A Case Study of Integrated Knowledge Translation in the Context of En Masse Interinstitutional Relocation of a Long-term Care Home in Canada

by

Lupin Rain Davidson Battersby

M.A., Adler University, 2003

Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

in the
Doctor of Philosophy Program
Faculty of Health Sciences

© Lupin Battersby 2019
SIMON FRASER UNIVERSITY
Fall 2019

Copyright in this work rests with the author. Please ensure that any reproduction or re-use is done in accordance with the relevant national copyright legislation.

Approval

Name:	**Lupin Rain Davidson Battersby**
Degree:	**Doctor of Philosophy**
Title:	**A Case Study of Integrated Knowledge Translation in the Context of En Masse Interinstitutional Relocation of a Long-term Care Home in Canada**
Examining Committee:	**Chair:** Will Small Associate Professor
	Marina Morrow Senior Supervisor Adjunct Professor
	Charlotte Waddell Supervisor Professor
	Kitty Corbett Supervisor Professor School of Public Health and Health Systems University of Waterloo
	Maya Gislason Internal Examiner Assistant Professor
	Anita Kothari External Examiner Associate Professor School of Health Studies Western University
Date Defended/Approved:	September 27, 2019

Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

a. human research ethics approval from the Simon Fraser University Office of Research Ethics

or

b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University

or has conducted the research

c. as a co-investigator, collaborator, or research assistant in a research project approved in advance.

A copy of the approval letter has been filed with the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library
Burnaby, British Columbia, Canada

Update Spring 2016

Abstract

The knowledge translation (KT) literature continues to grow but a gap persists in our understanding of the utility and application of the numerous KT models due to limited reporting and analysis in the literature. To address this gap, a case study of an integrated KT (iKT) project that applied the Knowledge to Action (KtoA) model (Graham et al., 2006) in the development of a guiding framework to support en masse interinstitutional relocations of long-term care (LTC) homes was completed. Specifically, the research questions were 1) what was the relevance and utility of applying the KtoA model to an iKT project, and 2) what approaches used provided new insight and how could that be applied to other projects? Central to KT is knowledge synthesis and central to iKT is stakeholder engagement, the evidence and processes used detailed in this case study include: in-depth interviews with residents, staff and families; World Café dialogues with experienced LTC informants; and a research literature synthesis. The use of the KtoA model and its limitations are explored, including the lack of emphasis on relationality and context within the model. In addition, the challenges and lessons learned with the World Café approach to deliberative dialogues are explored including the pitfalls of biased method selection and the richness of interactive conversations. The findings of this case study contributes to the KT literature through the detailed reporting and analysis of the use of the KtoA model and engagement methods that can inform further KT model and methods development.

Keywords: knowledge translation; integrated knowledge translation; Knowledge to Action model; deliberative dialogues; en masse interinstitutional relocations; long-term care

Dedication

For Tavish and Willow

My two beautiful and brilliant children

Acknowledgements

This thesis and the whole doctoral journey would not have been possible without the encouragement and support of my senior supervisor and friend, Marina Morrow. Thank you for pushing me toward this path and keeping me going along the way. To my supervisory committee Kitty Corbett and Charlotte Waddell, thank you for the gentle but critical critiques that supported my learning and growth.

I am so grateful for the opportunities and support for this project and my overall professional development that Andrew Sixsmith and the Gerontology Research Centre (GRC) provided. Thank you to the GRC team: Sarah Canham, Mei Lan Fang, Mineko Wada, and Rhona Dulay for your contributions to the project and mostly for being a fun and fierce group of researchers to work with. Thank you to Dayle Krahn for partnering on the project. This work would not have been possible without funding support from Mitacs (with matching funds from the housing provider partner) and Canadian Institutes of Health Research, including a Graduate Salary Award.

Thank you to my friend and colleague Brenda Jamer who was there at the beginning cheering me along, weekly, and throughout (even after our work paths parted), checking in and offering kind words of wisdom.

My life partner, Kate Keetch, thank you for coming into my life and just in time to support me through the writing phase as editor, sounding board, and emotional support – all of which were invaluable and essential to this thesis.

Finally, and always, I am so grateful and fortunate to have had the unwavering support of my parents Diana Davidson and Mark Battersby. Your support came in so many ways, over so many years, including helping me with finances, providing childcare, challenging perspectives, sharing ideas, cheerleading, advice, instilling the value of lifelong learning and curiosity, and your unconditional love. Thank you.

Table of Contents

Approval ... ii
Ethics Statement ... iii
Abstract ... iv
Dedication ... v
Acknowledgements ... vi
Table of Contents ... vii
List of Tables ... ix
List of Figures ... x
List of Acronyms ... xi

Chapter One: Introduction ... 1
Background ... 1
The iKT Project Context ... 2
Relocation of LTC homes ... 3
Mountain Housing redevelopment project ... 6
Research Design Overview ... 8
Thesis Structure ... 9

Chapter Two: Pragmatic Approach and Methodology ... 11
Knowledge Translation Background ... 11
Methodological perspective ... 13
Pragmatic Approach ... 13
Knowledge Translation and Theoretical Assumptions ... 14
Why? The nature of the problem to be addressed ... 14
What? The nature of evidence, research and knowledge ... 15
With whom? Context and audience ... 17
How? KT approaches ... 18
Methodology ... 19

Chapter Three: The iKT Project Case Details ... 22
The iKT Project: Process Model Selection and Justification ... 22
The Knowledge to Action model ... 23
The iKT Project: Methods ... 25
Interview data for secondary analysis ... 25
Literature Synthesis Review ... 27
Deliberative Dialogues: World Café ... 30
World Café Organization ... 37
World Café Process ... 39
iKT Project Findings ... 40
Secondary Analysis of Interview Findings ... 40
Literature Review Findings ... 42
World Café Findings ... 48

Synthesis: Guiding Framework for en masse interinstitutional relocations 49
Summary 59

Chapter Four: Case Study Findings 61
Using the World Café approach 61
Recruitment challenges 61
Alignment of approach with the research question 62
Participants' experience 64
Contribution to co-creating a guiding framework 64
Using the KtoA Model 65
Process of using the KtoA model 65
Contributions of the KtoA model to the project 69
Limitations of the KtoA model encountered 69
Interplay of assumptions, approaches and frameworks 70
Increasing the usability of the KtoA model 71

Chapter Five: Discussion and Conclusion 73
Relevance of KT 73
Stakeholder engagement and co-creation 76
Lessons from the World Café 78
Change management 79
Limitations 80
Conclusion 82

References 84

Appendix A. Project Team 102

Appendix B. Mountain Housing Collaborative Projects Overview 104

Appendix C. Research Demonstration Day Brochure 105

Appendix D. Sample Poster for World Café Events Promotion 106

Appendix E. Evaluation Form for World Café Events 107

Appendix F. World Café Guiding Questions 108

Appendix G. Supplementary Document File 111

List of Tables

Table 1: Approaches to deliberative dialogues 33
Table 2: World Cafe principles and other approaches to deliberative dialogues 35
Table 3: Themes Indicated from Literature Synthesis 45

List of Figures

Figure 1: Knowledge to Action Model, Straus, Tetroe, & Graham (2013) 24
Figure 2: PRISMA Diagram, (Liberati et al., 2009) 43
Figure 3: Guiding Framework for en Masse Interinstitutional Relocations 50
Figure 4: Valley of Death, translational research continuum (Meslin, Blasimme, & Cambon-Thomsen, 2013) 75

List of Acronyms

SFU	Simon Fraser University
LAC	Library and Archives Canada
KT	Knowledge translation
iKT	Integrated knowledge translation
KtoA	Knowledge to Action model
LTC	Long term care
NP	Nurse practitioner
EBM	Evidence-based medicine
EBP	Evidence-based practice
EBPP	Evidence-based practice and policy
RCT	Randomized controlled trial
CFIR	Consolidated Framework for Implementation Research
PARIHS	Promoting Action on Research Implementation in Health Services
STAR Institute	Science and Technology for Aging Research Institute
IAGG	International Association of Gerontology and Geriatrics
CAG	Canadian Association of Gerontology

AGE-WELL	Aging Gracefully across Environments using technology to support Wellness, Engagement, and Long Life

Chapter One: Introduction

Background

In an effort to improve Canadians' health and well-being, significant resources are being invested in the application of research evidence in policy and practice. One area of exploration to improve these efforts is knowledge translation (KT). The literature and interest in KT have grown exponentially over the last two decades (Davis et al., 2003; Graham et al., 2006; Greenhalgh & Wieringa, 2011a; Holmes, Bryan, Ho, & McGavin, 2018; J Lomas, 1997a, 2000; Nutley, Walter, & Davies, 2007; Rogers, 2003; Rycroft-Malone et al., 2004; Waddell, 2002; Weiss & Bucuvalas, 1980). The implementation and assessment of KT initiatives continues to be an important area of exploration to support research-informed KT. In particular, there is a gap in our understanding of the use and application of the multiple KT models and frameworks that exist due to limited reporting and analysis in the literature (Strifler et al., 2018). To contribute to this area, this case study explored an integrated KT (iKT) project that applied the Knowledge to Action (KtoA) model (Graham et al., 2006). Specifically, the research questions were 1) what was the relevance and utility of applying the Knowledge to Action (KtoA) model (Graham et al., 2006) to an integrated KT (iKT) project, and 2) what approaches used provided new insight and how could that be applied to other projects? The iKT project sought to create and share an evidence-informed resource to support wellness of residents, staff and families during en masse interinstitutional relocations. Such relocations are characterized by moving all staff and residents together from one long-term care (LTC) home into a new or renovated home (Canham, Wada, Battersby, Fang, & Sixsmith, 2018; Stein & Morse, 1993).

Better understanding of the relevance and utility of KT models and frameworks is needed to inform framework selection and application to KT initiatives. Scoping and synthesis reviews of KT models and frameworks have identified a plethora of options ranging from: 47 models for mobilising practice-based knowledge (Ward, 2017); 49 frameworks for implementation of innovations in healthcare (Moullin, Sabater-Hernández, Fernandez-Llimos, & Benrimoj, 2015); 61 dissemination and implementation models for researchers (Tabak, Khoong, Chambers, & Brownson, 2012); and 159 KT models, theories and frameworks to guide dissemination or implementation of evidence-

based interventions (Strifler et al., 2018). These reviews demonstrate the scope and diversity of KT models, theories and frameworks. However, many authors also identify that there is insufficient empirical evidence on the models and frameworks, and that when applied to research projects, the process is often not adequately reported to build that empirical support (Field, Booth, Ilott, & Gerrish, 2014; Nilsen, 2015; Strifler et al., 2018).

Similarly, while iKT is emphasized as a preferred approach to healthcare research and KT projects, how this interacts with theory or a KT model or framework is not well reported (Gagliardi, Berta, Kothari, Boyko, & Urquhart, 2016; Strifler et al., 2018). iKT (also referred to as co-production, co-creation, or engaged scholarship) refers to academic researchers and knowledge-users working together in integrated and collaborative ways throughout the entire research process to produce evidence that is useful and relevant both to policy/practice and to moving science forward (Bowen & Graham, 2013; Canadian Institutes of Health Research, 2018; Phipps & Shapson, 2009).

The iKT Project Context

The iKT project involved working with a knowledge-user partner, Mountain Housing[1], a non-profit housing provider for older adults. The collaboration included co-identifying the absence of resources for supporting staff, residents and families through en masse interinstitutional relocations of LTC homes to reduce potential impacts of relocation stress. The nursing diagnosis “relocation stress syndrome” is defined as “a state in which an individual experiences physiologic or psychologic disturbances as a result of a transfer from one environment to another” (Barnhouse, Brugler, & Harkulich, 1992, p. 166). It is understood that residents, families and staff involved are subject to the potential effects of relocation stress, such as increased illness, anxiety and loneliness (Walker, Curry, & Hogstel, 2007). While the syndrome is debated in the literature (Mallick & Whipple, 2000; Walker et al., 2007), as Jolley, Jefferys, Katona, & Lennon state: “[i]t is generally accepted that moving home is a stressful life event for individuals of any age even when the move is planned and anticipated as a positive step” (2011, p. 535). Thus, major projects such as en masse interinstitutional relocations

[1] This is a pseudonym.

in LTC could benefit from an evidence-informed[2] guiding framework for planning and supporting this process to mitigate stress.

Relocation of LTC homes

Increasingly, LTC homes in Canada are being redeveloped to meet changing care needs, revised regulations and population growth demands. Some factors putting pressure on housing providers to replace deteriorating facilities and increase the capacity of available spaces include: the shifting demographics of an aging population with longer life expectancies (Statistics Canada, 2015); greater complexity of LTC residents' needs such as multiple physical health and mobility limitations (Morgan, Gruber-Baldini, & Magaziner, 2001); and LTC policy changes such as requirements for a greater percentage of private, larger bedrooms (Berta, Laporte, Zarnett, Valdmanis, & Anderson, 2006; Canadian Health care Association, 2009; Office of the Seniors Advocate, 2015). This shifting landscape coincides with burgeoning literature on the impact of the physical environment on the health and well-being of residents in LTC (Chaudhury & Cooke, 2014) and the culture-change movement, which is "a broad-based effort to transform nursing homes from impersonal healthcare institutions into true person-centered homes offering long-term care services" (Koren, 2010, p. 1).

Considering an aging population, increased complex care needs and aging and inadequate care homes, we can expect to see an increase in redevelopment and in new LTC homes across Canada. For example, the British Columbia (BC) Seniors' Advocate (2015) reported that the Government of BC needed to "commit to a higher standard of accommodation in residential care facilities" (p. 6). One strategy to achieve this higher standard is to establish single rooms with an en suite (attached private bathroom) as the standard for residential care for a minimum of 95.0% of residential care beds. However, BC continues to fall short of this with only 76.0% of LTC home residents in single rooms (BC Office of the Seniors Advocate, 2018). These recommended improvements to residential care facilities are not unique to BC. Ontario has assessed residential care facilities provincially, indicating which ones met standards through to which required

---

[2] Evidence in this thesis refers to both experiential and research evidence. See Chapter Two for an in-depth discussion.

renovation or redevelopment and programs and plans are underway to support improvements (Ontario Ministry of Health and Long- Term Care, 2015).

In Canada, the proportion of adults over 65 years is continuing to grow as the baby boom generation ages (Statistics Canada, 2012). In 2015, adults over 65 years represented 16.1% of the population (5,780,900 Canadians) and by 2024 will represent an estimated 20.1% (Statistics Canada, 2015). Similarly, the proportion of older adults in BC is rising, with one in four persons expected to be over 65 by 2036 (Statistics Canada, 2012). Community care — supporting older adults to stay in the community through home health initiatives — is a priority for many healthcare systems. The majority of older adults prefer to, and do, live independently at home; however, for some with complex care needs and limited supports, residential care can be required. In BC, approximately 3.5% (34,251) of older adults live in publicly-funded LTC homes; residents are an average age of 85 years, with 64.0% diagnosed with dementia, and 72.4% assessed as having moderate to severe physical limitations (BC Office of the Seniors Advocate, 2018). Yet many current LTC homes are not equipped to meet this level of need as they were designed for less complex care (BC Office of the Seniors Advocate, 2015; Berta et al., 2006; Canadian Health Care Association, 2009). The combination of these factors will likely contribute to further redeveloped and new LTC housing stock.

New and redeveloped LTC housing initiatives usually involve the relocation of current residents and staff. The literature, however, has more often focused on the relocation experience and impact for older adults moving from their private dwellings to care homes and the associated health and well-being outcomes, including an increase in falls, mortality, pressure sores, hospital admissions and poor mental health (Brownie, Horstmanshof, & Garbutt, 2014; Holder & Jolley, 2012). Negative outcomes have been reported as due to difficulties adjusting to the new circumstances; lack of information and preparation; feelings of displacement as a result of moving from familiar spaces with their community supports to unfamiliar institutional settings; and, a sense of loss of autonomy or choice in the process including in the choice of home (Brownie et al., 2014; Castle, 2001; Holder & Jolley, 2012). Other research has explored the outcomes when individual older adults have moved from one institution to another (known as an interinstitutional relocation; Castle, 2001) and the impact this has on the resident and their family such as increased stress (Capezuti, Boltz, Renz, Hoffman, & Norman, 2006).

Less research has focused on en masse interinstitutional relocation (Holder & Jolley, 2012; Stein & Morse, 1993). The available literature has mixed results regarding the impact on residents. There is evidence of increases in antipsychotic use, declines in physical health status, increases in falls for all residents (with or without a history of falls), and increased mortality (although this evidence is mixed) (Friedman et al., 1995; Hagen et al., 2005). Stress or confusion for residents with dementia can result in increased disruptive behaviours (e.g., aggression) which, combined with new care staff, could result in antipsychotics being prescribed as a way to manage behaviour. Falls post relocation are also linked to unfamiliarity with the new home. Other research, however, reports improvements in physical health status when the move is to an improved LTC setting (Holder & Jolley, 2012; Mirotznik & Kamp, 2000; Mirotznik & Ruskin, 1984).

Yet common across most studies of relocation scenarios, and groups affected (e.g., residents, family, staff), is the conclusion that relocations are stressful. Indicators of stress described in the literature include: assessments by nurses indicating emotional distress or disruptive behaviours (for residents) (Grant, Skinkle, & Lipps, 1992); self-reported distress (all respondents) (Glasby, Robinson, & Allen, 2011); and increased sick time and turnover (for staff) (Kearney, Grainger, Compton, & Morgan, 2015). Thus, stress, in the context of this project, was considered as signs of emotional or physical manifestations of distress commonly identified in the relocation and organizational change literature (i.e., anxiety, distress, disruptive behaviours, and staff absences) and in keeping with the wider body of literature on linking life or environmental (stressful) events to disease. As Cohen, Gianaros and Manuck (2016) argue, stress can be "viewed broadly as a set of constructs representing stages in a process by which environmental demands that tax or exceed the adaptive capacity of an organism occasion psychological, behavioral, and biological responses that may place persons at risk for disease" (p. 456).

The organizational literature on the impact of change on employees is useful to consider in this context as well given that en masse interinstitutional relocation constitutes a significant change for staff. For example, Dahl (2011) found that there was increased risk of stress (measured through new prescriptions for stress-related medications such as for depression or anxiety) for employees in organizations undergoing moderate to significant changes. Similarly, Woodward et al. (1999) found in a study of rapid organizational change at a large hospital that employees reported

increased depression, emotional distress and job dissatisfaction which, over time, resulted in reported declines in quality of care. However, a review article concluded that while 11 of the 17 included studies found organizational change to be linked to an increased risk of mental health problems, due to confounding factors and other design issues, there was not sufficient evidence to indicate a causal relationship, particularly regarding long-term impact (Bamberger et al., 2012). Confounding factors included degree of preparation for the change and the reason for the change. However, staff well-being is also essential to residents' well-being, in part as staff are often responsible for supporting residents during the transition experience (Dickinson, 1996; Smith, Mathews, & Gresham, 2010), and continuity in care staff has been linked to quality of care for residents (Brown Wilson, Davies, & Nolan, 2009; Canham et al., 2017; McGilton & Boscart, 2007). Therefore, staff experiences of relocation stress is important to consider and mitigate.

Thus, while it is difficult to establish a specific causal link between the health impacts of en masse interinstitutional relocation for staff, residents and families, there does appear to be a risk of change-related stress which can be moderated with preparation. As a 2010 European Court of Human Rights ruled, poorly managed interinstitutional LTC home transfers can have a negative impact on life expectancy for residents but the adverse effects can be moderated through preparation and planning (Jolley et al., 2011). However, when Mountain Housing completed a relocation from two out-dated LTC homes to a new home there were no Canadian guidance to support their process and planning.

Mountain Housing redevelopment project

Mountain Housing developed a 260-bed residential care centre in collaboration with a Regional Health Authority and the Capital Regional Hospital District in BC. In November 2015, residents and staff transitioned from two outdated institutional facilities into one new, larger centre. Mountain Housing commissioned the Gerontology Research Centre at Simon Fraser University (SFU) to complete a pre and post evaluation of the new home setting. I joined the Gerontology Research Centre shortly after the project was initiated as the project coordinator and primary researcher and was involved in all subsequent data collection activities (e.g., I prepared interview guides, coordinated and facilitated site visits, conducted the interviews and field observations), data analysis,

interim reports, team meetings, presentations and publications (see Appendix A for the project team description including roles and contributions).

