

Making Research Results Relevant & Useable

Presenting Complex Data to Non-Research Stakeholders in the Nursing Home Setting

Jennifer A. Knopp-Sihota PhD, NP,^{1, 2} Carole A. Estabrooks PhD, RN,² & Peter G. Norton, MD³

¹ Athabasca University; ² University of Alberta; ³ University of Calgary, Alberta, Canada

BACKGROUND

Translating Research in Elder Care (TREC), our ongoing program of research seeks to discover modifiable aspects of organizational context in nursing homes that could lead to increased use of best practices and improvement in quality and safety of resident care.

Using various techniques, we engage in feeding back data and results to nursing home stakeholders both during TREC studies and in *end of grant* knowledge translation.

Most TREC stakeholders are non-researchers: managerial and policy decision-makers, service providers, and clinicians.

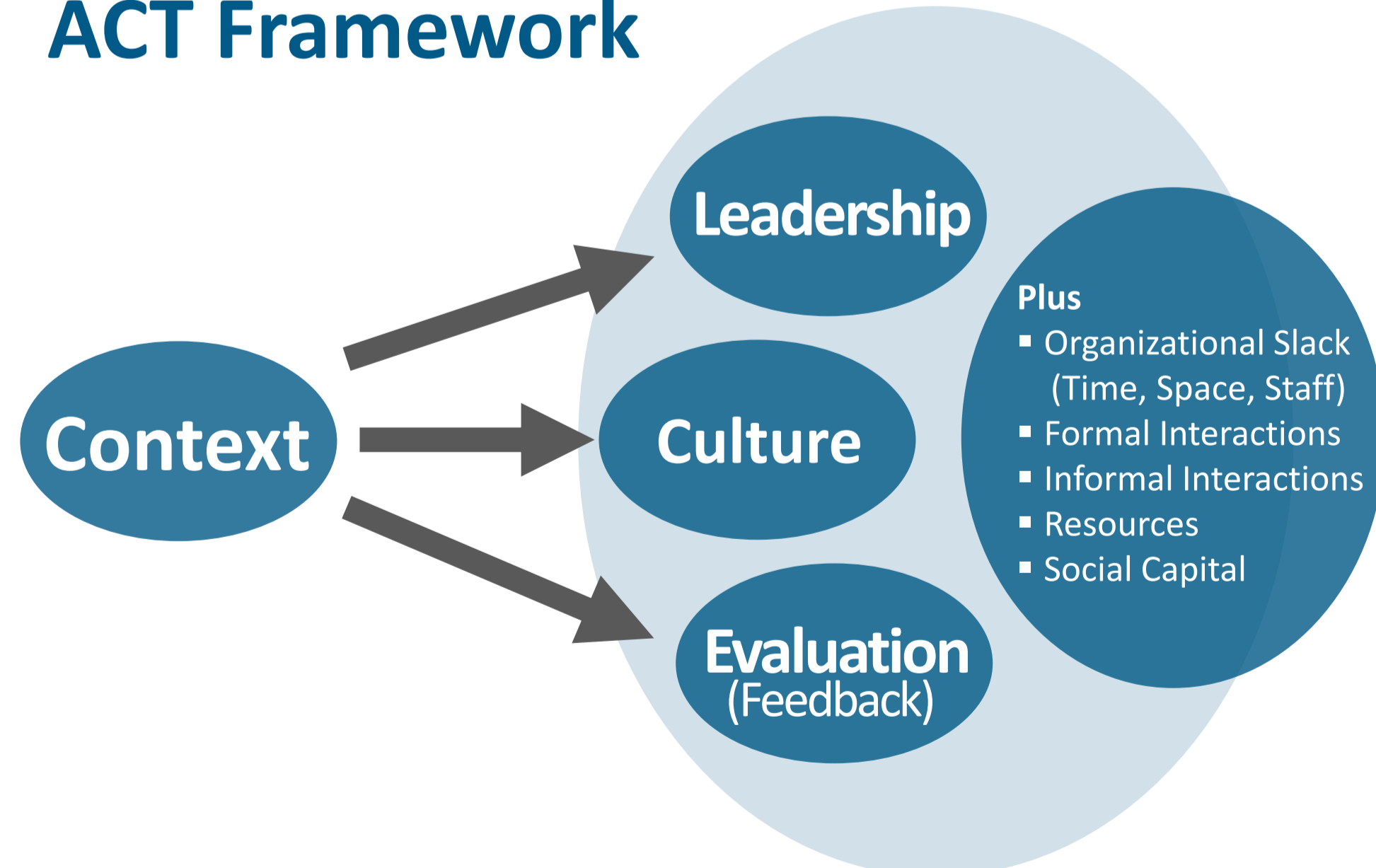
PURPOSE

To describe the methods we used to organize, prepare, and present complex research data to key TREC non-research stakeholders.

