the type of research being used in occupational therapy. It is assumed that there is a sufficient body of literature in occupational therapy to guide practice. Too often, however, occupational therapists are in a burdensome situation in which they are required to use evidence for practice that is only indirectly related to practice. For example, research findings may suggest a particular intervention, for a particular age group, for a particular diagnosis, in a particular social context (e.g., a controlled laboratory environment), whereas in practice, a host of variables distinguish one client from the other beyond the commonality of diagnosis, such as living situation, level of external support, and level of education. Similar to the shift toward the biopsychosocial model of practice in medicine, the rehabilitation perspective may require a reconceptualization of the notion of EBP to fit its "paradigm" of practice. Like current struggles within the medical profession, by extracting select information from studies to be used with individual clients, the potential efficacy of the treatment is diluted, potentially leading to less-than-expected outcomes.

This applicability gap has surfaced in the occupational therapy literature (e.g., Forsyth et al., 2005; Rappolt, 2003). The gap can be traced to the traditional research model where research findings are generated in a laboratory-like setting and transmitted for use in practice. As indicated earlier, such an approach is limited in its application to occupational therapy. A collective voice has emerged from the recent occupational therapy literature pronouncing the need for a dialectical relationship between research and practice (Bryant & McKay, 2005; Rappolt, 2003; Young, 2004). One way in which this type of relationship can be established is through occupational therapists' increased involvement with research and the development of a rehabilitation-specific concept of knowledge translation that considers practice knowledge.

Reframing the Fit Between Knowledge Translation and Occupational Therapy

Knowledge translation has provided a new tool to conceptualize evidence and practice. The concept has drawn attention to many factors beyond simply individual characteristics. Particularly, knowledge translation has highlighted the complex interactions that exist between practitioners and researchers. This complex interaction opens an entire field of exploration for both occupational therapists and researchers in the field of occupational therapy. Further, whereas contemporary knowledge translation remains focused on the movement of research knowledge into action (Graham et al., 2006), we call for the recognition and integration of experiential knowledge into this framework. Occupational therapists hold a great wealth of knowledge through years of clinical experience. We propose that when this experience is coupled with a research base, optimal practice exists. An open, bidirectional relationship between researcher and therapist must be forged to produce research that is relevant to practice and to produce practice that is supported by research findings.

As indicated previously, an emergence of literature supports the notion of "communities of knowing" (Duguid, 2005; Wenger, 1998). This literature explores the interpersonal, cultural, and environmental factors that influence person-to-person knowledge sharing. By approaching research with the conscious understanding that knowledge is both an empirical and social concept, embedded within a community of individuals, an important dimension of knowledge translation will be exposed. The literature espousing the community-based concept of knowledge and knowledge translation may further our understanding of how knowledge is contextualized and may expose a new list of facilitators and barriers to knowledge translation. We will be better equipped to implement interventions once we are armed with this understanding.

There also is a great need for theory development in the field of knowledge translation. The overemphasis on research use in practice appears to stem from the underrecognition of other concepts related to evidence use in practice. Such concepts—such as knowledge transfer, knowledge exchange, and research utilization and their subtle distinctions—have begun to be addressed by scholars outside of occupational therapy (Graham et al., 2006). Occupational therapy literature needs to address these distinctions to clarify the construct of knowledge translation. In particular, the concept of knowledge must be openly considered. Without conscious explication of the theoretical basis of this area of research, occupational therapy researchers have or will adopt the concept of knowledge espoused in evidence-based medicine (Duncan & Nicol, 2004). Occupational therapy might look to the organizational science literature, which is starting to question the overreliance on explicit knowledge (Duguid, 2005; Jasimuddin, Klein, & Connor, 2005; Nonaka, 1994). This same body of literature advocates the entrance of tacit, uncodified, and narrative knowledge into this knowledge dialogue.

Theory also is required for understanding knowledge-sharing practices. Studies consistently identify therapist-to-therapist interaction as the number one source of knowledge acquisition. The need to explore complex relationships has become integrated into the CIHR definition of knowledge translation, suggesting that therapist-to-therapist interactions can be complemented by therapist-to-researcher interactions. As mentioned previously, one of the barriers to integrating research findings into practice is the limited research literacy of therapists. Fostering relationships between therapists and researchers may necessitate overcoming research illiteracy. We envision a relationship
that includes both researcher–therapist and therapist–therapist interaction. This triangular relationship will support practice and will facilitate the incorporation of field experience into the research cycle.

Conclusion

By raising the knowledge, evidence, and practice issue to the level of complex relational characteristics, we embark on a journey into uncharted territory. The contemporary dialogue focusing on the rational occupational therapist and the facilitators and barriers of their use of research in practice has limited our growth in this field. Let us recognize that practice is socially informed by tacit and explicit knowledge; consequently, knowledge translation research, frameworks, and interventions ought to re-focus from the individual occupational therapist, to the community, as the target of knowledge uptake and exchange. ▲

Acknowledgments

The authors acknowledge the financial support of the Canadian Institute for Health Research in conjunction with the Canadian Occupational Therapy Federation. A. Kothari holds a Career Scientist Award from the Ontario Ministry of Health and Long-Term Care.

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