Through the evaluation project we explored the experiences and perceptions of staff, residents and families of the new LTC home. Mountain Housing had sought to create a more home-like care setting, inclusive of person-centered care, in the new residence — incorporating various evidence-informed design features and technology to achieve these objectives (Koren, 2010). Given the partnership with Mountain Housing, and an interest in engaging all stakeholders, a participatory design was utilized for the study. The study was guided by a process evaluation approach such that the change process was explored as it occurred, and feedback was provided to the housing provider throughout the two-year project. Interviews with residents, families and staff and field observations occurred six months prior to the relocation and at three time points post-move (at six, 12 and 18 months). In addition, field observations were done at three months post-move at the request of the housing provider. The results of the evaluation identified how the built environment affected: the health and well-being of residents and staff; relationships and experiences of work for the staff; and policy issues that influenced these experiences (see Canham et al., 2017, 2018).

At one interim report feedback session with Mountain Housing, held subsequent to the six-month data collection, we shared preliminary findings related to the challenges associated with the relocation and transitioning to the new building and model-of-care experienced by staff, residents and families (see Appendix B for a summary overview graphic of the two projects). For staff this included reports of feeling overwhelmed, under-prepared and unable to provide the quality of care they had done previously. For families there were challenges regarding access to information and navigating new communication systems and processes. For residents it was adjusting to the new space and people. Mountain Housing acknowledged these challenges, indicating that during their planning process they had research and experiential evidence to inform design, approaches to person-centered care, moving day plans — but had not found research-informed resources such as guidelines or synthesized recommendations for supporting residents, staff and families through relocation initiatives. In addition, Mountain Housing was receiving multiple requests from other housing providers seeking to learn from their experience, and so was interested in having resources they could share. Thus, a new

project idea emerged that was beyond the scope of the initial evaluation project, which I developed as my thesis project.

First, I completed a brief literature search which confirmed an absence of LTC home relocation guiding frameworks and while inconclusive (and dated), the literature suggested that short-term detriments such as reduced physical or social well-being may occur as a result of the move process (Castle, 2001). For example, Mirotznik and Ruskin (1984) found that residents exhibited symptoms of stress such as behavioural issues and increased health concerns in the first three to six months after a relocation; however, these symptoms later subsided. In contrast, other research found that some residents actually exhibited cognitive improvements and feelings of happiness after relocation, particularly if the move was to a less institutional setting (Borup, 1981; Castle, 2001; Mirotznik & Ruskin, 1984). However, there was agreement that relocation can be stressful for staff, residents and their families (Castle, 2001; Friedman et al., 1995; Grant et al., 1992; Holder & Jolley, 2012). Stress is associated with physical and mental health concerns that can contribute to higher care costs and reduced quality of care (Canham et al., 2018; Holder & Jolley, 2012). Based on this preliminary review and considering the needs and interests of the research team and housing provider, I generated a proposal for a Mitacs Award to develop a *relocation guiding framework*, focusing on the transition process.

Mitacs is a Canadian non-profit funding organization that provides matching funds to support partnerships and collaborations between academia and industry. I developed and submitted three Mitacs applications, which resulted in three consecutive Mitacs Accelerate awards to develop a resource. In addition, the research stipend from my Canadian Institutes of Health Research Graduate Fellowship Award contributed to the broadening of the scope of the project to include this thesis (including contributing to travel to other Canadian cities for data collection and for conference presentations).

Research Design Overview

This thesis reports on a case study that explored the use of a KT model and deliberative dialogues for an iKT project. The case study method used in this thesis project was informed by Yin (2009) who has defined case study as an empirical inquiry that investigates a contemporary phenomenon (the “case”) in depth and within its real-

world context, and is particularly useful when the boundaries between phenomenon and context may not be clearly evident; case studies have many variables, multiple and triangulated data sources, and are often informed by theoretical propositions to guide data collection and analysis (Yin, 2009, p. 16-17). Yin has also articulated five components of case study research design: the question, propositions, unit(s) of analysis (the case), linking the data to the propositions (data collection), and criteria for interpreting the findings (analysis). Further details are covered in Chapter Two.

The iKT approach was important to the project to support the development of outputs that were relevant to knowledge-users, that a knowledge-user partner was an initiator, and that the project aligned with my pragmatic approach to research (described in Chapter Two). The KtoA model, a KT process model that emphasizes both the synthesis and tailoring of evidence and the iterative process of implementation and dissemination (Graham et al., 2006), guided the iKT project. Multiple sources of evidence including secondary analysis of qualitative interview data, an integrative synthesis review of en masse interinstitutional relocation literature, and four deliberative dialogue events across Canada were included in the synthesis. The three data sources were synthesized through an iterative process into five themes of challenges and mitigation strategies for en masse interinstitutional relocation projects. A guiding framework of the five themes and two additional cross-cutting elements that emerged was created to support future relocations. Dialogue participants shared the final report with their LTC housing provider networks. In addition, we hosted a Research Demonstration Day to share the evaluation project findings, including the guideline report, at the new LTC home we had been evaluating (see Appendix C for the event brochure). Residents, administrators from other LTC homes, our project housing-provider partner, representatives from professional practice organizations, staff, family members and other members of the public attended the open house event.

Thesis Structure

Chapter Two contextualizes this case study in the KT literature and provides an explanation of the theoretical underpinnings of the thesis, and elaborates on the case study methodology. Chapter Three provides a substantial description of the case: the iKT project. As this is a case study of an applied methods project, the methods and findings of the iKT project are described in detail. Chapter Four presents the case study

findings of the KT process, particularly the use of the KtoA model and World Café approach to deliberative dialogues. Chapter Five provides a discussion and conclusions on the implications for the KT literature and the applications to en masse interinstitutional relocations.

Chapter Two: Pragmatic Approach and Methodology

This Chapter contextualizes this thesis into the broader KT literature and situates my perspective on KT as it relates to my methodological perspective, the pragmatic approach. Providing this context contributes to the overarching objective of this thesis, to provide better reporting on KT projects to inform future scholarship.

Knowledge Translation Background

KT is increasingly an integral part of the research cycle. Addressing the lag between innovation and impact has roots with agriculture researchers in the 1940s who conducted empirical investigations on how to reach farmers with improved agriculture technology to increase food production post war. This early work was captured in the "diffusion of innovation" framework (Greenhalgh & Wieringa, 2011b; Rogers, 2003). At the same time Merton called for "the study of applied social science and of the factors that facilitated or impeded its utilization for purposes of practical action" (Weiss & Bucuvalas, 1980, p. 302). However, concerted efforts in the social sciences to act on this call did not emerge until the late 1970s, when the social sciences gained in popularity as a resource for policymakers. An interest in addressing the "research-practice gap", that is the lag between scientific discoveries and uptake into practical settings (e.g., improving healthcare), also emerged at this time. However, it was not until the 1990s that the evidence-based practice and policy movement (EBPP) became a significant force in both healthcare and social policy (Lomas, 1997; Nutley, Walter, & Davies, 2007).

The effort to address the know-do gap in healthcare was initially referred to as evidence-based medicine (EBM). Physicians inspired by advances in research encouraged the integration of this form of evidence into clinical decision-making to improve patient outcomes (Sackett, 1997). This concept spread and became referred to as evidence-based practice (EBP) and later expanded to include policy (EBPP) (Lomas, 1997). The EBPP movement initially focused on the promotion of the use of research evidence (with an emphasis on randomized controlled trials or RCTs) for the development of practice and policy guidelines or interventions (Lomas, 1997; Maynard, 1997). However, Nutley et al. (2007) defined EBPP more broadly as "an approach that helps people make well-informed decisions about policies, programmes and projects by

putting the best available evidence from research at the heart of policy development and implementation" (p. 13). The EBPP movement expanded in health to encompass a broader conceptualization of sharing health knowledge — in Canada this is often referred to as KT (knowledge translation) but is also known by many other terms such as knowledge mobilization, knowledge exchange or knowledge transfer and exchange, dissemination and implementation, and many more (McKibbon et al., 2010; Rabin & Brownson, 2017). The concept of KT expanded EBPP to consider the complexities of context, social interaction and exchange components of knowledge sharing; indeed the language of EBPP shifted to evidence-informed (rather than evidence-based) to reflect these complexities (see Lomas, 2000; Rycroft-Malone, Seers, et al., 2004).

In Canadian health research, KT is the most frequently used term to capture how the links between health research, policy and practice are conceptualized and studied. The Canadian Institutes of Health Research (CIHR) has adopted the following definition of KT:

> *A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user. (Graham, 2010)"* (Canadian Institutes of Health Research, 2016).

This definition was informed by Lomas and the Canadian Health Services Research Foundation and has been influential in Canada and beyond. Some argue that the 'translation metaphor' constrains thinking as it reflects limiting assumptions on the nature of evidence, whose knowledge is privileged, and a simplified view of decision-making (Greenhalgh & Wieringa, 2011). However, the KT terminology is useful in that it does appear, in Canada, to provide a shared understanding of the topic under investigation and responds to calls for greater consistency in terminology (Graham & Tetroe, 2007a; Tabak et al., 2012). Making explicit one's methodological perspective (or paradigm) and theoretical assumptions can address the criticism leveled at the KT term.

Methodological perspective

Many in the KT field are calling for more theoretical grounding (e.g., Strifler et al., 2018) as the theories and paradigms within which the KT research was conducted have often not been made explicit. To address this gap and make my assumptions explicit, the methodological perspective (pragmatism) taken in this project is described, followed by an articulation of what Contandriopoulos suggests are the "four core questions [that] structure the definition of [KT] and, by extension, the nature of relevant practices" (2012, p. 31).

Pragmatic Approach

Generally, pragmatism is "concerned with determining which ideas are *useful* in achieving some social good" (Anastas, 2012, p. 162, emphasis in original). Although there is a range of articulations of pragmatism there are also some commonalities. First, a recognition of the social basis of science, that is, research is understood to be shaped by the members of a shared interest group including scientists, practitioners, decision makers and service users; so debates on facts or truths should be informed by a wide range of experiences with analysis on whose interests are being served (Anastas, 2012). Second, pluralism in methodology, inquiry and theory is generally accepted; experiences contribute to the revision or coherence of truth, and are potentially "warranted assertions" (McCready, 2010). Third, the notion of "workability" is central to putting theory into action and questioning "what difference it makes" (Anastas, 2012; Morgan, 2007, p. 68).

Morgan (2007) argues for a pragmatic approach as an alternative or reorienting of social science research methodology from what he has termed the "metaphysical paradigm" (rooted in issues related to the nature of reality and truth or the nature of knowledge and therefore the incommensurability of paradigms and related methods, i.e., qualitative versus quantitative) (see Morgan, 2007, pp. 57–58). Specifically, the organizing framework of his pragmatic approach addresses three key dichotomies often articulated in research. First, regarding inductive versus deductive reasoning, the pragmatic alternative is to connect theory and data abductively - that is observations inform theory and then the theory is put into action and vice versa. Second, regarding the subjective versus objective researcher, the pragmatic approach emphasizes an

intersubjective process allowing for communication and shared meaning to achieve sufficient mutual understanding and joint action. Third, regarding context versus generalizability, the pragmatic approach focuses on the transferability of knowledge and on how much of the knowledge gained from one place is useful to another (Morgan, 2007). The bridging of these dichotomies, the interaction of theory and practice, and the interest in transferability are compatible with the overarching objectives of KT. For example, McCready (2010) argues that pragmatism in nursing would facilitate bringing research and practice together (see also Doane & Varcoe, 2005).

Knowledge Translation and Theoretical Assumptions

Many authors have used the framing of why, what, whom and how in KT literature as central to or as a means of understanding different conceptualizations and frameworks (Barwick, 2016; Lavis, Robertson, Woodside, McLeod, & Abelson, 2003; Ward, 2017). The specific questions, informed by the work of Contandriopoulos (2012), used to outline the critical assumptions and framing of this thesis are: 1. Why? The nature of the problem to be addressed; 2. What? The nature of evidence, research, knowledge; 3. With whom? Context and audience; and 4. How? KT frameworks.

Why? The nature of the problem to be addressed

First, this question applies to the broad understanding of the KT problem, often referred to as the gap between research and practice - or the know-do gap. Van de Ven and Johnson (2006) describe three distinct framings of the relationship between theory and practice. The first involves a "knowledge transfer" problem where researchers are not effectively sharing their knowledge in a manner that is accessible to knowledge-users[3], or the knowledge-users have not been interested in or willing to implement the research. The second involves a "knowledge exchange" problem where researchers and knowledge-users are disconnected; they do not interact and thus the research generated is not relevant to them. Third is a "knowledge production" problem where the research produced is flawed due to the questions asked and the research process itself; to facilitate the uptake of research it should be generated through "engaged scholarship". An engaged scholar negotiates and collaborates with researchers and practitioners in a

[3] Knowledge-users is used here to capture anyone who could apply research findings such as clinicians, policymakers, administrators, patients, family or friend caregivers, community or public)

learning community (Pauly, Shahram, Taylor, & Pollock, 2018; Van De Ven & Johnson, 2006). That is, researchers and knowledge-users should collaborate on the full spectrum of the research process, thereby jointly producing knowledge that contributes to the advancement of science and the policy/practice community (Best & Holmes, 2010; Estabrooks & Glasgow, 2006; Jull, Giles, & Graham, 2017; Van De Ven & Johnson, 2006). Currently, this is a prominent framing of the know-do gap (Graham et al., 2006; Holmes et al., 2017) and is in keeping with pragmatism (allows for inclusivity, iterative dialogue and applied exploration).

The knowledge production framing of the problem is reflected in KT literature that emphasizes the importance of collaborative research initiatives between researchers and knowledge-users. For example, CIHR articulates two types of KT: iKT and end-of-grant KT. As the name suggests, end-of-grant KT refers to activities for disseminating research at the completion of a project through traditional and non-traditional mechanisms such as peer-reviewed journals and arts-based KT activities. In comparison, iKT involves knowledge-users throughout the entire research process including the development of the research question, methods, data collection, analysis and dissemination (Canadian Institutes of Health Research, 2016). Other terms used to refer to similar activities include co-production of knowledge (see researchimpact.com; Wilkinson, Gallagher, & Smith, 2012) and action-oriented community-based research (Bowen & Graham, 2013)[4]. Further, iKT reflects and often incorporates the knowledge and methods of community-based research with active and meaningful inclusion of knowledge-users in the framing and conduct of research; however, the iKT approach also emphasizes the synthesis of a wide body of research evidence and impact beyond the engaged partners (Wilson, Lavis, Travers, & Rourke, 2010)[5].

What? The nature of evidence, research and knowledge

Primary issues for KT are: what evidence is considered worthy of KT efforts, and what are the sources for this evidence? These issues are important for the “ethically-sound application” of research — and given that resources may be invested in changing

---

[4] For nuanced discussions of coproduction and iKT see Kothari and Wathen (2017) and Oliver, Kothari, & Mays (2019)

[5] See Jull et al. (2017) for a fulsome discussion of the similarities and differences between iKT and community-based participatory research.

practice or policy, decisions should be based on a solid foundation of empirical evidence. Traditionally, this solid foundation would be a synthesis review of high-quality findings, the gold standard for intervention research being RCTs (Nutley et al., 2007). However, many research questions cannot be answered through experimental design such as questions of appropriateness, transferability, implementation issues and meaning/values. Therefore, policy and practice can not only be informed by a 'what works or does not work' perspective of evidence (as produced by systematic reviews of RCT studies), but rather should be informed by a broader field of research, including critical social research that challenges assumptions and structures, thus destabilizing established means of framing and addressing problems. This evidence may be empirical or more theoretical in nature (Nutley et al., 2007; Ward, Smith, House, & Hamer, 2012).

Furthermore, knowledge is not limited to research evidence. Many KT authors draw attention to broader conceptualizations of evidence through defining knowledge as including a similar distinction made by Aristotle: *episteme* (facts), *techne* (skill), and *phronesis* (practical wisdom) (Greenhalgh & Wieringa, 2011b). Others identify the differences as *tacit* (knowing 'how' to do something that is difficult to describe or teach); *personal praxis* (knowledge in practice, practical wisdom); and *instrumental* (knowledge about addressing a specified problem, concrete) (Cleaver & Franks, 2008; A. R. Kothari, Bickford, Edwards, Dobbins, & Meyer, 2011; McWilliam et al., 2009; Nutley et al., 2007). Thus, what constitutes evidence can include knowledge from a variety of sources including clinician experience, patient/resident experience, institutional experience, and local information or data (Rycroft-Malone et al., 2004; Tetzlaff, Tricco, & Moher, 2009). The distinction and therefore definition of knowledge and evidence is ambiguous and circular (Nutley et al., 2007). For the purposes of this thesis *research* refers to all empirical investigations; *evidence* refers to all relevant sources of experience including research; and *knowledge* refers to overarching ideas, synthesized evidence, including research and experience.

The last component to the nature of knowledge question is knowledge 'use'. To identify successful KT strategies, outcomes must be measured, and to measure outcomes, knowledge 'use' must be defined. Knowledge 'use' has been articulated in a number of ways extending the concept of 'use' from application of knowledge to influence. For example, one knowledge 'use' typology distinguishes between instrumental (specific application), symbolic (supporting a current position) and

conceptual use (influencing thought on an issue) (Nutley et al., 2007; Weiss & Bucuvalas, 1980). Another type of use, originating in the field of evaluation, is *process use*, which reflects the learning that occurs throughout an organization or project by virtue of engaging in the research (Patton, 1998). Others have proposed stages of knowledge ‘use’. Generally, these stages are conceptualized as a series that builds from broad awareness through incorporation of the knowledge to direct impact on policy or behaviour — aligning well with change management models.

With whom? Context and audience

Understanding and tailoring knowledge to the context is increasingly cited as a critical component of effective KT (Contandriopoulos, Lemire, Denis, & Tremblay, 2010; Holmes et al., 2017; Hunter, 2015; Kitson, 2009). In a review of the KT literature Contandriopoulos (2010) states, “context dictates the realm of the possible for knowledge exchange strategies aimed at influencing policymaking or organizational behaviour” (p. 465). The importance and complexity of context is illustrated in a number of KT frameworks. For example, the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009) proposes five domains, three of which are related to context: inner setting, outer setting, and individual characteristics. In contrast, the Promoting Action on Research Implementation in Health Services (PARIHS) framework articulates context through the themes of culture, leadership, and measurement, specifically focusing on values, beliefs, and the nature of organizational working relationships (McCormack et al., 2002).

Audience and tailored KT strategies are central to KT planning. Many KT frameworks either indicate the importance of identifying the audience clearly or are specifically developed to serve the needs of a particular audience (Nieva et al., 2005). One way to describe the audience is in relation to their role (e.g., patient, public, resident, physician, policymaker, etc.) and should consider the level of autonomy or interdependence of the setting and the nature of the knowledge. For example, Contandriopoulos (2012) distinguishes between individual- and collective-level interventions. Individual-level interventions are appropriate if the individuals can act relatively independently, such as in their clinical practice office (e.g., referral patterns of family doctors in private practice). Collective-level interventions refer to situations that are more interdependent, with change requiring the coming together of a number of

different actors (e.g., emergency department admitting procedure change at a general hospital).

How? KT approaches

A number of frameworks and models for designing and implementing KT projects exist in the literature. Contrandiopolous et al. (2010) states that KT frameworks are the "best available source of advice for someone designing or implementing a knowledge exchange intervention… to be used as field guides to decode the context and understand its impact on knowledge use and the design of exchange interventions" (p. 468). Overarching explanatory theories of KT are fewer and less developed than frameworks; however, there are theoretical positions that guide or provide the conceptual underpinnings of many of the available frameworks.

A foundational theory in the KT literature is the *Diffusion of Innovations* which, as outlined by Rogers (2003), proposed four main elements influencing the spread of new ideas: the innovation, communication channels, time, and a social system. Within this he postulated that individuals moved through five stages: awareness, persuasion, decision, implementation and adoption. Elements of this theory are seen throughout current KT strategies and frameworks. Yet a significant limitation of the Diffusion of Innovations theory is its simple, linear, step-wise progression (Best & Holmes, 2010). Another foundational piece of work by Havelock and colleagues regarding the conceptualization of a *Research Development Dissemination and Utilization Framework* called for a broad agenda to put science to use (Estabrooks, Thompson, Lovely, & Hofmeyer, 2006). Suggestions included systematic integration (similar to synthesis reviews) and creating accessible teaching and research programs for a range of stakeholders that would facilitate collaborative interactions and linkages. The notions of facilitating access to researchers and supporting linkages continue to be key components of many contemporary KT frameworks and models.