DATA PREPARATION & VARIABLES

Data previously collected within TREC were used to examine organizational context (Alberta Context Tool [ACT]) as it relates to bedside knowledge use (TREC survey).

ACT Framework



Concepts in the Alberta Context Tool © (ACT)

TREC survey variables

- Use of best practices (procedural) – e.g., following protocols.
- Use of best practices (reflective) – e.g., thinking about research-based knowledge and using it to inform clinical decision-making.

Figure 1 Organizational context in relation to the use of best practices – all TREC units

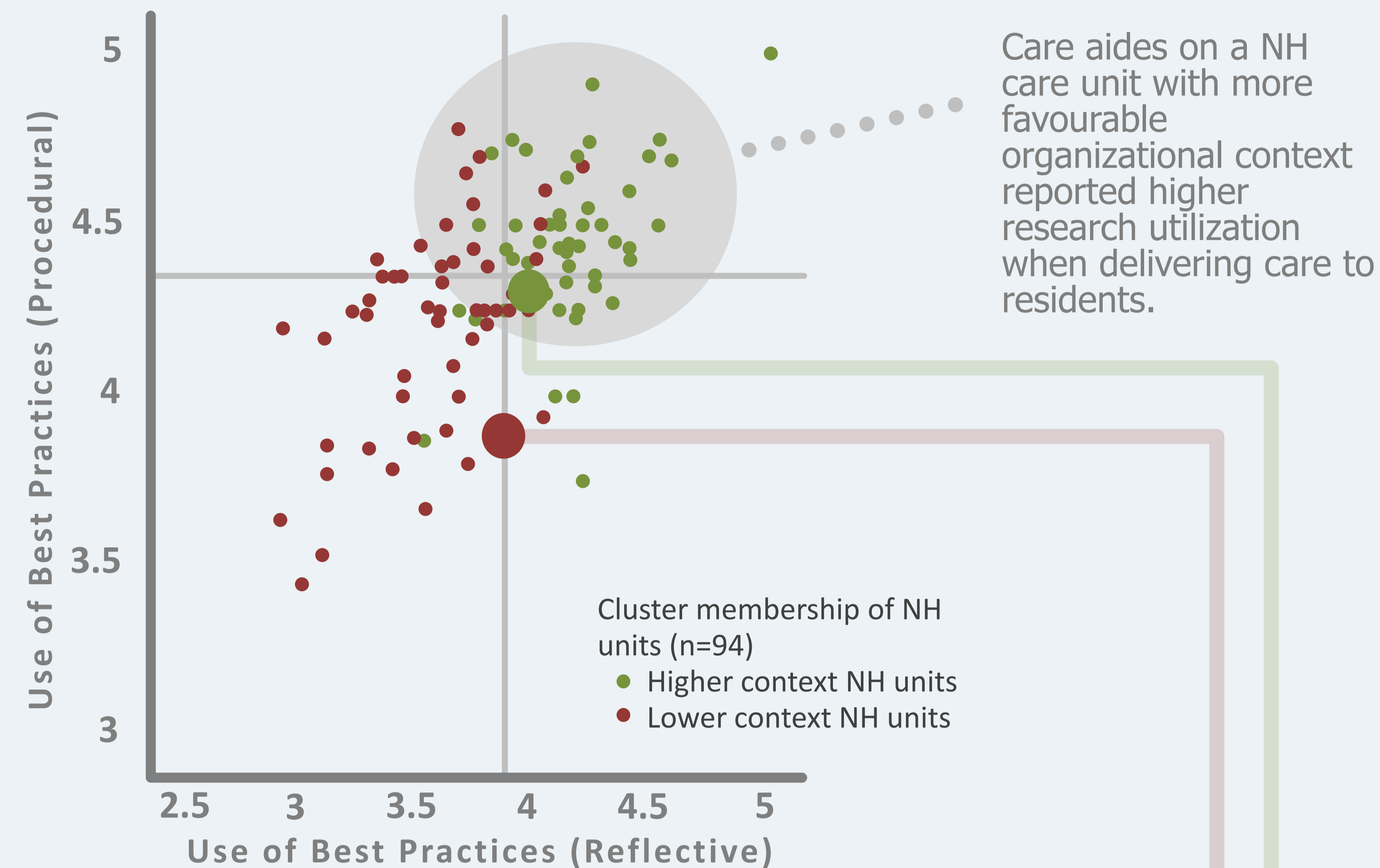
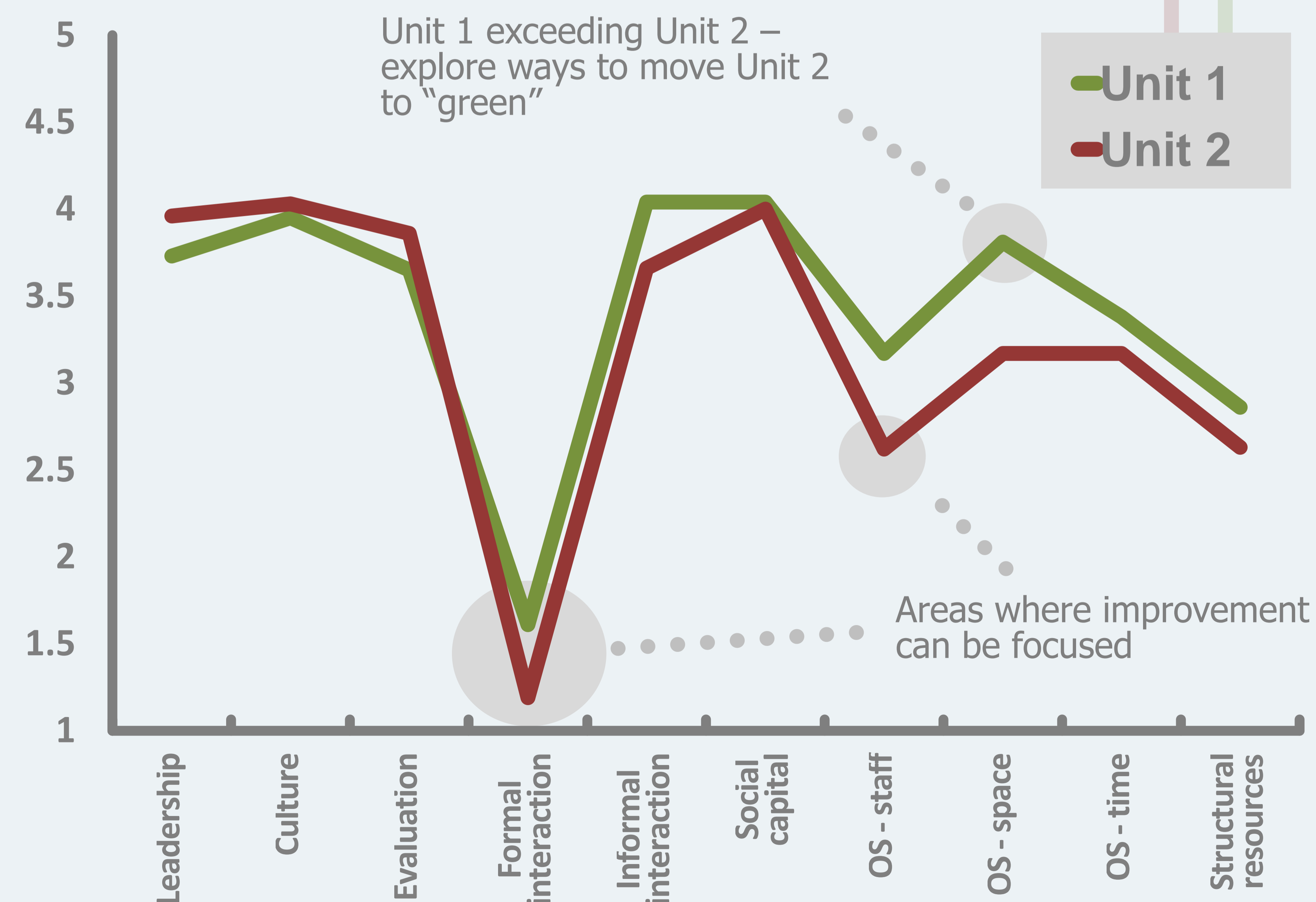