The plethora of KT frameworks and models is captured in a number of different scoping reviews. These reviews have categorized the available frameworks into typologies such as linear, relationship and systems models (Best & Holmes, 2010); or linear, cyclical and dynamic multidirectional (Ward, House, & Hamer, 2009). Tabak et al.'s (2012) scoping review found 61 'dissemination and implementation' frameworks which they rated based on three constructs: flexibility, dissemination and/or

implementation activities, and the socio-ecological level (system, community, organization or individual). With all these options, KT scholars have called for more research on the use and refinement of existing frameworks (e.g., Stifler et al., 2018). For example, an editorial in *Implementation Science* explained the journal's revised criterion for accepting or rejecting a submission by stating that submissions will be rejected "where it is unclear what … (yet) another conceptual framework adds to existing literature" (Eccles, Foy, Sales, Wensing, & Mittman, 2012). This thesis contributes to this area by detailing a case of an iKT project that used an existing model, the KtoA model (Graham et al., 2006).

Methodology

The case study method was used to explore the iKT process, aiming to identify facilitators and barriers to the process and to contribute to theory development. Yin's work (see Yin, 2009) informed the design of the case study. Yin (2009) has defined case study as an empirical inquiry that investigates a contemporary phenomenon (the "case") in depth and within its real-world context and has argued that the method is particularly useful when the boundaries between phenomenon and context may not be clearly evident. Yin articulated five components of case study research design: question; propositions; unit(s) of analysis (the case); linking the data to the propositions (data collection); and, criteria for interpreting the findings (analysis). Although Yin's approach to case study can appear deductive, as seen in the emphasis on proposition development prior to data collection, his approach allows for abductive reasoning (in keeping with the pragmatic approach taken here) - moving back and forth between the conceptual framework and the data collected.

While this thesis research follows a single case study design, Yin (and other methodologists) argue that case studies provide "analytic generalization" — that is generalization at a conceptual level as opposed to "statistical generalization" which makes inferences about a population based on sampling (Yin, 2009). Thus, while the specific findings of this case study might not be directly applicable to other iKT projects, the understanding developed through this case study will contribute to the conceptual and theoretical development of KT that could inform the literature. Further, this is in keeping with the concept of transferability in the pragmatic approach, discussed above — focusing on the utility of the knowledge gained from one place for another.

The guiding questions for the case study were 1) what was the relevance and utility of applying the Knowledge to Action (KtoA) model (Graham et al., 2006) to an integrated KT (iKT) project, and 2) what approaches used provided new insight and how could that be applied to other projects? The case study method was particularly well suited to this type of explanatory question as it addresses a contemporary issue that cannot be usefully broken down into discreet variables that can be manipulated.

Yin describes propositions as a guiding theoretical orientation that "directs attention to something that should be examined within the scope of the study" (Yin, 2009, p. 28). Propositions guide the project but are understood to be flexible and subject to revision as contradictory data or experience are gained. For the purposes of this case study, the KtoA model, described in Chapter Three, acted as a propositional framework.

The unit of analysis (or case) is the iKT project, specifically, the processes, relationships and dissemination described in this thesis. Case study evidence can come from a variety of sources; primarily the data collected for this case study included evaluation surveys and participant observations. Participant evaluation forms were completed for the deliberative dialogues (described below) and participant observations included a reflexive journal documenting the process, including all components: synthesis, collaboration events and end-of-grant events, my interpretations and understandings of the process and my role within it (Shaw, 2010). In addition, reflexive summaries from facilitators, note-takers and other assistants at the World Café and Research Day were collected.

The specific technique used for analysis was explanation building, which Yin describes as a type of pattern matching with the goal to "analyze the case study data by building an explanation about the case" (p. 141). Explanation building is an iterative process; thus, it begins with making initial statements based on the propositions and initial impressions gained during data collection. The findings are then compared to the statement(s), then the statement is revised and further compared.

In summary, this case study was guided by an interest in KT and addressing the gap in the reporting and analysis of using a KT model; a pragmatic approach to research; and, assumptions about the what, why, whom, and how of KT. The interplay, insights, and interactions of these foundational ideas are demonstrated and explored

throughout the thesis, including in the following chapter that describes the iKT project in detail.

Chapter Three: The iKT Project Case Details

The focus of the case study was an iKT project conducted from March 2016 through March 2017. As introduced in Chapter One, the project developed out of an evaluation project of a LTC relocation conducted from April 2014 through November 2016. To fully appreciate the case study findings, a clear and comprehensive description of the iKT project (the case) is provided here, beginning with the KT model selection through methods, findings, and output.

Selecting an appropriate theory and guiding model should be the first step in developing any KT project (Ward, 2017). Theories and models can support the process, help identify issues and encourage the use of evidence-informed strategies. A number of reviews are available of KT models and frameworks, listing and summarizing up to 159 different options (such as Contandriopoulos et al., 2010; Mitton, Adair, McKenzie, Patten, & Waye Perry, 2007; Strifler et al., 2018; Tetzlaff et al., 2009; Ward, 2017). Based on my understanding of KT and research approach (pragmatism) described in Chapter Two, I made an informed and relevant selection that aligned with the objectives of the iKT project.

The iKT Project: Process Model Selection and Justification

To select a KT framework for the iKT project, factors considered included usability, conceptual rather than prescriptive style, compatibility of assumptions and objectives, and workability with warranted assertions (in keeping with a pragmatic approach) (Morgan, 2007). A number of reviews facilitated the exploration of available KT frameworks (see Best & Holmes, 2010; Landry, Amara, & Lamari, 2001; Tabak et al., 2012; Ward et al., 2009). Tabak et al.'s (2012) narrative review of existing 'dissemination and implementation models' explored a range of KT disciplines including "innovation, organizational behaviour, and research utilization" (p. 338). They identified 69 models and sorted them by focus (dissemination and/or implementation), flexibility of model constructs, socio-ecological level (e.g., individual, system) and number of citations in the literature. Strifler et al. (2018) completed a similar scoping review of frameworks, theories and models used for implementation and dissemination activities for cancer treatment or prevention; their review included 159 models, theories and frameworks.

Available KT frameworks range from: having been used and referenced substantially (e.g., Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Kitson, Harvey, & McCormack, 1998) or minimally (e.g., Dodson, Brownson, & Weiss, 2012; Feldstein & Glasgow, 2008); and being specific to content area (e.g., Dreisinger et al., 2012; Funk, Tornquist, & Champagne, 1989) or change goals (e.g., Green, Ottoson, García, & Hiatt, 2009; Nieva et al., 2005) or context level (e.g., Klein, 2003). Many were prescriptive tools for use in building a KT strategy (e.g., Jacobson, Butterill, & Goering, 2003) and therefore were excluded. Frameworks that did not provide a conceptual tool that captured much of the learning, critiques and current thinking in KT and could not conceivably be applied to an iKT project for guideline development were also excluded. Frameworks that did not align with the methodological and theoretical assumptions described above (e.g., Collins, Harshbarger, Sawyer, & Hamdallah, 2006; Winkler, Lohr, & Brook, 1985) were not considered. Based on this careful review, I selected the well-cited KtoA model (Graham et al., 2006; Straus, Tetroe, & Graham, 2013).

The Knowledge to Action model

I selected the KtoA model because it is a conceptual (not prescriptive) and general (not health-specific) framework that could be adapted to the context and scope of this project. Moreover, it aligned with an iKT approach and evidence synthesis, both of which were anticipated elements of the project.

The KtoA model originally proposed by Graham et al. (2006) and refined as shown in Figure 1 (Straus et al., 2013) has two primary iterative and integrated elements the authors refer to as: a "*knowledge creation funnel"* and an "*action cycle"*. Visually the knowledge creation funnel is represented by an inverted triangle (funnel) to represent the narrowing in from broad to general - generation to tailoring of evidence. Inclusion of the knowledge funnel component is intended to emphasize the importance of applying a body of evidence to practice and policy changes. The action cycle, represented by the outer circle of components with bi-directional arrows, is intended to capture the contextual evidence being fed into the knowledge creation funnel and implementation activities, and the iterative nature of the process. The model is based on over 30 planned-action theories (Graham & Tetroe, 2007b).

The knowledge creation funnel includes knowledge inquiry (original research), knowledge synthesis (aggregation of a body of research), and the creation of knowledge products or tools (based on syntheses) (Straus et al., 2013). The action cycle includes identifying the gaps; adapting to the context; assessing barriers and facilitators to knowledge use; selecting, tailoring, and implementing intervention; monitoring knowledge use; and evaluating outcomes. While there is a sequence implied by the visual representation of the framework, the bi-directional arrows are meant to demonstrate that the process is iterative and can be initiated at any point.

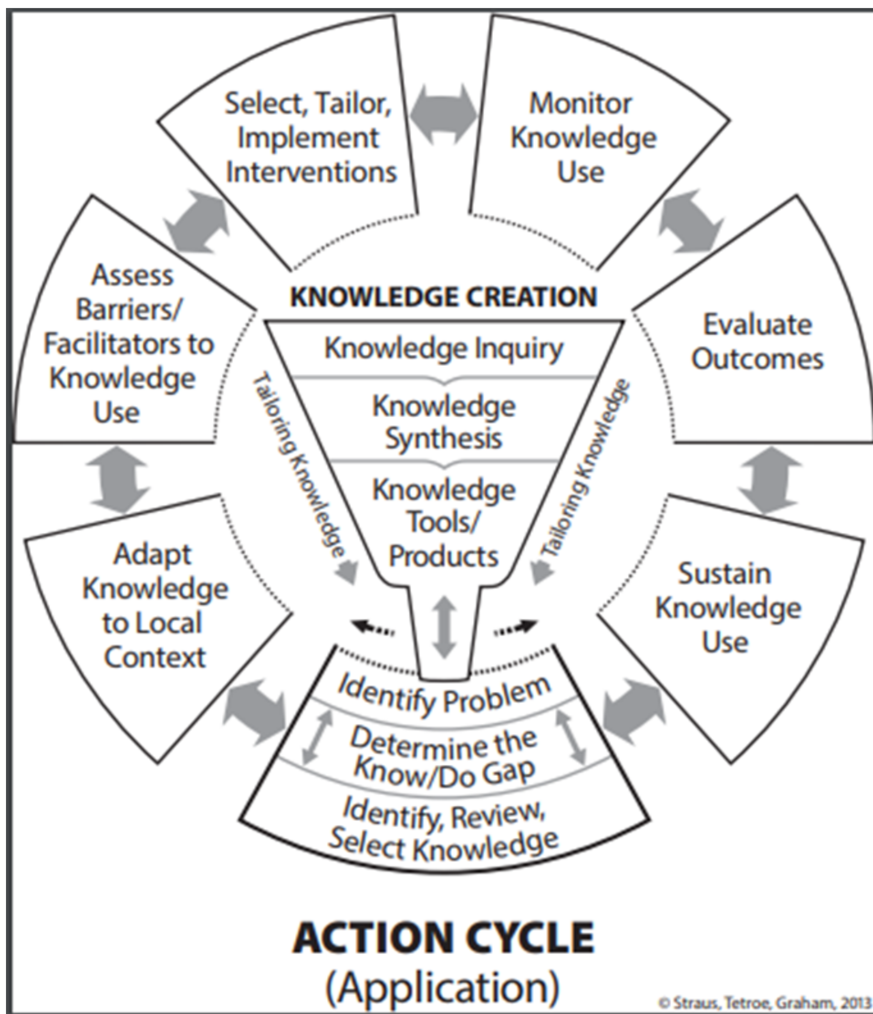


Figure 1: Knowledge to Action Model, Straus, Tetroe, & Graham (2013)

The iKT Project: Methods

The iKT project involved developing a guiding framework through the synthesis of three data sets: secondary analysis of interview data, systematic literature review, and findings from the deliberative dialogues. Each method described below includes both data collection and approaches to the iKT process insofar as they involve or contribute to co-creation, knowledge-user engagement and dissemination.

Interview data for secondary analysis

The interview data that were used for secondary analysis came from the evaluation study mentioned in Chapter One. As previously described, the team at the SFU Gerontology Research Centre (see Appendix A) and I conducted an evaluation study for Mountain Housing exploring sense of home, relocation experiences, and perspectives on the new LTC home (see Canham et al., 2017, 2018; Wada et al., 2018). During that project we completed site observations and semi-structured in-depth interviews with residents, families and staff at five-time points: six months pre-move, and three, six, 12, and 18 months post-move. A total of 210 interviews were completed (with 23 family members, 35 residents and 81 staff). The same family members were consistently interviewed across multiple time points. Some of the same residents were also interviewed across multiple time points; as well, new resident respondents were added as the project proceeded. Staff respondents changed more often as we needed to be responsive to shift work, changing positions and turnover. Staff interviewees included frontline providers (e.g., care aides, registered nurses, licensed practical nurses) and managers (e.g., administrators, social workers, activity coordinators) (details on this project can be found in Canham et al., 2017, 2018; Wada et al., 2018). The semi-structured interviews explored the meaning of home, experiences of the built environment, and the transition process (Canham et al., 2017, 2018, Wada et al., 2018). The semi-structured format and open-ended questions allowed for a broad range of issues to emerge. The open-ended questions and structure of the evaluation project interview guide and process allowed for the natural emergence of prominent issues being experienced including challenges related to the relocation — and thus the content was relevant for the iKT project. In addition, at the last data collection point (18 months post-move) some probing questions were added to help inform the iKT project regarding

the transition experience more directly, such as: ‘What can other relocation projects learn from this experience regarding the transition process?’

The interviews were transcribed, organized, coded and thematically analyzed using NVivo 10 Qualitative Data Analysis Software by me and two other team members. For the evaluation project, transcripts were coded with the framework that emerged through a first read of the interviews that identified preliminary patterns (Braun & Clarke, 2006; Patton, 1998). Initial codes were low-level, descriptive codes; next, labels based on participants’ language were created. The coding was completed by three research team members (including me) with member checking done for a selection of transcripts. As narratives across respondent types (families, residents, and staff) and time points did not reveal unique insights, further analysis was collapsed across groups and time. The codes were then collated into categories by the research team and clustered into themes that described the impact of the environment on participants and the relocation experience. The categories and themes were reviewed and the themes were modified and refined based on this analysis (see Canham et al., 2017, 2018, Wada et al., 2018).

One of the preliminary themes was *transitions* which encompassed codes such as: *a lot of changes at one time, adjusting takes time,* and *team involvement in planning*. All codes that were categorized under the theme *transitions* were included in the secondary analysis for the iKT project. The secondary analysis included further interpretation through reading and re-reading all of the coded materials under the transitions theme. The material was explored for meaning and relationships between codes. From the secondary analysis five themes were identified: planning and organization; time and support; workplace culture; strong management; and, minimize changes. Coded under each theme were issues experienced (both positive and negative), as well as suggestions made to address those issues. These themes formed the basis of the preliminary framework for the literature synthesis and, thus, informed development of the guiding framework. The details of the analysis and themes are reported in the findings section of this chapter.

Literature Synthesis Review

The synthesis of research evidence is integral to KT as seen in the CIHR definition (see Chapter Two) and many KT frameworks and models. Research syntheses are “research products [that] provide a summary of the expansive evidence on a particular topic to inform decisions based on the totality of evidence” (Tricco et al., 2018, p. 2). Proponents of KT are acknowledging, with this comprehensive synthesis focus, that a single study does not justify a change in policy or practice. Rather, a body of research should be identified, explored and interpreted to determine if change in a particular research evidence-informed direction is justified and how to adapt it for a particular context.

The value and importance of conducting and using research syntheses for guideline development, program planning and decision-making is also evident in the array of organizations that create or support development of syntheses such as: the Canadian Agency for Drugs and Technologies in Health (CADTH; provides evidence, analysis, and recommendations on pharmaceuticals and health technologies); McMaster’s Health Evidence (systematic reviews in public health); the Strategy for Patient-Oriented Research Evidence Alliance (supports research synthesis, guideline development); and, the Canadian Academy of Health Sciences (for research-based analysis of health challenges for public and private sector decision-making).

There is a large body of literature on different methods for conducting and reporting on reviews from traditional systematic methods such as Cochrane reviews, to less traditional methods such as scoping reviews (Tricco, Lillie, et al., 2016), integrative and realist reviews (Pawson, Greenhalgh, Harvey, & Walshe, 2005; Saul, Willis, Bitz, & Best, 2013; Whittemore & Knafl, 2005), meta-ethnographic reviews (Lee, Hart, Watson, & Rapley, 2015), and equity-focused systematic reviews (Welch et al., 2013). The degree to which engagement by knowledge-users (someone likely to apply the findings) and stakeholders (someone with a vested interest in the project who could be impacted) is an element of the synthesis method that varies (Kastner et al., 2012). The selection of the synthesis approach is influenced by: available resources; the research question or purpose; research methods of the literature being reviewed; and, the needs of the target audience. Currently there is not a systematic, research-informed method to select the type of systematic review approach to use, however there is one under development

(Kastner, Antony, Soobiah, Straus, & Tricco, 2016). Unfortunately, even Kastner et al.'s preliminary conceptualizations on how to select a systematic review approach was not available to guide the review selection method for this project. Thus, the selection of a review method for this project — integrative review (Whittemore & Knafl, 2005) — was based on alignment with the iKT approach of the project, preference to include qualitative and quantitative research, and that there were resources available detailing how to use the synthesis method.

An integrative review uses a systematic, iterative approach to explore complex healthcare questions using diverse bodies of evidence (Whittemore & Knafl, 2005). The integrative review approach synthesizes the depth and breadth of context-rich results, such as might be found in qualitative research, to contribute to a new understanding of the phenomenon. The objective is to produce results that are relevant and directly applicable to policy or practice (Whittemore & Knafl, 2005). This approach to synthesis is particularly well-suited to accommodate the review of literature derived from differing methodologies (qualitative, quantitative, mixed methods). Whittemore & Knafl (2005) outline five stages for an integrative review:

1. *Problem identification*: This stage includes a "well-specified review purpose and variables of interest", preferably informed by a theoretical framework. Working with Mountain Housing led to identification of further questions of interest related to relocation (as described in Chapter One). The brief literature search I completed confirmed that relocation stress in older adults moving to or within LTC settings was a concern. The team prioritized the identification of mitigation strategies for relocation stress in en masse relocations. A framework was developed based on the secondary interview data analysis (described above).
2. *Literature search*: As with any review a comprehensive search strategy was developed. I consulted with a health sciences librarian to develop the search strategy including search terms and databases to include. My attention was drawn to terminology and the crossing of disciplinary boundaries and interests in terms of health services and delivery versus infrastructure development. Search terms were selected based on a seminal review article (Castle, 2001) which identified and defined terms from this area of literature. Initial searches were broad, then narrowed using additional terms. The search was conducted in April 2016. The following databases were used: AGELINE, MEDLINE (Ovid), Canadian Public Policy

Collection, PSYCHINFO. In addition, Google Scholar was used as a scoping search. Search terms included: relocation AND interinstitutional; relocation AND transition; relocation AND institutional. I completed the database searches and consultations with experts in the field. I conducted selection and appraisal of the literature with another researcher, working independently. Discrepancies in selection were discussed until consensus was reached. Initial title searches included any articles that mentioned transitions or relocations of older adults, mentioned impact on residents or staff, and were written in English. The inclusion criteria for abstract review were: identified challenges and/or successes for supporting transitions into a new institution, en masse; the institutions were primarily for long-term care of older adults (not primarily psychiatric care, etc.); described transition related processes or issues; and described impact of the relocation on residents or care providers' health and well-being. At full text review and selection, an additional exclusion criterion for full articles was added: those that only assessed relocation impact with no analysis for recommendations. While outcomes are important, they were not the primary focus of the review. Refinements to the inclusion and exclusion criteria were discussed by the two reviewers and decided upon in keeping with the primary research question and focus of the synthesis review.

3. *Data evaluation*: There is limited direction on evaluation for integrative reviews, as the expectation is for the materials to vary in terms of methods, and thus quality can be challenging to compare. Other review methods such as critical-interpretative synthesis argue that exclusion based on evaluation is not justified in mixed methods reviews (Tricco, et al., 2016). The methods of each of the included studies was reviewed but none demonstrated fatal methodological flaws based on the reviewers research expertise. The articles were not ranked.
4. *Data analysis*: As suggested by Whittemore & Knafl (Whittemore & Knafl, 2005) data analysis included the following: data reduction, data display, data comparison, conclusion drawing and verification, similar to a constant comparative method of analysis. Data reduction and display was completed through reading, rereading, and extracting information for all articles into a data extraction spread sheet. This included basic information about the study as well as data that fit into the preliminary framework developed during the interview data secondary analysis noted above. An additional comparison table, using the preliminary framework, was used to review all the data for each of the themes which were further refined. The verification included

presentations to key informants during the deliberative dialogue events described below. These dialogues contributed to further refinement of the themes and development of the guiding framework.

5. *Presentation*: The review is presented below and is in keeping with an integrative review approach, including a diagram of the search strategy and table of the included literature (Whittemore & Knafl, 2005). Further, the results were shared in formats accessible to practitioners to ensure applicability to policy and practice.

Deliberative Dialogues: World Café

The integrative review methods do not explicitly identify engagement of stakeholders in the literature synthesis process. However, based on the iKT approach and the KtoA model I determined that stakeholder engagement was essential to the verification of the findings. Whittemore and Knafl (2005) indicated that verification of conclusions using primary data is important for being able to draw conclusions based on analysis. However, they do not recommend how to complete this verification. Based on previous experience I choose to use a deliberative dialogue method referred to as World Café (Brown & Isaacs, 2005) to gather information and input from knowledge-users and stakeholders on the review findings. In addition, I established a relationship with attendees and engaged them in the development and dissemination of the guiding framework.

Deliberative dialogues are intentional conversations-for-change that can be applied in diverse settings (Plamondon, Bottorff, & Cole, 2015). Broadly, deliberative dialogues are opportunities for communities, or groups of people with shared interests and/or shared geography, to talk about issues and to move toward potential solutions, actions or decisions. The term deliberative dialogue emerged out of community and civic engagement initiatives and is often associated with political or community organizing. The Southwest Educational Development Laboratory (SEDL) in Washington, DC, began exploring how best to encourage and support civic involvement due to what was seen by the group as waning engagement in local politics and a lack of community involvement in addressing or discussing local issues (McCoy & Scully, 2002). Through this exploration the SEDL developed and applied strategies to increase engagement and coined the term “deliberative dialogue”. As McCoy and Scully (2002) explain, the SEDL proposed a marriage of the concepts of deliberation and dialogue to create meaningful,

purposive conversation informed by critical thinking and reasoned argument to address public concerns.

Central to the deliberative dialogue processes described by McCoy and Scully (2002) was the creation of opportunities for face-to-face conversation that brought together diverse groups representative of all stakeholders with differing perspectives, experiences and interests. In addition, McCoy and Scully (2002) described 10 principles for effective processes based on empirical evidence and their experiential knowledge (10 years of organizing and facilitating public dialogues) — that include “make listening as important as speaking”; “explore a range of views about the issue”; “create ongoing processes, not isolated events” (p. 121-128). Each principle articulates issues to address, for example, bringing together a diverse and representative group is not enough to ensure that all voices are heard. Issues related to power, cultural differences or individual comfort with sharing all need to be considered and diverse expression facilitated, such as providing different mechanisms for sharing (oral, written, visual) and emphasizing active listening.

The principles and approach of deliberative dialogue have been applied and explored in the context of developing evidence-informed policy and practice, setting priorities, gathering data, and being an engagement process for iKT. For example, Lavis, Boyko, and Gauvin (2014) explored their use for developing evidence-informed policy measures. They hosted and evaluated three deliberative dialogues with stakeholders and policymakers involved in addressing obesity in Canada. The deliberative dialogues were informed by a synthesis of deliberative processes and design features that align but expand on the elements noted by McCoy and Scully above (Boyko, Lavis, Abelson, Dobbins, & Carter, 2012). All the participants (stakeholders and policymakers) were also involved in evaluating the process, they reported that the deliberative dialogue events were useful for informing policy. The participants rated all 10 design features highly and provided direction for improvements. The 10 design features of deliberative dialogues identified as important for evidence-informed policy development were:

1. Addressed a policy issue faced in your jurisdiction
2. Focused on different ways in which a policy issue could be framed
3. Focused on alternative ways of addressing a policy issue

4. Informed by pre-circulated packaged evidence summaries
5. Informed by discussion about the full range of factors that can inform choices among alternative ways of framing and addressing a policy issue
6. Brought together all parties who could be affected by the outcome
7. Ensured fair representation among policymakers, those stakeholders who could be affected by the outcome, and researchers
8. Engaged one or more skilled facilitators to assist with the deliberations
9. Allowed for frank, off-the-record deliberations by following the Chatham House rule
10. Did not aim for consensus (Lavis et al., 2014, p. 4)

Boyko et al. (2012) created a model to support evidence-informed health policy decision-making that captured most of the 10 design features within three overarching components: “an appropriate environment for dialogue; an appropriate mix of participants; and an appropriate use of research evidence” (Boyko et al., 2012, p. 1940). They argued that the model provided an explanatory framework for how a KT strategy such as deliberative dialogues can influence change in the “form of individual, community/organizational and system capacity, and support evidence-informed decision-making at the system-level” (Boyko et al., 2012, p. 1944).

At the practice level, Oelke, Plamondon, & Mendel (2016) used a series of deliberative dialogues in conjunction with a literature synthesis to “set evidence-informed priorities with stakeholders to support the integration of [nurse practitioners] NPs in [primary health care] PHC settings in a regional health authority” (2016, p. 78). The NP model had already been implemented, but the uptake and spread of these practitioners in the region was not meeting expectations. Oelke et al. (2016) emphasized the importance of the dialogic aspects of the activity where the co-construction of interpretation of the findings of the synthesis and the dialogue events created meaningful ongoing collaborations, and the creation of shared and feasible goals. Oelke et al. (2016), similar to Lavis et al. (2014), found that participants appreciated connecting and learning from other participants’ experiences and contexts. However, challenges included ongoing attendance by all participants at each of the subsequent dialogues.

Deliberative dialogues have also been described as an alternative to focus groups or interviews for knowledge or data gathering (Plamondon et al., 2015). Using deliberative dialogues as a qualitative method for data collection differs from the focus group or interview in several ways including: there is an exchange of knowledge and learning across all participants including the researchers; there is an effort to create a non-hierarchical interaction; the dialogue is iterative; it can be repeated; and the group may move around between small groups and into larger groups. Plamondon et al., (2015) propose an analytical framework that captures the engaging, generating and synthesising cycles of deliberative dialogues for data gathering and analysis.

Some models, frameworks or approaches to deliberative dialogues include: i) the Boyko et al. (2012) model described above to support policy-level KT; ii) Plamondon's and Caxaj's (2017) outline of practices for relationally-centred deliberative dialogues as a means of "addressing divides between research, practice, and policy in health systems [which] reflect disconnects between people and sectors" (p. 26); and iii) the Lavis et al. (2014) model as described above which outlines 10 key design features of deliberative dialogues for evidence-informed policy development. Outside the health and KT literature there are also approaches to deliberative dialogues such as World Café. World Café differs from other approaches with similar names such as Conversation Café and Knowledge Café based on purpose and key design elements as outlined in Table 1.

Table 1: Approaches to deliberative dialogues

Deliberative Dialogue Approaches	**Primary Purpose**	**Design/structures**
Knowledge Café (Lefika & Mearns, 2015)	Knowledge Sharing	Guest speaker; guiding question; small group discussion; single or multiple meetings
Conversation Café (Prewitt, 2011)	Collective learning	Talking object; 3 rounds of conversation; informal; single or multiple events
World Café (Brown & Isaacs, 2005)	Generating ideas and contributing to change	Rounds of iterative conversation of a collection of questions; single or multiple events

The World Café approach, as described by the creators Brown and Isaacs (2005), is meant to emphasize and draw attention to the value of conversation to contribute to change, resolutions and insight — as they suggest "conversation really is a core process for accessing collective intelligence and co-evolving the future" (p. 25). Often World Café is summarized as creating the opportunity for generative and

meaningful conversation. From their experience facilitating dialogues they identified a number of principles for creating such opportunities. The World Café was intended to create spaces for dialogue, as mentioned above, for sharing, learning, and incorporating the iterative experience into something new or to inform policy or practice.

The six principles[6] for a World Café are: create hospitable space; explore questions that matter; encourage everyone to contribute; connect diverse people and ideas; listen together for insights, patterns, and deeper questions; and make collective knowledge visible. These are summarized in Table 2. The table also includes the three other deliberative dialogue models and design features described above mapped to the World Café principles to demonstrate the similarities and differences of these different perspectives on deliberative dialogues.

[6] These principles and the information about hosting a World Café are available at www.worldcafe.com

Table 2: World Cafe principles and other approaches to deliberative dialogues

World Café principles	Description of World Café principles	Deliberative dialogue for policy level KT(Boyko et al., 2012)	Relationally centred deliberative dialogue (Plamondon & Caxaj, 2017)	Design features for deliberative dialogues (Lavis et al., 2014)
Create hospitable space	Casual atmosphere, café like if possible, small tables for 4-6 guests, tablecloths, flowers and other physical cues to play on the idea of the informal conversations that happen at cafés; and create a safe space	Appropriate meeting environment	Preparing participants for an open exchange of ideas and perspectives	Allowed for frank, off-the-record deliberations by following the Chatham House rule
Explore questions that matter	The questions are central to focus the conversation and hold attention; helps to create productive conversations, can encourage creative thinking, and facilitates learning	Appropriate use of research evidence	Inspiring mutual goals for collective action	Was informed by pre-circulated packaged evidence summaries Was informed by discussion about the full range of factors that can inform choices among alternative ways of framing and addressing a policy issue
Encourage everyone to contribute	Address needs of all participants comfort level with speaking (small groups, drawing and writing materials)	Appropriate mix of people	Preparing participants for an open exchange of ideas and perspectives	Ensured fair representation among policymakers, those stakeholders who could be affected by the outcome, and researchers
Connect diverse people and ideas	Encourage a diverse group to attend and facilitate engagement amongst as many participants as possible; progressive rounds of conversations (details below).	Appropriate mix of people	Inviting a purposeful mix of perspectives	Brought together all parties who could be affected by the outcome
Listen Together for Insights, Patterns, and Deeper Questions	Each group, during each round, is encouraged to notice what theme or messages or opportunities for action are emerging through the dialogue;	Appropriate meeting environment	Inspiring mutual goals for collective action	Engaged one or more skilled facilitators to assist with the deliberations
Make Collective Knowledge Visible	Visually capture the new knowledge, questions, and insights generated;	Appropriate use of research evidence	Inspiring mutual goals for collective action	Focused on different ways in which a policy issue could be framed Focused on alternative ways of addressing a policy issue

The World Café approach includes progressive rounds of conversations, the first being 20-30 minutes, after which all but one member of the table (the host) gets up and moves to another table of their choosing, with a new mixed group of participants. The host recaps the insights of previous round(s) of conversation(s) then the new group builds from there. This shuffle of participants happens three to four times during a World Café event (see Prewitt, 2011). After the final round, all the groups come together for a large group discussion. Combined with encouraging participants to listen together for themes, there is an opportunity for co-creation of new learning or insight. Indeed, the process is similar to qualitative analysis, where initial themes are noted then discoveries are made as deeper analysis is completed.

World Café has been applied for a variety of purposes including research priority setting in public health, community-engaged planning for museum installations, and idea generating for improving business success (Jorgenson & Steier, 2013). The approach is aligned with appreciative inquiry, which is a “strengths-based approach to change” (Fouché & Light, 2011), that is, not emphasizing problem areas but rather, identifying what works and how to support it (Jorgenson & Steier, 2013). This distinguishes the World Café approach from the other deliberative dialogue approaches outlined in Table 2 and demonstrates the specific use of a deliberative dialogue in the context of this project. Specifically, the other approaches focused on sharing research evidence to inform policy or practice, whereas the primary focus of the dialogues in this project were to further refine and synthesize research and experiential evidence (see fulsome discussion on deliberative processes to combine evidence sources in Lomas et al., 2005).

For example, Fouché and Light (2008) describe using World Café as a qualitative research method and suggest their work was the first report of using it for this purpose. The literature available on the World Café as a qualitative research method is indeed limited, with notable exceptions (such as Bulsara, Khong, Hill, & Hill, 2016; Morrow & Weisser, 2012). This thesis contributes to this body of literature by exploring the use of World Café for an iKT project. How the World Café events were organized and run is detailed below.

World Café Organization

Location: To capture a broad range of perspectives, one World Café event was held in each of four provinces across Canada: British Columbia, Alberta, Ontario, and Nova Scotia. The events were held in large urban centres to be accessible and to increase the potential pool of participants, although some representatives from suburban communities did attend. Of note, rural communities were not represented in our sample, where there could be different experiences and challenges to address when considering relocation transitions (such as travel, accessibility and sense of community).

Recruitment: For the four events, recruitment involved utilizing established networks such as AGE-WELL (Aging Gracefully across Environments using technology to support Wellness, Engagement, and Long Life AGE-WELL - Canada's Technology and Aging Network), the Gerontology Research Centre at SFU, the housing provider's network, and also promoting through my network. Dissemination channels for this promotion included social media, email list serves, and targeted emails to the team's professional contacts, including the housing partner. In addition, LTC associations, homes and related organizations in the vicinity of each planned event were identified through publicly-accessible online directories; these groups were telephoned, emailed and/or faxed. The first event had the shortest promotion cycle (one month) while the last had the longest (three months).

The recruitment materials indicated the purpose of the event and the intention of accessing experiential knowledge on the relocation of LTC homes en masse (see Appendix D for a sample poster invitation). Preliminary interest in the project and the event encouraged our team to anticipate substantial interest and willingness to participate. No incentives were offered for participation other than an opportunity to share experiences and contribute to the development of the guiding framework.

Participants: A total of 23 people attended the four events. One participant came as a provincial ministry of health representative interested in this area; three were involved in current relocation projects; one had experience in institutional relocations outside of LTC care; and the remaining 18 had experience with at least one LTC en masse interinstitutional relocation project. The events ranged in number from two to 13 participants primarily representing staff and management of LTC homes. Despite efforts to encourage and recruit families and unit staff (i.e., care aides, nurses, licensed NPs)

none attended these events. Residents were not targeted for participation in the World Café events due to limited resources available to support their attendance. The number of participants were lower than anticipated — World Cafés are usually characterized by larger numbers (i.e., 15-30 participants). Limitations and challenges related to recruiting participants to these events is explored in Chapter Four.

Data collection: Data collected at the World Café included digital recordings of the discussion, process notes and a brief evaluation form (see Appendix E) that participants completed prior to leaving the event. In addition, I kept field notes on process, themes and lessons learned.

Ethics: Approval was sought and received from the SFU research ethics board. Participants at each event were provided consent forms and verbal explanations outlining the intention to digitally voice record the session — clearly stating the limitations regarding confidentiality given the group conversation setting of the event and the relatively small LTC community. Participants had the opportunity to review, ask questions and then sign the consent prior to starting the sessions. In addition, at the end of the event participants had the opportunity to decline or accept further contact for additional details, information and to contribute to revisions of the document. All participants agreed to contribute to guideline revisions and so were later contacted to review the guiding framework and were again asked if they would like their organizations' contributions (of their time and expertise) to be acknowledged — all participants agreed.

There was the potential for a power differential to emerge during the World Café event as recruitment efforts were aimed at staff, management and family caregivers. With a diverse group of participants, with varying degrees of authority in the context of the care home, particularly between management and staff or families, we anticipated the need to actively facilitate an inclusive and collaborative conversation. The structure of the World Café — being in a new place, partaking in a series of conversation, involving briefing on active and collaborative listening, and providing opportunities to provide input in non-verbal formats (e.g., drawing or writing) — are all meant to support a levelling of power differentials, as all participants are experiencing this new and unfamiliar setting and structure together. However, as mentioned above front-line staff

and families did not attend. This limitation and challenge is discussed in depth later in this Chapter.

World Café Process

Logistics: The four World Café events were held over the summer of 2016. I coordinated and facilitated all four events and was supported by at least one researcher and one note-taker. Community settings were booked for the event in an effort to create a cost-effective, casual and non-work-related environment. These settings included a community centre, a community hall, a public library and a city university meeting space. Local vendors provided catering of light refreshments including coffee, tea and a mix of savoury and sweet snacks.

Agenda: Events were scheduled for three-and-a-half hours. The agenda was: registration (sign-in, name tags, consent forms); presentation of the project and preliminary guideline themes; introductions; three rounds of discussion questions (with a refreshment break between rounds 1 and 2); and a wrap-up discussion.

Guiding questions for the World Cafés: Discussion was shaped by two overarching questions: 1) transition experiences; and 2) feedback on the preliminary guiding framework. During the recruitment process, when it became clear that the number of attendees could be lower than expected, a secondary agenda and discussion question schedule was created to accommodate low-to-high numbers of participants. The two discussion question schedules are available in Appendix F.

Adaptations made: Given the low numbers the research team had to adapt the methods to accommodate a small group. Thus, we used only one table and dialogued together in that group. The first event had four participants, the second had two, the third had five, and the final group had twelve. Given that the first three had been at one table the final, larger group of participants, was also kept at one table for consistency. While our participant size resembled that of a focus group, the dialogue was facilitated and hosted based on the World Café principles, particularly that of: “Encourage Everyone to Contribute; Listen Together for Insights, Patterns, and Deeper Questions; and Make Collective Knowledge Visible.”

iKT Project Findings

Findings from each of the methods and the synthesis of those findings, including an overview of the guiding framework developed are described below.

Secondary Analysis of Interview Findings

Through the secondary analysis of the interviews with Mountain Housing staff, residents, and families, five themes emerged. These five themes provided a preliminary guiding framework for the development of the final resource. The fives themes are briefly summarized here along with a representational quote that was coded under that theme. Through the analysis process of the interviews the challenges or issues reported and participants' suggestions for addressing those issues were coded and are summarized below. This thematic framework was used for data extraction for the literature review and was shared with the dialogue participants. A more fulsome description of the themes is reported in the synthesized findings section later in this chapter, to avoid redundancy.

i) *Planning and Organization:* This theme captured issues and suggestions related to the degree to which participants felt the relocation process was well organized and implemented particularly in terms of providing care in the new location, when everyone is new tacit knowledge is not available for staff to leverage from others. Issues: Undeveloped policies and procedures, combined with a lack of familiarity with space and new systems impacts morale and care.

> I just don't think things were organized as well as maybe they thought they were…a lot of other stuff could have been done prior to moving. (Family member)

Suggestions: involve the team in planning at all steps and provide training.

> And if they would have involved the staff in that process as opposed to them making that decision it would have been a lot smoother transition. (Frontline provider)

> How do you use the dishwasher? How to use the laundry. Like nothing. So we feel like we are dumped there, like dumped at the place and it's okay, work. (Frontline provider)

ii) *Time and Support*: The focus of this theme is on the need for more human resources time to prepare and transition, both to support the planning of the relocation, training, and orientation to the space.

Issues: Insufficient commitment of resources to planning the relocation and transition periods can lead to staff burnout.

> Everybody was trying to do [transition planning] off the side of their desk. So, it was an enormous – it's a project that really requires a dedicated team. (Manager)

Suggestions: extra staff are required, along with more training, support, and good communication.

> The staff didn't seem to be, or have an orientation or training…after the move, when we see the care – the immediate thing was they sort of said, "well we don't know what we're doing,"…they put the money into the bricks and mortar, but not into the staff orientation. (Family member)

iii) *Workplace Culture*: Along with learning the new building, the culture of the workplace needed to be built after the relocation, even if staff had worked together in the past the organization of teams and work expectations was novel and required revised divisions of labour.

Issues: Change-related stress, sense of loss, isolation, lack of control, all which can lead to turnover.

> Our sick time went through the roof…they were so stressed, they were taking massive amounts of time off, which was creating more stress for the team that were here…it was a tumultuous time. (Manager)

Suggestions: supporting team building, team input, acknowledging effort, and providing more information.

> We need to reconnect. We're trying to make this what it's supposed to be. But it's different because it's so big. That's the problem. Communication. It's just so big, so that's part of the problem. (Frontline provider)

iv) *Strong Management*: In this relocation change of management was a significant challenge for staff and families that led to disruption, unclear communication pathways, and feelings of abandonment.

Issues: Absent, weak, or inconsistent management burdens staff.

> On the leadership team, we lost one a month, for the last year. And I know that has had a huge effect.
>
> They [floor staff] feel kind of like, 'oh my god, we have nobody', they feel unsupported, sort of lost. (Manager)

Suggestions: Find and retain management across the relocation period.

> Management must see it through, there is no vacation after you open a building, that's when the work really starts. Because the transition is not the up to, the transition is the 6-months, at the very least, after. They need to be available, they have to be visible. (Manager)

v) *Minimize Changes*: At the administrative planning level the relocation was seen as an opportunity to make changes in the philosophy of care, food services, division of tasks, organizational structure, and more, participants reported feeling overwhelmed by the number of changes.