Figure 2 Unit specific organizational context variables



KEY MESSAGES

Tailored messages are the most effective means of conveying research results to heterogeneous target audiences of research participants, administrators, or policy makers.

Our method appears to provide deeper insight into interrelationships between multiple variables for stakeholders who are not advanced users of statistics.

DATA ANALYSIS

k-means cluster analysis, an exploratory statistical procedure, was used to classify data into subgroups, based on ACT concepts.

We interpreted clusters as:

Cluster 1: Care units with higher levels of organizational context - favourable (n = 49 units [52%]).

Cluster 2: Care units with lower levels of organizational context - less favourable (n = 45 units [48%]).

DISCUSSION

Customized reports allowed stakeholders to assess individual care unit differences and reflect on how to move from “red” to “green,” recognizing the significance of organizational context to positive clinical outcomes.

Administrators could compare higher “green” and lower “red” context care units and identify areas for improvement (becoming more “green”).

Permitted stakeholders to assess their unit relative to others within and among provinces.

Focus groups were conducted to determine the usefulness of our data reporting method; feedback was very positive, although we have not formally evaluated our data reporting.

CONCLUSIONS

The success of evidence-based practice depends on clearly and effectively communicating often complex data both to those who manage the system and to those who deliver the care.

Acknowledgements

The authors acknowledge the TREC team for its contributions to this study. Funding was provided by the Canadian Institutes of Health Research (CIHR; MOP #53107). TREC is supported by the U of A Health Research Data Repository (HRDR).