Issues: Change is stressful; having multiple changes can be overwhelming for staff.

> I think there was just too much that was trying to be instated at once. We got a new pharmacy and then we hired a new food system, plus the move, plus they changed us over to new incontinent products and new wound care products. It's just been one thing after another, after another. (Frontline provider)

Suggestions: incorporate changes (where possible) in the pre-move; ensure clear communication; and consider staging changes over time post-move.

> And the thing is too, starting everything the second you move in the building versus, okay, let's get in, lets cover the basics, then let's implement this, then implement that…more of a stepped process. (Manager)

In summary, the secondary analysis of the interviews captured the transition experiences of staff, residents, and families from one en masse interinstitutional relocation. The themes capture the challenges and suggested supports to improve the relocation experience for all involved. These themes formed the framework for the literature review analysis.

Literature Review Findings

The search, selection and evaluation process resulted in a total of 15 articles for inclusion in the synthesis (see the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Diagram [PRISMA] diagram in Figure 2). The search resulted in 6,679 titles, through the title search 166 non-duplicate citations were identified for abstract screening. One other researcher and I reviewed all abstracts based on the inclusion and exclusion criteria (described in the methods section above) and selected 26 for full text review, 11 were excluded based on the full text review. The remaining 15 articles were included. A data extraction table was used that included details about each article and the primary themes, described above, as the data framework. A second level

of data extraction was conducted after the deliberative dialogue events were completed to align with two additional factors identified through those sessions as critical to supporting the relocation process.

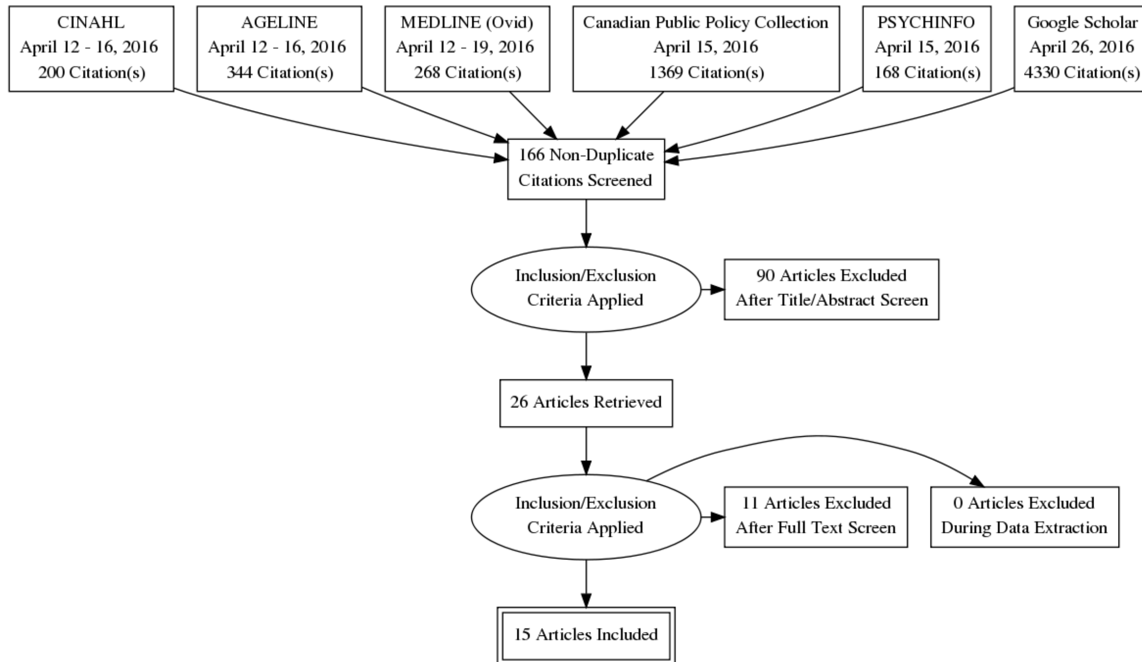


Figure 2: PRISMA Diagram, (Liberati et al., 2009)

Eleven of the included articles (Borup, 1981, 1982; Castle, 2001; Dickinson, 1996; Grant, 1997; Grant et al., 1992; Mirotznik & Ruskin, 1984, 1985; Murphy, McCarthy, & Cornally, 2013; Rosswurm, 1983; Smith et al., 2010; Thorson & Davis, 2000) focused on residents, three were literature reviews (Castle, 2001; Kowalski, 1981; Rosswurm, 1983), and two included families (Lee, 1998; Smith et al., 2010)(S. Lee, 1998; Smith et al., 2010). Finally, the literature that met the inclusion criteria was dated. In part this reflects the historical and shifting priorities that have influenced concerns with LTC relocations preceding relocations or closures. For example, in the United States (US) in the 1980s there was a surge in LTC home closures due to policy and licensing changes, with a substantial number of forced closures occurring due to homes not meeting regulations (Castle, 2001). In the United Kingdom (UK) in the 1990s, meanwhile, a number of smaller LTC homes closed due to financial instabilities; these involved redistribution of residents and staff to other LTC homes, not mass relocation (Holder & Jolley, 2012), and thus would have been excluded from the review (e.g., Castle, 2007).

Table 3 summarizes the literature synthesis regarding which articles included findings related to the themes that formed the basis for the data extraction framework. The preliminary themes are presented in the table. The development and refinement of the guiding framework for mass interinstitutional relocations are described later (see Figure 3).

Table 3: Themes Indicated from Literature Synthesis

Author	Study Design	User Focus	Planning and Organization	Time and Support	Workplace Culture	Strong Management	Minimize Changes	Communication	Evaluation
Borup (1981)	Experimental controlled design but reporting here only on residents that moved; & interviews at 3 time points	Residents	X		X		X	X	
Borup (1982)	Quasi experimental with three types/groups: 1 major changes; 2 moderate changes; 3 no change	Residents	X	X			X		
Castle (2001)	Literature synthesis review 1970-1999 of relocation literature	Residents	X	X	X		X	X	
Dickinson (1996)	Semi-structured interviews. Assessed recollection of residents with dementia of the relocation preparation info	Residents						X	
Grant (1997)	Implementation evaluation	Residents & staff	X		X	X			X
Grant, Skinkle & Lipps (1992)	Pre- and post-test quasi experimental design with control group (non-moving matched LTC home)	Residents & staff	X	X	X		X	X	
Kowalski (1981)	Literature review; including grey lit, on relocation supports	Residents	X	X	X	X	X	X	X
Lee (1998)	Action research; questionnaires, completed mostly by family & staff	Staff & family			X				

Lokk & Arnetz (2002)	Mixed methods, with control group, evaluating of impact of change & psychoeducational empowerment program	Staff	X	X	X	X	X		
Mirotznik & Ruskin, (1984)	Mixed methods, questionnaires pre- & post-move and medical records review	Residents	X		X			X	
Mirotznik & Ruskin, (1985)	Experimental control research design, non-movers control group at comparable hospital; questionnaires at 1 month pre move; 1 month & 3 month post	Residents	X			X	X	X	
Murphy, McCarthy & Cornally (2013)	Qualitative descriptive design; semi-structured interviews	Residents	X	X			X	X	
Rosswurm, (1983)	Literature review of residents experience of relocation	Residents		X	X		X	X	
Smith, Mathews, Gresham (2010)	Mixed methods, observation of social engagement & behaviour mapping, environmental assessment, mortality & falls data; Surveys of families satisfaction	Residents, & spoke to families		X					
Thorson & Davis (2000)	Evaluated impact of relocation, quantitative measures	Residents	X				X	X	

An important finding from the review is that little has been done to explore the impact on staff of en masse interinstitutional relocations. The few studies that did explore this issue identified that staff stress and expectations during the relocation process need to be addressed — as the staff appear to experience more stress during relocations than family and residents and they are central to reducing the stress experienced by the residents (Grant, 1997; Lee, 1998; Lokk & Arnetz, 2002; Mirotznik & Ruskin, 1985; Rosswurm, 1983; Smith et al., 2010). This finding supports one of the reasons the iKT project was conceived - staff reporting stress, distress, frustration, and concern with the relocation process.

In addition, the literature on interinstitutional relocation focuses primarily on the impact of the move. While only literature with content involving impact of relocations was included in this review, often the preparation and transition support recommendations were not evaluated. In fact only one study evaluated a relocation support initiative (see Lokk & Arnetz, 2002). The support was a relocation psycho-educational empowerment program and it was not found to be an improvement over the basic preparation program. Despite this gap, the literature, dialogue participants and interviews all emphasized the importance of preparation to support the health and well-being of all involved in the relocation process.

The literature aligned with the preliminary thematic framework based on the interviews secondary analysis; however, the literature review also highlighted two issues that needed to be addressed. First, the language used to label the preliminary themes (e.g., “planning and organization” or “time and support”) was not descriptive enough. The labels were too broad and ambiguous which led to challenges with data extraction as the content could potentially fit into more than one category. The themes were further refined based on this finding and the deliberative dialogues feedback (described below). Second, it became apparent through the synthesis that a temporal component to the themes was missing. That is, some goals and strategies are particularly important at different points in the relocation process. Adding this emphasis draws attention to both pre-move preparations and the ongoing transition process post-move. It was important to capture that the relocation process does not end after move-day, rather there is a period of adjustment and transition that needs support, too.

World Café Findings

The four events each captured experiential knowledge on the challenges and opportunities that arise during en masse interinstitutional relocations. The experiences of the managers, planners and facilitators of different relocation initiatives across Canada contributed further depth and breadth to the synthesis process. Their descriptions and insights about their relocation experiences were rich and dynamic, offering a varied set of experiences from which to draw. The final event also generated few new insights or differing experiences, such that it appeared saturation was reached with this group (administrators and managers) of key informants. Some also provided templates or materials that were useful, and where appropriate, agreed to have these reprinted in the guiding framework document.

The participants were thoughtful and informed in their feedback and suggestions on the preliminary themes. The participants identified gaps, validated accuracies and provided concrete examples to include in the guiding framework. As indicated above, the dialogue events created a collaborative relationship between the research team and the participants that led to the resource being informed by their iterative feedback.

Informants shared their relocation experiences and lessons learned through those experiences, provided feedback on the preliminary themes, and made suggestions for the guiding framework. Participants validated the importance of the issues and strategies captured in the preliminary themes, with a number of participants describing similar experiences. All participants had experienced a mass relocation yet with variation in terms of: geography (moving sites; temporary moving residents for remodeling; new building on the same property; floor-by-floor renovation); temporality (redevelopment in progress; relocation occurred between two and 10 years prior to dialogue); and community of residents (acute and LTC; LTC; assisted living and LTC).

Through sharing experiences and opinions on the preliminary themes the dialogue events highlighted three critical factors that needed to be addressed for the guideline development. First, while communication was mentioned within some of the themes, it was identified as something that should be emphasized throughout and independently highlighted because it was critical to the success of relocation projects. Second, evaluation should be central to the process as it can address issues as they

emerge to improve staff and resident experiences and to improve future relocation projects. Third, the themes should more clearly address and capture the challenges and strategies for supporting residents and families, not just the staff, through the relocation.

Synthesis: Guiding Framework for en masse interinstitutional relocations

To create a guiding framework for en masse interinstitutional relocations, I synthesized all of the data and insights from the interviews, literature synthesis, deliberative dialogues, and ongoing consultations with Mountain Housing, and dialogue participants. The framework consists of five themes and two cross-cutting components. The five themes were: planning and engagement, investing in human resources; leadership; minimizing change; and team development; and, communication and evaluation as cross-cutting elements. See Figure 4 for the guiding framework schematic I developed. The five themes are reflective of the preliminary themes described in the interview analysis outlined above, revised to reflect the literature review and dialogue events. Each of the five themes and the cross-cutting components are described below in depth, with the material from the interviews, literature and dialogues integrated throughout. The guiding framework and themes along with additional supporting material were published in a report for administrators and planners of LTC relocations (see Battersby, Canham, Krahn, & Sixsmith, 2017).

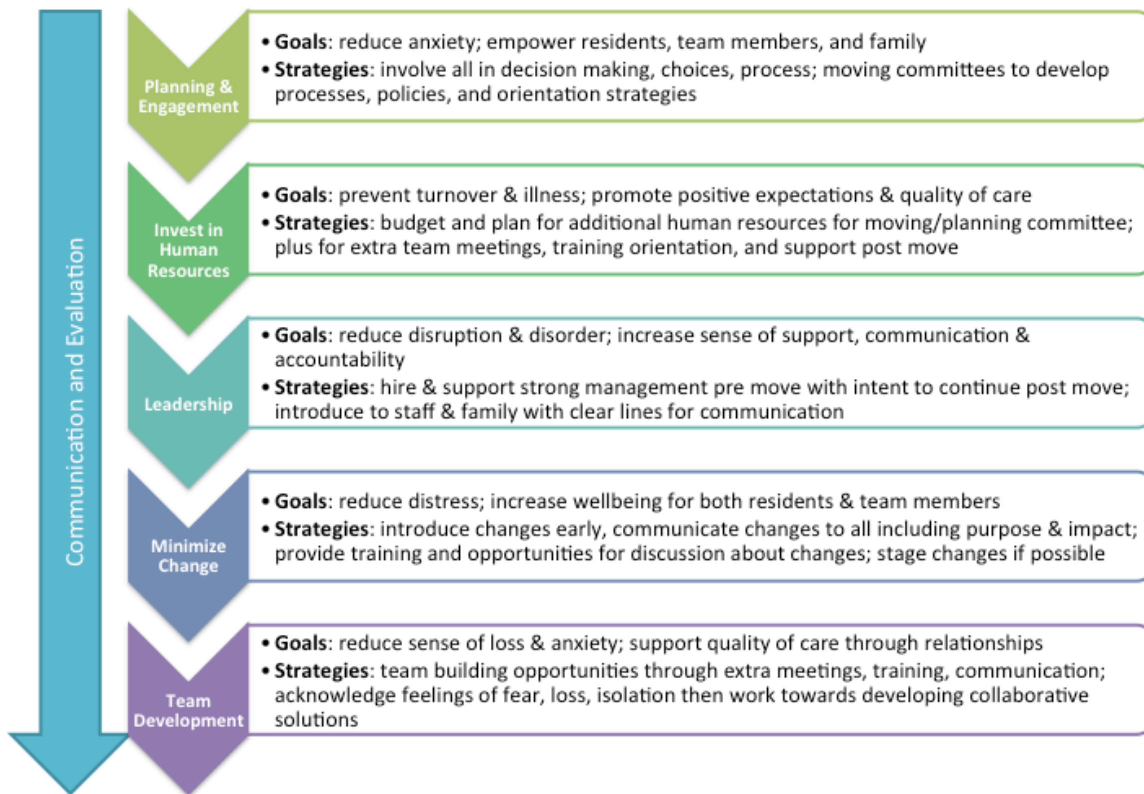


Figure 3: Guiding Framework for en Masse Interinstitutional Relocations

Planning and Engagement: Actively engaging stakeholders in planning supports better process, preparation, and reduces change stress

The central element of this theme is that complex LTC redevelopment projects should involve early and active stakeholder engagement. Residents, staff and families can contribute important insights and perspective in planning of the new residence, can identify issues as they emerge, and their involvement supports awareness building and increases understanding about the process. Active engagement in planning can contribute to a sense of empowerment for staff, residents and families, which is important to supporting effective change processes. Active engagement in planning for change is supported in the organizational change literature; for example, Tvedt, Saksvik, & Nytrø (2009) found that a healthy change process — characterized by four dimensions including "awareness of diversity" through active listening and interaction with individuals — contributes to reduced stress and improved coping (2009, p. 83). Similarly, a Canadian study of a hospital reorganization concluded that active engagement of staff

and physicians in the change process improved commitment and reduced change related stress (Cunningham et al., 2002).

Challenges: Early in the relocation process there can be a fear of change, and of the unfamiliar generally, on the part of residents, staff and families. Engaging them early can help identify issues of importance to each group. This could include issues related to job security, room allocation and moving day plans.

During the transition process some examples of post-relocation challenges for staff identified in the interviews and deliberative dialogues included: not having established processes on the unit; being unfamiliar with features of the new building (e.g., how the sink plug works, or how to operate the call system); not having the necessary tools and supplies accessibly stocked and ready for care provision on move day; and not knowing where refill stock is located. For residents, concerns included not being familiar with the care staff and not seeing the care team as frequently (this challenge was identified in the interviews as related to the increased size and restructuring of the floor plan and care model) (see also Canham et al., 2017). Some families also expressed they wanted more input in room selection for their loved one, and additional information about the new processes for connecting with care team and administration in the new home. Thus, each stakeholder could require different strategies and areas of engagement through the planning process.

Mitigation: Specific recommendations in this area, primarily from the experiential evidence (interviews and dialogues) revolved around planning, communication and active engagement of residents, staff and families to improve the LTC home design and better prepare for care provision and processes upon move-in. There are decisions throughout the development of the new LTC residence and the move process that can involve those impacted by the move (Battersby et al., 2017). Strategies that have been used to engage and empower residents, family and staff during en masse interinstitutional relocations include: providing residents choice in the room they will move into, or the opportunity to name the community (often large LTC homes consist of multiple smaller units or pods referred to as communities), or providing residents choices in selecting wall colours (working within the constraints of the design, providing two to three options); having staff provide feedback on planned physical design elements related to providing care prior to building; and getting input from families on what they

would like included in the residence (Battersby et al., 2017). In addition, having residents, staff and families on the planning committee can support planning and decision-making and cultivate informed project champions (Borup, 1981; Grant, 1997; Grant et al., 1992; Murphy et al., 2013).

Potential issues for residents, staff and families can also be identified and mitigated through their engagement in planning. Critical to engagement is ensuring good communication (described further under Communication and Evaluation) with opportunities for feedback so that if decisions are made that are contrary to resident, staff and family input, these are explained and people's contributions are acknowledged. Similarly, bringing in an evaluation component at this early stage can foster engagement and a sense of being empowered to influence change (described further under Communication and Evaluation) (Grant, 1997; Kowalski, 1981).

The experience of engaging all stakeholders in the planning aligns with established and emerging practices in healthcare and health research in Canada (and elsewhere) such as is seen with: patient experience departments and advisory councils in health authorities; the CIHR Strategy for Patient Oriented Research; the UK National Institute of Health's INVOLVE program; the US Patient-Centred Outcomes Research Institute; and the BC Patient Voices Network (Bombard et al., 2018; Carman et al., 2013; Holmes et al., 2018).

Invest in Human Resources: Budgeting for additional human resources to support planning, transitioning and training

The focus of this theme is providing sufficient human resources during en masse interinstitutional relocations to support the preparations, moving and transition period to address issues related to stress, burnout, sick leave and turnover and thus, higher costs and disruption in the quality of care for residents that can occur. The provision of sufficient human resources to support transitions and reduce staff stress can support continuity in care providers, which has been identified as important to the quality of care (Roberts, Nolet, & Bowers, 2015; Battersby et al., 2017).

The human resource needs referred to by participants and in the literature are related to both planning teams and the increased front-line staff required through the transition. For example, a number of participants in the dialogue events and the

interviews mentioned that the planning of the building and relocation processes were conducted as an extra project added to their already full job descriptions, referring to it as something they were doing “off the side of my desk” (Battersby et al., 2017). In terms of front-line care staff, they indicated a need for team meeting time to discuss and plan how to address new processes on the unit. In addition, they saw a need for higher staffing ratios while they learned the new layout, systems, processes, and operating systems to ensure that quality of care was not jeopardized.

Challenges: In the en masse interinstitutional relocation literature it appears that the first three months post-move is the most stressful period for residents (Mirotznik & Ruskin, 1985). This period was similarly challenging for staff and families in the Mountain Housing relocation evaluation project as well (see Canham et al., 2018). Examples of challenges related to this theme include unfamiliarity between residents, families and staff, in that while efforts were made to keep residents with a familiar staff caregiver, continuity was not always possible. In the interviews, residents and families reported that having unfamiliar caregivers was a concern; they also perceived reduced time being spent with/by care staff. The staff similarly reported feeling that they had less time to connect with residents, particularly in the first few months as they learned the new systems (see Canham et al., 2017, 2018). In addition, in the interviews there were reports of increased staff illness, burnout and turnover which can impact continuity of care (Battersby et al., 2017).

Mitigation: Recommendations from the interviews, literature and dialogues included providing additional human resources in the planning budget for: dedicated staff time for involvement in the planning and moving committees; time for additional team meetings, training and orientation; and additional staff on the floor for the first three months (Battersby et al., 2017; Smith et al., 2010). Reducing turnover and burnout applies across care and administration and management, as all staff need to be supported with sufficient resources and with the acknowledgement that the planning, learning and adjusting required for this type of a change are significant. A related challenge for a number of these projects is the filling of empty beds immediately after the move, particularly if the move is from a smaller to larger home (as described in interviews and dialogue events). One suggestion from participants and in keeping with the literature was to delay filling the empty beds to allow for the relocated residents and

staff to orient, build their relationships and establish procedures prior to adding new residents (Kearney et al., 2015; O'Brien, Welsh, Lundrigan, & Doyle, 2013).

Leadership: Providing support and direction with accessible and consistent leadership

The focus of this theme is administration and management roles specifically. Strong, accessible and consistent leadership can play a critical role in supporting and responding to the needs and challenges of staff such as: feelings of loss (work friendships, residents who change units), changes to seniority, and unfamiliarity with site and protocols. Tvedt, Saksvik, & Nytrø (2009) reported on two studies, one that surveyed a random sample of workers and a second that sampled workers at companies undergoing change, on dimensions of a healthy change process building on their previous work and theory development in this area. They stated that manager availability was integral to addressing staff uncertainty — yet some managers "tend to withdraw during large scale change processes in an attempt to achieve control over the situation or to avoid needy or emotionally upset employees" (2009, p. 83). In addition, related to management (and communication) Tvedt, Saksvik, & Nytrø (2009) argued there was a need to accept resistance as an inevitable aspect of change, which they referred to as "constructive conflicts". They argued that allowing people an opportunity to express concerns and respectfully working through the issues led to more successful transitions. In addition, other research in this area has found that the relationship and history of interactions (e.g., collaborative, demanding, etc.) between staff and managers influenced the interpretation of messaging about, and willingness to support, the organizational change (Furst & Cable, 2008).

Challenges: From the interviews, dialogues and literature review there were examples of disruption and disorder through the relocation process and transition experience when management and lines of communication to management were not clear, available and consistent. For example, one project had a number of members of the LTC home management team retire, take vacation or take leaves shortly after the relocation, which staff and families experienced as a lack of support, communication and accountability. Culture change often was part of relocations (e.g., a change in care philosophy, a new organizational hierarchy, or bringing together of different workplace

cultures from different care homes), which requires support, communication and conflict resolution (Battersby et al., 2017).

Mitigation: Recommendations for addressing the challenges faced from the interviews, literature review and dialogues included identifying and establishing lines of authority that were strong and accountable and management that was willing to see the relocation process through (Grant, 1997; Kowalski, 1981; Lokk & Arnetz, 2002). In addition, the leadership at the site needs to be responsive to inquiries about why decisions were made, support the implementation of the vision for the new residence, and to be a familiar resource for staff, residents and families (Battersby et al., 2017). As Cunningham et al. (2002) found, people in more demanding jobs with greater responsibility experienced higher emotional exhaustion, thus supports and recognition for managers also needs to be addressed to reduce turnover in these positions.

Minimize Change: Minimizing or staggering schedule of changes through the relocation process

As alluded to above, during en masse interinstitutional relocations there are often multiple changes that are incorporated beyond the physical location and design of the building. These include changes in: the model of care, the layout of the space, service contracts, product suppliers, job descriptions and tasks, organizational structure and staff (Battersby et al., 2017). Indeed, some participants shared during the interviews and dialogue events that multiple changes were intentionally bundled with the relocation, based on the idea “this is a major disruption already, might as well squeeze in as many changes as possible”. As is commonly understood, change is often associated with stress and more change is associated with greater stress — this was confirmed in both the en masse interinstitutional literature reviewed for this project (e.g., Borup, 1982) and the organizational change literature (Cunningham et al., 2002; Saksvik et al., 2007).

Challenges: The challenges identified with multiple changes, in addition to relocating to a new building, include the capacity for staff, residents and families to learn, integrate and adjust to multiple new components. However, the relocation of a LTC home is often associated with the integration of emerging evidence-informed practice, policy changes, multiple licensing and permitting requirements, need for cost recovery,

and the opinions of families, residents and staff. Therefore it can be a challenge to minimize the changes being undertaken (Battersby et al., 2017).

Mitigation: Recommendations from the literature, interviews and dialogues included minimizing change for residents, assigning their new room location to include care staff they are familiar with, and creating a similar schedule of activities as in their former residence (see Canham et al., 2017 for a discussion of the importance of these relationships). Significant changes, such as moving from a shared room to a private room, need to be discussed with residents prior to the move. While these recommendations seem aligned with standard good practice it is important to consider going beyond considerations for residents and families. Staggering changes to occur at different times throughout the relocation and transition process could also minimize the negative effects of change on staff; for example, introducing anticipated changes prior to the move (e.g., a new service contract provider) or delaying changes (e.g., a new type of hip protector pads), where possible, until staff have adjusted to the new residence (Battersby et al., 2017).

Team Development: Supporting teams to develop relationships and processes

Relocation projects often involve new team working arrangements, particularly when the relocation involves moving from traditional nursing home environments with large open units of 30 or more residents into smaller units of five-20 residents (also referred to as group living, Green Houses, pods or communities). This has been a trend over the last 30 years as both practitioners and researchers believe that these smaller spaces are more conducive to a better quality of life and reduced negative behaviours for residents with dementia (Chaudhury, Cooke, & Cowie, 2017; Schwartz, Chaudhury, & Tofle, 2004). Thus, adjustments and processes for team functioning such as distribution of tasks, roles and relationships for staff will need to be developed (Canham et al., 2017, 2018). Research on the Green House type of LTC home has shown it is experienced as more homelike, increases engagement in activities, and is aligned with the growing practice of the culture change movement (see Chapter One) and a patient-centred model of care (Angelelli, 2006; Chaudhury et al., 2017). However, smaller units mean adjusting from working with a large number of staff on the floor (e.g., 40 or more residents with four or five care aides, versus 20 residents with two to three care aides)

(Vaismoradi, Wang, Turunen, & Bondas, 2016). This is important to quality of care as, for example, Havig, Skogstad, Veenstra, & Romoren (2013) found that higher quality of care in LTC was linked to what they refer to as "real, functional teams" defined as having "a team task, clear boundaries, specific authority to manage their own work processes and high membership stability" (Havig et al., 2013, p. 2).

Challenges: In the literature, interviews and World Cafés challenges related to the model and structure of care included a sense of loss, isolation and confusion for staff, residents and families. In the interviews and dialogues, families and residents stated that it seemed they saw staff less often or finding them was more difficult in the new building, which was experienced as isolating and indicative of a lower quality of care. In addition, we heard that the more spacious care communities (regulations for LTC homes require single rooms with a larger footprint), the staff reported feeling as though they were working alone. Some teams felt they did not have adequate time and support to establish processes and standards for the new work environment, which was stressful and which in turn contributed to and was made worse by high staff turnover. In the literature review and interviews, staff reported finding that: organizational issues were more stressful than patient-related work tasks; the transition period was more distressing for staff than for residents; and they felt distressed that their standards of care practice were being impacted by the stress and adjustment (Battersby et al., 2017). Therefore staff may require more support than residents during the transition period after the move, but this can also benefit residents and families (see Lee, 1998; Lokk & Arnetz, 2002).

Mitigation: A recommendation from the interviews and literature was to create team-building opportunities within and across the care communities to support the development of strong and supportive teams. This approach could include: team meetings across shifts to establish routines and expectations and to identify and overcome challenges; and formal team capacity-building sessions provided by external experts for all staff in the LTC home. Additional suggestions from the literature, interviews and dialogue events included: acknowledgement and celebration of successes throughout the relocation process; being responsive to concerns or questions from staff; and demonstrating administrative support for staff (Battersby et al., 2017). Care teams that create their own goals and solutions appear to be stronger and more

collaborative; however, to achieve this, supports must be in place to allow teams to develop, take action, and share knowledge (Lokk & Arnetz, 2002).

Cross-cutting Elements: Develop and implement a tailored communication strategy and process evaluation plan (Communication and Evaluation)

A critical element identified across all the data sources reviewed for the development of the guiding framework is communication. Each theme mentions or acknowledges the importance of communication in the relocation process. Effective communication in healthcare organizations is challenging but can be influential in supporting organizational change and job satisfaction (Rosenfeld, Richman, & May, 2004). In the interviews and dialogues some of the reported challenges to effective communication included: difficulty reaching all staff (particularly front-line care staff), residents, and families because they may not see or pay attention to notices or emails; information attended to can be misinterpreted or only partially heard; and misinformation can spread and contribute to distress regarding the relocation. Thus, in developing a communication strategy, give consideration to: audience, messaging and amount of information included; communication modes (e.g., visual, verbal, written); communication channels (e.g., email messages, posted flyers, presentations, newsletters); communication frequency; and mechanisms for identifying and addressing misunderstandings (e.g., champions, evaluation, team meetings) (Battersby et al., 2017).

One suggestion to support communication is to “identify a person to manage the strategy who can communicate decisions and project progress, request feedback, and be the point person for residents, staff and families. The person in this role can support champions and other formal and informal communication channels to share consistent and reliable information” (Battersby et al., 2017, pg. 14).

Evaluation is the second cross-cutting theme, primarily identified in the dialogue events but also supported in the literature reviewed. Inclusion of evaluation throughout the relocation process can contribute to supporting engagement, responsiveness of leadership, success of preparation efforts, ongoing team development, and effective communication. For example, Grant (1997) found that the evaluation team identified misunderstandings and were an additional source of information for staff, residents, and

families. Evaluation of the relocation process can also provide documentation and justification to funding and policy bodies, and inform other relocation projects (Battersby et al., 2017).

Summary

In summary, guided by the KtoA model, the iKT project began with a secondary analysis of interview data from the evaluation project that had been coded to *transition.* The open-ended questions and structure of the evaluation project interview guide and process allowed for the natural emergence of participants prominent concerns regarding the relocation. Based on this analysis a preliminary framework was developed and used for data extraction in the integrative literature synthesis (Whittemore & Knafl, 2005). This approach allowed for review of different research methods (qualitative, quantitative, mixed methods).

Complementing the literature synthesis — and used as a part of the iKT approach in this project for engaging stakeholders and key informants — four deliberative dialogues using the World Café approach were held across Canada. The dialogues included an opportunity to share details regarding participants' experiences and a discussion of the preliminary framework and findings from the interview themes and literature review. The collaborative and engaged experience of the dialogues led to ongoing participation in the guideline development, providing feedback, suggestions, and resources on drafts of the final guiding framework and report (see Battersby et al., 2017). The guiding framework has five themes: planning and engagement, investing in human resources; leadership; minimizing change; and team development - and two cross-cutting elements: communication and evaluation.

The final report format followed the Canadian Health Services Research Foundation 1:3:25 – one page of key messages, three page executive summary, and 25 pages for the full report (Canadian Health Services Research Foundation, 2001). I worked with a professional graphic designer to create a visually appealing and accessible final product. The report is available freely online as a resource hosted by SFU's Science and Technology for Aging Research (STAR) Institute, shared using similar channels and networks as the World Café promotion, with hard copies sent to all contributors (Mountain Housing and all World Café participants), shared at conference

presentations (e.g., International Association of Gerontology and Geriatrics [IAGG], Canadian Association of Gerontology [CAG]) and at the Research Demonstration Day. The latter featured posters of all presentations and publications that had been completed to date on the evaluation project, tours of the new building hosted by Mountain Housing administrators, brief overview oral presentation of the findings with time for questions, and the official launch of the guiding framework report (see Appendix C Research Day Brochure that provides an overview of the day). Over 75 guests attended the event including: residents, staff, family, and community members affiliated with the new building; as well as housing provider administrators, developers, nursing union representatives and students interested in the project.

Chapter Four: Case Study Findings

Through the case study of the iKT project described in Chapter Three, two components emerged with compelling lessons learned for iKT: the World Café approach and using the KtoA model. To understand the lessons learned each of these components are discussed in turn, including: a deeper exploration and analysis of using the component in the iKT project; adaptations made, challenges and opportunities provided; and, contributions to the iKT project.

Using the World Café approach

Chapter Three outlined the World Café approach and how it was executed for the purposes of the iKT project. The analysis of the use of this method included reviewing my reflexive journal, the debriefing notes provided by the note taker, the notes of the session themselves, and participants evaluation of the events. There were a number of findings on the application and use of the World Café as a collaboration tool and qualitative research method to support developing a guiding framework for en masse interinstitutional relocations. Based on the case study analysis four themes were identified: recruitment challenges; alignment of research question to World Café; participants' experience; and contribution to co-creating an evidence-informed resource.

Recruitment challenges

A key feature of the World Café is having a large group to provide multiple and diverse perspectives. A large and diverse group creates opportunities for new knowledge to emerge and awareness to develop. As indicated, we had low attendance. Three potential contributing factors related to recruitment challenges were identified in the team's notes and team meetings:

Limited national network: While the research team was affiliated with national (e.g. AGE-WELL, CAG) organizations for residential care and gerontology, we did not have established personal working relationships with LTC providers in other provinces. The other team members, including Mountain Housing, were all located in BC's lower mainland. Thus, we had a strong local network which likely contributed to the higher

number of participants at the BC event. This demonstrates the importance of taking time to develop and build relationships geographically to add to the success of this type of project.

Institutional support/incentives: In addition, an assumption was made, based on the experience of working with Mountain Housing, that LTC homes would support or encourage front-line care staff to attend the event. However, this did not occur. As indicated above, all event participants were in management-level roles and no front-line nursing care staff attended any of the events. This could have occurred because: no incentives were provided for participation outside of work hours; events were not hosted on-site at the care homes and therefore were not convenient or accessible; managers may not have considered this event relevant to care staff; or promotional materials may not have reached care staff. Again, taking time to develop relationships with managers could have helped address these issues prior to the event, then they could have also supported recruitment of staff more actively.

Population size: World Café is well suited to issues and questions that are of interest to a large, broad population. For example, we had hosted a World Café event on the topic of older adults and the “digital divide”. This broad topic appealed to a range of individuals; we had approximately 50 attendees including older adults, adult children of older adults, care givers, social workers, other community workers, technology developers and researchers at that event (Battersby, Canham, Fang, Sixsmith, & Sixsmith, 2016; Battersby et al., 2017; Fang et al., 2018). Yet the population of individuals with experience in en masse interinstitutional relocations in the LTC setting in Canada is relatively small in comparison to those interested in the digital divide. Plus, we did not effectively reach the broader population of individuals who may have been involved in en masse interinstitutional relocations but perhaps were no longer connected to LTC. Therefore, the population of potential participants was even smaller than the team had anticipated.

Alignment of approach with the research question

With experience in World Café events and a passionate interest in the topic area for this project, I had anticipated that the approach was well aligned to capture experiences and to develop new knowledge related to en masse interinstitutional

relocations. However, related to the recruitment challenges, I identified that the research question and objectives were, in hindsight, misaligned with the World Café approach. The objectives of the project were action oriented and solution focused rather than exploratory and generative; whereas the World Café approach is well aligned with topics that individuals are passionate about and that are more open ended (as was the experienced with the digital divide World Café example). Therefore, the World Café approach was not well aligned with the objectives of the project as it sought to learn from the experiences of individuals and garner input into themes and recommendations.

I had previously organized or been involved in World Café events for research, KT and planning purposes (Fang et al., 2016; Morrow, Jamer, & Weisser, 2011). The experience at those events led me to believe that the World Café approach would be effective for co-creating knowledge on issues and strategies for en masse interinstitutional relocations. A challenge for all researchers is to select the right method for the research question and not be swayed by familiarity and experience with a particular method. We see this in qualitative versus quantitative work but even within each, the same challenge exists.

While the overarching objectives of the project may have been misaligned with this particular approach to deliberative dialogue, the events followed the principles of World Café. For example, the facilitation questions and prompts (see Appendix F) encouraged exploration of successes and opportunities and how these could contribute to making meaning related to what is needed to do en masse interinstitutional relocations well. Thus, following the principles of creating a positive, exploratory and generative dialogue contributed to addressing the goals and objectives of the iKT project. For future projects, however, consideration as to the best type of approach for the particular overarching goal or research question is necessary (see Prewitt, 2011). Identifying and developing the scope and questions for deliberative dialogues is a challenge in other deliberative approaches, too; for example, one study found that participants reported the scope was both too broad in terms of being able to identify actions and solutions, and thought the dialogue could have taken a more global perspective on the problem (Boyko, Kothari, & Wathen, 2016).

Participants' experience

Across all four events all participants completed the evaluation form and rated the event as good or excellent with an average rating of 3.5 on a scale of 1 to 4 with 4 being excellent. They valued the networking, acknowledgement of their experience and the learning opportunity. Many participants met for the first time at the dialogue event, and they appreciated meeting professionals with similar interests and experiences as reflected by statements such as these: "a lot of other organizations had the same challenges with transition that we had"; and I appreciated "hearing from others".

Two participants, who were involved in the process of a relocation project at the time of the event, appreciated that they were not alone and valued the information and experiences shared. One participant who was preparing to start another relocation project was grateful for the reminder of the work, tools and wisdom that she possessed, as well as that of the other event participants, to apply to the new relocation — indicating that it was a good reminder "that the themes are transferrable from our experience" and that it is important to "review the past to help the future", which the participant reflected was obvious but somehow is easily forgotten in practice.

Participants indicated that my interest and approach to the dialogue events felt validating and that they appreciated the acknowledgement of their experiential knowledge. For example, in response to the question, "what did you take away from the presentation and discussions?" one participant wrote: "The opportunity to talk about and share opinions about relocating seniors in LTCH [long-term care homes]".

Contribution to co-creating a guiding framework

Hosting the dialogue events helped to establish an iterative, collaborative working relationship such that participants agreed to provide feedback on drafts of the guiding framework and followed through on contributing that feedback. The document is therefore a more relevant tool for future en masse interinstitutional relocation projects. This experience aligns with other deliberative dialogue projects described in the literature finding that participants value the opportunity to meet, collaborate and learn from other stakeholders (e.g., Lavis et al., 2014; Oelke et al., 2016). However, Oelke et

al. (2016) also found that ongoing participation over a series of deliberative dialogue events was challenging due to competing priorities and role turnover.

Using the KtoA Model

The KtoA model and the iKT project aligned well. Using the KtoA model served as a reminder to synthesis the evidence, consider the audience's needs, and (while beyond the scope of the project) track the ongoing utility and impact of the products developed. The use of the KtoA model to shape this iKT project is explored here, first with details on the experience of using the model.

Process of using the KtoA model

The application and adaptation of the KtoA model (see Figure 2 in Chapter Three) for this project is outlined here, organized by each of the components, in order of use in the project. The *knowledge creation funnel* components are identified with italicized headings while the <u>action cycle</u> components are underlined. This approach illustrates the non-sequential flow of the framework and how the order and use of the components from one project to the next may differ depending on the what, why, whom and how of a given KT project.

Knowledge Inquiry

The top of the knowledge creation funnel, knowledge inquiry, refers to primary research (Straus, Tetroe, & Graham, 2009). The evaluation project that the iKT project builds on (as described in Chapter One and further explored in Chapter Three) identified findings related to en masse interinstitutional relocation transitions and questions and gaps in knowledge related to that experience.

<u>Identifying the problem; determining the know-do gap; identifying, reviewing, selecting knowledge</u>

Part of the action cycle, where the knowledge creation funnel and the action cycle intersect, is a component that refers to identifying the issue that needs to be addressed, assessing the gap between the evidence and the current practice, and

tailoring of the research question to meet the needs of stakeholders or knowledge-users (Graham et al., 2006).

One of the problems identified in the evaluation project was the challenges that staff, residents and families experienced transitioning after the relocation (Canham et al., 2018). The administration and planners involved discussed how their planning was evidence-based in terms of design, health technology, project management and move-day strategy; however, they did not find resources to support the planning of the relocation and transition (pre- and post-move) for all those affected. Given the emphasis on the challenges experienced during the transition post-move, particularly by staff and family, in the preliminary analysis of the interview data, this problem was identified as pressing and worthy of further exploration.

In addition, the housing provider found that others in their community were regularly asking them to share their knowledge about their development and relocation experiences for their own planning and projects. With limited resources available, the housing provider was interested in having tangible information products they could share that captured their experience in this area. A preliminary literature search found a similar lack of synthesized information addressing this issue.

The evaluation project did identify a number of challenges and opportunities for improvements to the planning and relocation process; to broaden and contextualize this within the literature, a research question was developed with the housing provider. In addition, through informal stakeholder consultations I heard that other experiential knowledge of relocations was not captured in the literature and needed to be included. For example, during a community engagement meeting, a former LTC nurse and manager shared her experience of redeveloping a LTC home in Edmonton and how, despite the many lessons learned, they had never written-up or shared that experience.

Knowledge synthesis

Knowledge synthesis refers to the reviewing, filtering and synthesizing of what is known in the area of interest identified in the previous component (described above) (Straus et al., 2013). In the iKT project an integrative approach (Kastner et al., 2016;

Tricco et al., 2016; Whittemore, & Knafl, 2005) was used to synthesize the available literature as described in detail in Chapter Three.

Adapt knowledge to local context

This component of the action cycle draws attention to the audience and the value, usefulness, and appropriateness of the knowledge being shared (Graham et al., 2006). This aspect of the cycle is reflected in the design of the guiding framework. Four deliberative dialogue events were hosted in cities across Canada: Toronto, Halifax, Edmonton, and Vancouver (see above). Hosting these events contributed to the development of a guiding framework that was reflective of and adaptable to different contexts in Canada.

Assess barriers and facilitators to knowledge use

This component of the action cycle refers to consideration and exploration of challenges and facilitators for the use or uptake of the knowledge being shared (Graham et al., 2006). Based on the KT literature, conversations with stakeholders, two key barriers to knowledge use in the LTC housing provider community were awareness and credibility (Dearing et al., 2017). Conversely, facilitators to knowledge use in this area have been identified as engagement of stakeholders and tools that are flexible, accessible and succinct (Colón-Emeric et al., 2016).

Select, tailor, implement interventions

This part of the action cycle refers to planning the knowledge implementation or dissemination strategy to be used, based on the understandings garnered through the other components (Graham et al., 2006). A guiding framework as the primary tool for translating information was initially decided on in collaboration with the housing provider partner, and validated by World Café participants. The planning process included decision-making regarding a plain language report with different levels of summary information being succinct and accessible. Engaging all participants in iterative reviews to increase relevance and credibility of the guiding framework, as well as to develop relationships and interest in the community of LTC home providers in this iKT project.

Knowledge tools and products

The final component of the knowledge creation funnel refers to production of the "third generation" of knowledge, that is, the creation of the synthesized knowledge as user-friendly products or tools (Graham et al., 2006, p. 10). This stage is where all elements of the project — secondary analysis of the interview data from the initial evaluation project, the integrative review, and the deliberative dialogues — were synthesized into a guiding framework to support the wellness of residents, staff and families during en masse relocations of LTC homes. As indicated in Chapter Three, the guiding framework is captured in a graphic representation and is explained with more detail, suggested strategies, and tools in the full report reproduced in Appendix G (see Battersby et al., 2017).

<u>Select, tailor, implement interventions (again)</u>

Returning to the action cycle, once the guiding framework was completed, having incorporated all the feedback and input from the LTC experts, the graphic designer's visual recommendations, and the stakeholders' approvals, the tool was shared. All participants received a digital copy of the full report and link to the online version. I coordinated with the housing provider and the team from the evaluation project to host a Research Demonstration Day at the LTC home, inviting all families, residents and staff to attend. In addition, invitations were made to other housing providers and related stakeholders (such as the BC Nurses Union and the BC Seniors Advocate). The event included sharing project results through posters, handouts and presentations with time for questions in small and large groups. The event was attended by over 75 guests with representation from all stakeholder groups (staff, families, residents, housing administrators, nursing union representatives, community members, and students) except policymakers (they were invited and expected but not able to attend due to competing priorities). This lack of policymaker representation limits the potential impact of the findings and tool — as policymakers are a potential distribution channel, program decision-makers, and funding provider for these types of infrastructure initiatives. However, the guiding framework could be used by administrators in discussions with policymakers to request and justify new supports as needed. The full report with the guiding framework was printed for event guests.

Monitor | evaluate | sustain knowledge use

These are the last three components of the action cycle. The focus is on the use, impact, and sustainability post-implementation. These components are encouraged but recognized as challenging (Straus et al., 2013). Resource constraints (e.g., time, funding) are part of the challenge, as was the case in the iKT project. As the tool created targets collective- rather than individual-level activity, the monitoring, evaluation and observation of sustainable use requires a longer timeframe. This is further impacted by the nature of en masse relocations, as they do not occur frequently and the planning and transition process spans many years. Therefore, monitoring and evaluating the use and impact of the developed guiding framework was not possible within the timeframe of this project.

Contributions of the KtoA model to the project

The KtoA model is well suited to developing an evidence-informed resource or similar KT projects. The knowledge creation funnel was particularly useful and relevant in research design, moving from the broad literature to tailored and adapted output. The KtoA was effective as a process model for this project, from developing a competitive proposal to supporting project management. In developing the proposal, the KtoA model was used to conceptualize the project, identify activities and provide justification for engaging various knowledge-users. As the project unfolded, the KtoA model served as an overarching timeline monitoring tool. A visual check-in of the model quickly and efficiently captured where the project was and where it needed to go, keeping the iterative nature of KT in a manner not possible with Gantt charts.

Limitations of the KtoA model encountered

The KtoA model emphasizes and provides more explicit guidance on the knowledge synthesis and the “monitor, evaluate and sustain” aspects of KT compared to the engagement of knowledge-users and interactive components of KT. For example, the “select, tailor, implement intervention” is all grouped as one component in the model while “monitor, evaluate, and sustain” are three separate components. Arguably, the implementation of the evaluation could stand-alone while “monitor” and “evaluate” could

be merged to give a more balanced view of the process — and perhaps better represent the effort and complexity of implementation.

Another related issue with the KtoA model is that it does not capture the relational elements of KT. The project components described above are well articulated using the model in terms of the actions and steps taken. However, the model does not reflect the people involved, the importance of the relational aspects of each component, the challenges of connecting with stakeholders including keeping them engaged, or an understanding of the context (see Holmes et al., 2017). To address this criticism an additional component or cross cutting element could be added that focuses on relationship building or stakeholder engagement (see Jagosh et al., 2015).

Interplay of assumptions, approaches and frameworks

Since completing the iKT project in early 2017, Ward (2017) published a framework to help knowledge mobilizers identify their assumptions and select KT models that align with those assumptions (Ward, 2017). This thesis fits well within that KT literature, demonstrating a number of the conclusions drawn, such as how identifying one's own "intrinsic motivations, beliefs, and ethos" is important when interacting and supporting behaviour change and determining where one can be most successful with knowledge brokering (Ward, 2017, p. 487).

Assumptions, approaches and frameworks used in KT projects have not consistently been made explicit, nor has the relationship between them been explored (Gagliardi & Dobrow, 2016; Strifler et al., 2018). This gap is addressed here by: returning to the four core questions that captured the assumptions and decisions at the outset of this thesis; and by summarizing the relationship of those assumptions to the KtoA model in this iKT project. (The four core questions were: 1. Why? The nature of the problem to be addressed; 2. What? The nature of evidence, research, knowledge; 3. With whom? Context and audience; and 4. How? KT frameworks.)

First, the assumption that the nature of the problem is a production issue (rather than an exchange or transfer issue) is demonstrated by the iKT approach. In the KtoA model this is captured in the approach to the components of: 'identifying the problem'; 'select and tailor the intervention'; and, 'knowledge tools'. In this project the issue and

questions to be addressed emerged in collaboration with knowledge-users; the knowledge-users selected the knowledge tool to develop, and informed the content of the tool.

Second, in the KtoA model a number of decision points emerged around what constituted evidence, research and knowledge. This issue is particularly relevant to the knowledge creation funnel portion of the KtoA model and to the selection of the knowledge synthesis method (integrative review) as well as to the 'identify, review, select knowledge' component. I sought to include research evidence beyond RCTs including qualitative and mixed-methods research along with experiential knowledge to produce a guiding framework that is more nuanced. There were few RCTs in the area and only one study looking at an intervention specific to staff for en masse interinstitutional relocations with a control group (Lokk & Arnetz, 2002).

Third, assumptions about the audience and context are related to the KtoA model 'adapt knowledge to context' and 'assess barriers and facilitators' components. Prior to selecting the model (KtoA), the primary audience (LTC administrators) and intervention level (system) had been identified. Thus, while the KtoA model provided scant direction on this aspect of KT, having identified the audience in advance informed how the 'adapt knowledge to context' and 'assess barriers and facilitators' components were addressed.

The fourth and final assumption has already been articulated in terms of selecting a framework but within the KtoA model this is also relevant to the 'select, tailor, implement' component. This component did serve as a reminder to ensure that the tool and the dissemination strategy should be relevant and useful to the knowledge-users. However, this issue could use a stronger emphasis and explanation in the KtoA model.

Increasing the usability of the KtoA model

The KtoA model was useful for structuring the development of a guiding framework to support wellness of staff, residents and families during mass interinstitutional relocations. However, experience using this framework provided information on aspects that could be improved, such as including an emphasis on the relational and contextual factors in KT. In addition, while the model is a good overall conceptual guide to KT, it is important to be aware of supporting frameworks and tools

that can assist with each of the components of the model such as: exploring context (e.g., Damschroder et al., 2009); engaging stakeholders (e.g., Guise et al., 2013); using effective KT strategies (e.g., Powell et al., 2015); tailoring to an audience (e.g., Kreuter & Wray, 2003); and evaluating KT (e.g., Glasgow, Vogt, & Boles, 1999). One strategy for increasing the usability of the KtoA model could be to create an interactive web page with each component linked to more information, tools or resources that are relevant for each of the components — not to be exhaustive, but rather, to illustrate and encourage users to increasingly use research evidence-informed tools and strategies for "doing" KT.

In summary, this iKT project was guided by and conducted using a series of assumptions related to KT, a methodological approach (pragmatism), and a KT framework (KtoA) — all of which contributed to co-production and dissemination of guiding framework report to support residents, staff and families during en masse interinstitutional relocations of LTC homes. Using the KtoA model helped to keep the project on track, particularly with guiding the knowledge synthesis. Future developments of the model could explore adding the relational aspects of KT and increasing usability through linking to tools for doing KT and evaluating impact. The following Chapter will explore these conclusions within the broader context of KT, engagement and change management.

Chapter Five: Discussion and Conclusion

In this thesis I described a case study of an iKT project which explored the experience of en masse interinstitutional relocation of LTC homes, and how to support the staff, residents and families through that transition — including details of the theory, methods and findings. The iKT project was co-created with a seniors' housing provider in response to a gap in available evidence-informed resources for planning transitions, as identified through a project to evaluate one such relocation project (Canham et al., 2017, 2018). The contributions of this thesis are in three areas: the KT literature; iKT and the World Café method for deliberative dialogues; and en masse interinstitutional relocation in LTC literature. In this chapter I explore these contributions within the broader context of scholarly literature and debate.

Relevance of KT

KT in Canada is emphasized as critical to all research by CIHR, the federal funding body for health research (Canadian Institutes of Health Research, 2016). Many other funding bodies similarly emphasize the importance of KT through: requiring plans to disseminate, implement or otherwise create impact as part of the research proposal; and having specific calls for KT projects and other impact-focused opportunities (Holmes et al., 2017). One way to do this well is to use established KT models and approaches. However, scholars continue to express concern that research evidence-informed KT models and frameworks are not being sufficiently used, evaluated and reported upon (Gagliardi et al., 2016; Strifler et al., 2018). This thesis contributes to addressing that gap. Further, the plethora of KT models and frameworks and the emphasis on KT in general are contributing to concerns that KT is insidious — infiltrating research to such an extent that it undermines basic science and independent scholarship and thus could contribute to the spread of misinformation (see Ellis, 2014; Nielsen, 2012). While I appreciate these concerns, I argue that there are three potential gaps in understanding that contribute to these concerns: problems associated with the term itself, problems associated with understanding how to apply the concept within the scope of a given project, and problems with understanding and applying co-creation.

First, the term we are using is problematic. As Greenhalgh and Wieringa (2011) argue in their critical review of the term 'knowledge translation', the 'translation metaphor' *constrains* thinking as it reflects three limiting assumptions. First, knowledge is "equated with objective, impersonal research findings" (Greenhalgh & Wieringa, 2011, p.503). Second, the problem is conceptualized as a 'know-do gap' between research facts and practice. Third, it assumes practice involves a process of rational decision-making upon which research can be brought to bear. The term "translation" *narrows* the field as it implies the existence of a language barrier and thus requires a simplistic reframing of messages from one group to another; although this might be one aspect of the problem, it is only one aspect of the range of activities to which the term refers. In many settings when I have introduced the term to students and healthcare professionals, they have assumed that KT is about translating science language into lay language. Thus, researchers need to understand the breath of the concept and articulate it in grant proposals and when reporting on KT research. For example, in Chapter Two my assumptions underlying how I understand and use the term KT were clearly outlined. If KT researchers shared these assumptions in their publications this could contribute to better understanding of the term and how it is being applied.

Second, a related problem involves often not applying the full CIHR conceptualized of KT. The CIHR definition states that KT includes the synthesis, dissemination, implementation and sound application of research evidence. This includes iKT and end-of-grant KT. The KT plan does not need to include all of these activities; it will depend on the findings and goals. Thus, a KT plan can include more traditional academic dissemination such as peer-reviewed publication of results or building trainee capacity or presenting at conferences — depending on appropriate dissemination methods and channels for the specific project. This, too, needs to be planned. A publication about a new discovery will not automatically reach the academic audience if it is not published, if it takes too long to be published, if it is not well indexed, and so on. It is recognized that basic science is the starting point for translational research, which is moving basic science from the bench into real world applications. As depicted by the often cited "valley of death curve", or the translational research continuum, reproduced in Figure 4, a limited amount of basic research makes the transition to applied research, thus, careful planning to reduce research waste can contribute to improved translation (Meslin, Blasimme, & Cambon-Thomsen, 2013). The

point is that even basic biomedical research evidence can benefit from strategic knowledge translation.

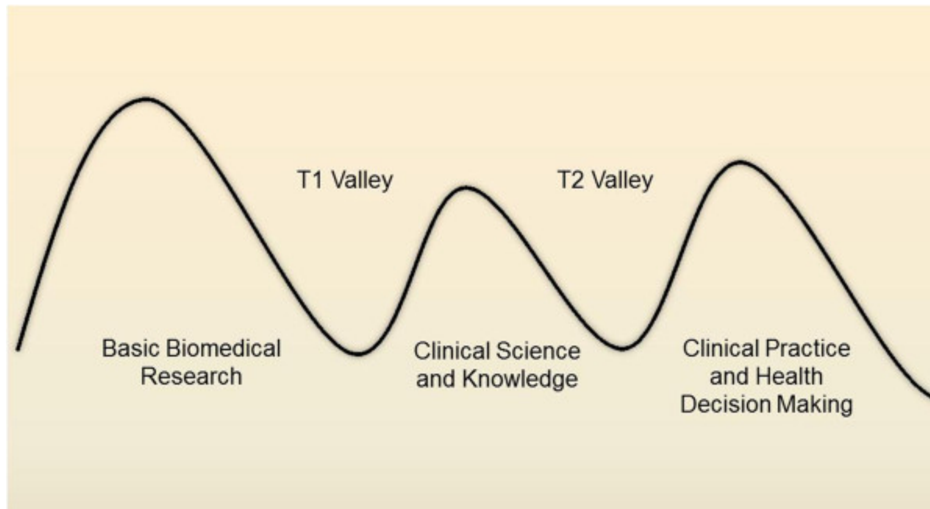


Figure 4: Valley of Death, translational research continuum (Meslin, Blasimme, & Cambon-Thomsen, 2013)

Embedding KT by funders in all grant application requirements contributes to shifting a dominant cultural practice, in this case moving from the idea that research and evidence are things held by and exclusive to academia — to a more collaborative, accountable and collective perspective, benefitting from building awareness and capacity across all levels and stakeholders. Thus, integrating and emphasizing KT in all research proposals, similar to other initiatives such as including statements on gender and sex-based analysis and on indigeneity, build this type of awareness and challenge the status quo of established practices. KT statements in a CIHR application, like gender and sex-based analysis and indigeneity, nudge researchers to reflect on their research designs, assumptions and standard practices to, at minimum, consider these other issues. It is not expected that all research will be representative of all genders; however, it is expected that all researchers consider gender in the development of their proposals and can effectively articulate why or to what extent it will be part of the project. However, these requirements can lead to tokenistic or "boiler-plate" statements that do not fully address the issues.

Third, in iKT (engaged scholarship or co-creation) the emphasis is on engaging stakeholders throughout the research process to increase relevance, accessibility and usability of the research. Taking an engaged scholarship approach emphasizes that the process needs to be truly collaborative, with the goal to achieve both scholarly and

practice-oriented objectives that will have applied use *and* advance fundamental understanding (Gibbons, 2000; Van De Ven & Johnson, 2006). From the researcher's perspective this is a challenge as it requires finding and engaging stakeholders. From the knowledge-user or stakeholder's perspective, it can also be a challenge to find academic collaborators to explore their practice or policy-based research questions. If co-creation is done well both the researcher and the knowledge-user should be meeting their objectives and addressing their research questions collaboratively. Demonstration of effective co-creation could support the development and ongoing maintenance of knowledge-user and researcher collaborations.

Taking an iKT approach and using the KtoA model in this project demonstrated how researchers whose interests spanned aging well, seniors housing, technology, transitions in care and patient-centred approaches to care, collaborated with a housing provider interested in creating LTC residences that are home-like, patient-centred and research-informed. The initial evaluation project set the foundation for the collaboration, with the two groups identifying their priorities and developing the research project in consultation with the stakeholders (families, residents and staff). By working closely with the housing provider, additional research questions emerged from both the partner and the research team, and the basis of the iKT project was conceived. The knowledge synthesis brought together research and experience to create new evidence-informed resources to be applied in LTC relocations, in addition to contributing to the literature in KT, LTC home relocations and research methods.

Stakeholder engagement and co-creation

Clearly knowledge-user and stakeholder engagement are integral to KT, both end-of-grant and particularly iKT. The challenge is doing this well. In this iKT project I used three main strategies of engagement: 1) leveraging established relationships; 2) using deliberative dialogues; and 3) applying communication and feedback. The local relationships with Mountain Housing were strong and allowed for the development, shaping and funding of this project. The co-creation was with this knowledge-user organization, the research team and myself. Informal conversations with other stakeholders (staff and family members affiliated with Mountain Housing and one other community organization for seniors) encouraged me to proceed as planned with the

questions related to en masse interinstitutional relocation practices (primarily the knowledge-users' interest) and the case study of the iKT process (primarily my interest). Thus, the first engagement strategy was useful for establishing a community partner to co-create the project with. However, that relationship did not afford the access to the broader knowledge-user and stakeholder communities that I had anticipated.

The assumption that the partnership with Mountain Housing would assist with reaching a broader audience of stakeholders — along with overestimating the reach of AGE-WELL, a pan-Canadian research network for aging and technology of which I was an active member (and for which Dr. Sixsmith was the co-scientific director) — contributed to the deliberative dialogue events attaining limited attendance. Upon reflection, and if I were to repeat this or a similar project, I would take the time to establish new and direct connections with relevant stakeholder organizations, and explore alternative options for gathering stakeholder input (e.g., surveys). However, it is important to note that the participants at the events were engaged and provided ongoing feedback and support throughout the rest of the project.

The in-person engagement events were opportunities not only to support the objectives of the project but also for learning and validation of participants' experiential knowledge. The later finding was in line with previous experience of using World Café and other similar approaches to engagement, which had proven effective in a variety of projects related to housing, older adults, relocations and technology. I assumed that this strategy would be effective again. However, I had a blind spot to the potential challenges we would face recruiting in other provinces and on this topic. Indeed, in an early team meeting our Mountain Housing partner asked about the feasibility of recruitment to these events and suggested that surveys might be more effective. I was so focused on an active and engaged dialogue that I choose to convince him of my suggested approach instead of giving his informed opinion more thoughtful consideration. That is an example of how the co-creation could have been beneficial but I failed to realize the importance of the experiential knowledge that my partner was bringing to the table and privileged my own experience over his.

Lessons from the World Café

Using the World Café approach in qualitative research allows for sharing experiential knowledge and for informing new knowledge and should be considered for some research questions, but not all. As described, the iKT project had narrow and solution-focused aims; broad and exploratory questions are better suited to the World Café approach. Prewitt (2011) has argued that the World Café approach appears simple and intuitive and thus has been applied to situations not well suited to the method and suggests this may be due to lack of facilitator experience. The challenges experienced in this project are not reflective of this as I and other team members had multiple experiences using the approach in different contexts with great success. This success perhaps contributed to not identifying the misalignment of the research questions with this method. That is, I had a bias in the method selection based on the success in previous projects.

For example, the research team (Battersby et al., 2016) used the World Café approach to explore and validate the current state of the digital divide in older adults; a broad range of participants including older adults, service providers, caregivers and academics attended this event that focused on learning and exploring prejudices and expectations. Whether or not older adults use information technologies differently than younger cohorts is an interesting, timely and broad topic. The World Café event added experiential, contextual and current voices to the realist synthesis review completed (Battersby et al., 2016; Fang et al., 2019). In addition to the topic being broad and exploratory, the event was hosted in the research team's city and thus could leverage the team's network in promoting the event via both direct invitations to contacts and asking contacts to engage others.

Despite the challenges described for the LTC home relocation World Café events, the deliberative conversations did contribute rich, contextual and informed opinions and information that addressed the project objectives. In addition, the collaborative relationships between myself and participants allowed for making iterations on the document with the participants (see Appendix G or Battersby et al., 2017). Large groups would not have created the same intimacy that allowed for the development of trust and commitment to the project.

In conclusion, deliberative dialogues, and particularly the World Café approach, can be an effective tool for qualitative research and KT when aligned with the topics, with the questions, and with sufficient stakeholder engagement and time for meaningful engagement and promotion. Applying the concept of relationally-centred deliberative dialogues, additional planning and consideration needed to be given to create the opportunity for more voices to be represented (Plamondon & Caxaj, 2017). With a mixture of participants, ideas from research can be shared and discussed in light of participants' experiences and context, and within that discussion is the opportunity to build on or create new knowledge with the potential for relevant impact.

Change management

Before considering change in the context of this project, I want to consider change in the context of KT. The healthcare system changes regularly and often in response to provincial priorities, new leadership organizational changes, turnover, quality improvement initiatives, budget restrictions, pre-printed orders, equipment changes, to name a few. However, from an outside perspective it can appear that the healthcare system changes little and slowly particularly when considering systemic change[7]. At the end of the iKT project I transitioned to a role in a Health Authority research department, being embedded in the Health Authority and working with clinical researchers provided experiential knowledge, not attainable within my academic roles, on the complexity and extent of change that occurs. Academics and others seeking to make improvements to this complex system can underestimate both the adaptability of the system in absorbing change and the competing priorities they will encounter when implementing a change.

As discussed in Chapter Three, organizational change is linked to stress for staff. In LTC homes, of course the change directly affects residents and their families, too, in a manner that is more pronounced than for patients in an acute care hospital — as this is their home. This is why strategic transformation, improvement projects and KT projects need to be guided by a multitude of tools and stakeholders. The tools can include KT frameworks and models but can also be supported by evidence-informed resources

---

[7] For example, in discussions regarding the challenges of changing the health care system in Canada various theoretical frameworks are utilized such as path dependence (Mahoney, 2000) to explain the change (for an example see Mulvale, Abelson, & Goering, 2007).

such as those developed in the iKT project, and change management tools such as ADKAR® (an acronym of the five outcomes for supporting change: Awareness; Desire; Knowledge; Ability; and Reinforcement) (Hiatt, 2006).

In fact, while not intentional, the guiding framework developed in the iKT project aligns with change management models such as ADKAR® or Lewin's Change Management Model (Manchester et al., 2014) adopted by some health authorities, these tools were not referred to in the literature reviewed but were mentioned in passing by some participants of the World Café events. After the guiding framework was launched I assessed the relationship between it and the ADKAR® model. It does not replace or replicate this change management model but rather, supplements and draws attention to elements that are specific to en masse interinstitutional relocations in LTC. For example, ADKAR® could be used in tandem with the guiding framework, such as when developing the communication strategy. The ADKAR® model directs attention to things to consider such as personal and contextual factors that impact motivation to support a change. The guiding framework captures who needs to be considered and what some of those personal and contextual factors will be in en masse interinstitutional relocations. Indeed, dialogue participants identified that the guiding document was a useful tool to leverage for their current and future projects in conjunction with change management and project planning tools they use.

In conclusion, researchers and KT practitioners need to consider what changes are already underway. These may include: what are the priorities for the system, health authority, unit, community and other stakeholders?; what are the avenues and opportunities that exist to put that change into practice?; and, conversely, what are the limitations or challenges that we can address?. To do this we need to challenge our biases (as I recognize I did not successfully do), deepen our contextual understanding, and start fostering collaborative relationships as a first step.

Limitations

A major limitation of the integrated synthesis is that the literature reviewed on interinstitutional relocation primarily focused on identifying the impact of the moves rather than evaluating relocation supports (with one exception, Lokk & Arnetz, 2002).

Thus, the suggested strategies in the guiding framework have not been evaluated. However, the experience of key informants' multiple relocation projects (captured through the deliberative dialogues) confirmed the challenges and strategies based on their experience. Indeed, despite this gap, the literature, the dialogue participants and the interviews all emphasized the importance of preparation to support the health and well-being of all involved in the relocation process.

A further limitation of the integrated review for this project is that much of the literature reviewed was dated. These types of en masse interinstitutional relocations were being explored in the 1980s in the US and Canada; however, in the 1990s and 2000s the focus of the literature moved to individual (forced or emergent) and dispersed (closure of one home with residents moving to many different homes) relocations (Holder & Joley, 2012).

Conclusions that can be drawn about using World Café as a deliberative dialogue approach for qualitative research and stakeholder engagement based on this project are limited as this is one case example within a very specific content area. In addition, the lessons learned are limited to the field notes, reflections and brief post-event evaluations — thus limiting the evaluation of the World Café to a process evaluation (focused on activities conducted) and not a formative evaluation (looking at needs and challenges). A formative evaluation may have been more conducive to systematically identifying factors contributing to the challenges faced in recruitment (US Department of Health and Human Services Centres for Disease Control and Prevention, 2011). Outcome evaluation (explore changes, use) of the deliberative dialogues was beyond the scope of this event and thus the outcomes and impact of attending the events on participants, over time, were not assessed. For example, a number of participants indicated an intent to apply knowledge gained at the events to their current or upcoming relocation projects; follow-up interviews or brief surveys could have explored if this use occurred.

The main limitation of this project as it relates to using the KtoA model for an iKT project was the lack of an evaluation of the reach and impact of this guiding framework. In future, a prospectively-designed evaluation of the use and impact of the guiding framework should be conducted after the dissemination efforts were completed. Similarly, the dissemination and implementation of this guiding framework was limited,

and did not include an effort to integrate it into standard practice in the LTC health system, such as through clinical support decision tool or change management models. Thus, the use of the guiding framework is now relying on passive dissemination due to the limitations in project resources.

An additional limitation was that no formal evaluation of use of the KtoA model versus an alternative model was completed to more systematically identify the effectiveness of this model over another one to this process. Furthermore, the use of the guiding framework has not been systematically evaluated. Future research should include following and evaluating relocation projects that have been informed by this document.

Finally, assessing the uptake and impact of the guiding framework beyond the project partner and key informants was out of scope for this project. Specifically, aspects of the KtoA model not completed included: monitor knowledge use; evaluate knowledge use; and sustain knowledge use. The nature of the guiding framework developed for en masse interinstitutional relocations, which are large and lengthy initiatives, meant the time and geographic breadth to follow-up use and impact were not possible. Future work, using this resource, should assess these important aspects.

Conclusion

This thesis examined an iKT project that sought to identify challenges during en masse interinstitutional relocations of LTC homes and strategies to mitigate those challenges. Guided by the KtoA model, multiple sources of evidence, including experience, were collected and synthesized into a guiding framework. The guiding framework included five themes and two overarching elements, identifying challenges along the transition journey and strategies to mitigate them. The five themes are: planning and engagement; investing in human resources; leadership; minimizing change; and team development. Communication and evaluation emerged as additional, cross-cutting elements. In short, the guiding framework encourages: early and active engagement of all stakeholders affected by the relocation; sufficient and realistic resources and leadership to address the complexity of having to learn multiple new systems and spaces by all stakeholders; consideration of limiting or staggering

additional changes; and provision of intentional time and resources to develop a positive team environment.

Based on the needs of key informants, and the housing provider partner on this project, a user-friendly guiding framework was developed and shared with the knowledge-user community. All key informants had multiple opportunities to contribute to the development and refinement of the guiding framework and thus were enthusiastic about sharing the document with their networks. The document is available free online (Battersby et al., 2017). The guiding framework document was officially launched at a community event in a redeveloped LTC home in February 2017 with a group of residents, family members, staff, administrators and other LTC home stakeholders. In addition, it has been promoted through various channels such as newsletters, email campaign, social media, conference presentations and journal articles.

The case study provided an in-depth overview and analysis of the iKT approach, the KtoA model, and the deliberative dialogue methods used in the project. Based on this work it is clear that the KtoA model was a useful process model for drawing attention to synthesizing the evidence, tailoring it to the community and considering evaluation and sustainability. Yet it did not make explicit the importance of, nor articulate the process for, engaging and integrating the knowledge-user and other stakeholders. Engaging these stakeholders early is important if deliberative dialogues are planned as a means of gathering experiential evidence. Finally, for narrow and solution-focused problems, World Café may not be the best method for deliberative dialogue; however, collaborative, in-person activities have multiple benefits that should be considered for iKT projects.

References

Anastas, J. W. (2012). From Scientism to Science: How Contemporary Epistemology Can Inform Practice Research. *Clinical Social Work Journal*, *40*(2), 157–165. https://doi.org/10.1007/s10615-012-0388-z

Angelelli, J. (2006). Promising models for transforming long-term care. *The Gerontologist*, *46*(4), 428–430. https://doi.org/http://dx.doi.org/10.1093/geront/46.4.428

Bamberger, S. G., Vinding, A. L., Larsen, A., Nielsen, P., Fonager, K., Nielsen, R. N., … Omland, Ø. (2012). Impact of organisational change on mental health: A systematic review. *Occupational and Environmental Medicine*, Vol. 69, pp. 592–598. https://doi.org/10.1136/oemed-2011-100381

Barnhouse, A., Brugler, C. J., & Harkulich, J. (1992). Relocation Stress Syndrome. *Nursing Diagnosis*, *3*(4), 166–167. https://doi.org/10.1097/00005110-199301000-00012

Barwick, M. (2016). Building Scientist Capacity in Knowledge Translation: Development of the Knowledge Translation Planning Template. *Technology Innovation Management Review*, *6*(9). Retrieved from https://timreview.ca/article/1015

Battersby, L., Canham, S. L., Fang, M. L., Sixsmith, J., & Sixsmith, A. (2016). *Middle-aged and older adults' information and communication technology access: A realist review*. Retrieved from http://www.idees-ideas.ca/sites/default/files/sites/default/uploads/general/2016/2016-sshrc-ksg-sixsmith_et_al.pdf

Battersby, L., Canham, S. L., Krahn, D., & Sixsmith, A. (2017). *Guidelines for en masse interinstitutional relocations of long-term care homes Supporting resident and team member well-being*. Retrieved from http://www.sfu.ca/content/dam/sfu/starinstitute/Reports/LTC-Relocations-Guidelines_Feb-2017_DIGITAL(1).pdf

Battersby, L., Fang, M. L., Canham, S. L., Sixsmith, J., Moreno, S., & Sixsmith, A. (2017). Co-creation methods: Informing technology solutions for older adults. In *Lecture Notes in Computer Science (including subseries Lecture Notes in Artificial Intelligence and Lecture Notes in Bioinformatics)*. https://doi.org/10.1007/978-3-319-58530-7_6

BC Office of the Seniors Advocate. (2015). *B.C. Seniors Survey Bridging the Gaps.* Victoria, Canada.

BC Office of the Seniors Advocate. (2018). *SENIORS AT HOME AND IN LONG-TERM CARE: A 2017/18 Snapshot*. Retrieved from http://www.seniorsadvocatebc.ca/app/uploads/sites/4/2018/09/SeniorsatHomeandin

LTC-rpt.pdf

Berta, W., Laporte, A., Zarnett, D., Valdmanis, V., & Anderson, G. (2006). A pan-Canadian perspective on institutional long-term care. *Health Policy*, *79*(2–3), 175–194. https://doi.org/10.1016/j.healthpol.2005.12.006

Best, A., & Holmes, B. (2010). Systems thinking, knowledge and action: Towards better models and methods. *Evidence & Policy: A Journal of Research, Debate & Practice*, *6*(2), 145–159. https://doi.org/10.1332/174426410X502284

Bombard, Y., Baker, G. R., Orlando, E., Fancott, C., Bhatia, P., Casalino, S., … Pomey, M. P. (2018). Engaging patients to improve quality of care: A systematic review. *Implementation Science*, Vol. 13. https://doi.org/10.1186/s13012-018-0784-z

Borup, J. (1981). Relocation: Attitudes, information network and problems encountered. *The Gerontologist*, *21*(5), 501–511.

Borup, J. (1982). The effects of varying degrees of interinstitutional environmental change on long-term care patients. *The Gerontologist*, *22*(4), 409–417.

Bowen, S. J., & Graham, I. D. (2013). From knowledge translation to engaged scholarship: Promoting research relevance and utilization. *Archives of Physical Medicine and Rehabilitation*, *94*(1 SUPPL.), S3–S8. https://doi.org/10.1016/j.apmr.2012.04.037

Boyko, J. A., Kothari, A., & Wathen, C. N. (2016). Moving knowledge about family violence into public health policy and practice: a mixed method study of a deliberative dialogue. *Health Research Policy and Systems*, *14*(1), 31. https://doi.org/10.1186/s12961-016-0100-9

Boyko, J. A., Lavis, J. N., Abelson, J., Dobbins, M., & Carter, N. (2012). Deliberative dialogues as a mechanism for knowledge translation and exchange in health systems decision-making. *Social Science & Medicine*, *75*(11), 1938. https://doi.org/10.1016/j.socscimed.2012.06.016

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(May), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, J., & Isaacs, D. (2005). *The World Cafe: Shaping our futures through conversations that matter*. San Francisco: Bernett-Koehler.

Brown Wilson, C., Davies, S., & Nolan, M. (2009). Developing personal relationships in care homes: realising the contributions of staff, residents and family members. *Ageing & Society*, *29*, 1041–1063. https://doi.org/10.1017/S0144686X0900840X

Brownie, S., Horstmanshof, L., & Garbutt, R. (2014). Factors that impact residents' transition and psychological adjustment to long-term aged care: A systematic

literature review. *International Journal of Nursing Studies*, *51*(12), 1654–1666. https://doi.org/10.1016/j.ijnurstu.2014.04.011

Bulsara, C., Khong, L., Hill, K., & Hill, A. M. (2016). Investigating community perspectives on falls prevention information seeking and delivery: Older person perceptions regarding preferences for falls prevention eduction using a World Cafe approach. *Journal of Community Psychology*, *44*(7), 937–944. https://doi.org/10.1002/jcop.21816

Canadian Health care Association. (2009). *New directions for facility based long term care*. Retrieved from http://deslibris.ca.proxy.lib.sfu.ca/ID/219593

Canadian Health Services Research Foundation. (2001). *Communication notes: reader-friendly writing – 1:3:25* (pp. 1–2). pp. 1–2. Retrieved from https://www.cfhi-fcass.ca/Migrated/PDF/CommunicationNotes/cn-1325_e.pdf

Canadian Institutes of Health Research. (2016). About knowledge translation. Retrieved September 29, 2016, from http://www.cihr-irsc.gc.ca/e/29418.html

Canadian Institutes of Health Research. (2018). Patient engagement - CIHR. Retrieved September 26, 2018, from http://www.cihr-irsc.gc.ca/e/45851.html

Canham, S. L., Battersby, L., Fang, M. L., Sixsmith, J., Woolrych, R., & Sixsmith, A. (2017). From Familiar Faces to Family: Staff and Resident Relationships in Long-Term Care. *Journal of Aging and Health*, *29*(5), 842–857. https://doi.org/10.1177/0898264316645550

Canham, S. L., Wada, M., Battersby, L., Fang, M. L., & Sixsmith, A. (2018). Experiences of a Mass Interinstitutional Relocation for Long-Term Care Staff. *Journal of Housing For the Elderly*, 1–16. https://doi.org/10.1080/02763893.2018.1431582

Capezuti, E., Boltz, M., Renz, S., Hoffman, D., & Norman, R. G. (2006). Nursing Home Involuntary Relocation: Clinical Outcomes and Perceptions of Residents and Families. *Journal of the American Medical Directors Association*, *7*(8), 486–492. https://doi.org/10.1016/j.jamda.2006.02.011

Carman, K. L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, *32*(2), 223–231. https://doi.org/10.1377/hlthaff.2012.1133

Castle, N. G. (2001). Relocation of the Elderly. *Medical Care Research and Review*, *58*(3), 291–333. https://doi.org/10.1177/107755870105800302

Castle, N. G. (2007). Changes in health status subsequent to nursing home closure. *Ageing International*, *30*(3), 263–277. https://doi.org/10.1007/s12126-005-1015-x

Chaudhury, H., & Cooke, H. (2014). Design matters in dementia care: The role of the

physical environment in dementia care settings. In M. Downs & B. Bowers (Eds.), *Excellence in dementia care: Research into practice* (2nd ed., pp. 144–159). UK: Open University Press.

Chaudhury, H., Cooke, H. A., & Cowie, H. (2017). The Influence of the Physical Environment on Residents with Dementia. *Gerontologist*, *58*(5), e325–e337. https://doi.org/10.1093/cercor/bhw393

Cleaver, F., & Franks, T. (2008). Distilling or diluting? Negotiating the water research-policy interface. *Water Alternatives*, *1*(1), 157–176.

Cohen, S., Gianaros, P., & Manuck, S. (2016). A stage model of stress and disease. *Perspectives on Psychological Science*, *11*(4), 456–463. https://doi.org/10.1177/1745691616646305

Collins, C., Harshbarger, C., Sawyer, R., & Hamdallah, M. (2006, August 20). The diffusion of effective behavioral interventions project: Development, implementation, and lessons learned. *AIDS Education and Prevention*, Vol. 18, pp. 5–20. https://doi.org/10.1521/aeap.2006.18.supp.5

Colón-Emeric, C., Toles, M., Cary, M. P., Batchelor-Murphy, M., Yap, T., Song, Y., … Anderson, R. A. (2016). Sustaining complex interventions in long-term care: a qualitative study of direct care staff and managers. *Implementation Science*, *11*(94), 1–10. https://doi.org/10.1186/s13012-016-0454-y

Contandriopoulos, D. (2012). Some thoughts on the field of KTE. *Healthcare Policy*, *7*(3), 27–37.

Contandriopoulos, D., Lemire, M., Denis, J. L., & Tremblay, E. (2010). Knowledge exchange processes in organizations and policy arenas: a narrative systematic review of the literature. *The Milbank Quarterly*, *88*(4), 444–483. https://doi.org/10.1111/j.1468-0009.2010.00608.x; 10.1111/j.1468-0009.2010.00608.x

Cunningham, C. E., Woodward, C. A., Shannon, H. S., Macintosh, J., Lendrum, B., Rosenbloom, D., & Brown, J. (2002). Readiness for organizational change: A longitudinal study of workplace, psychological and behavioural correlates. *Journal of Occupational and Organizational Psychology*, Vol. 75, pp. 377–392. Retrieved from www.bps.org.uk

Dahl, M. S. (2011). Organizational change and employee stress. *Management Science*, *57*(2), 240–256. https://doi.org/10.1287/1111150.1100.1273

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, *4*(1), 50. https://doi.org/10.1186/1748-5908-4-50

Davis, D., Evans, M., Jadad, A., Perrier, L., Rath, D., Ryan, D., … Zwarenstein, M. (2003). The case for knowledge translation: Shortening the journey from evidence to effect. *BMJ*, *327*, 33–35. https://doi.org/10.1136/bmj.327.7405.33

Dearing, J. W., Beacom, A. M., Chamberlain, S. A., Meng, J., Berta, W. B., Keefe, J. M., … Estabrooks, C. A. (2017). Pathways for best practice diffusion: The structure of informal relationships in Canada's long-term care sector. *Implementation Science*, *12*(1), 1–13. https://doi.org/10.1186/s13012-017-0542-7

Dickinson, D. (1996). Can elderly residents with memory problems be prepared for relocation? *Journal of Clinical Nursing*, *5*(2), 99–104. https://doi.org/10.1111/j.1365-2702.1996.tb00234.x

Doane, G. H., & Varcoe, C. (2005). Toward compassionate action: Pragmatism and the inseparability of theory/practice. *Advances in Nursing Science*, *28*(1), 81–90. https://doi.org/10.1097/00012272-200501000-00009

Dodson, E. A., Brownson, R. C., & Weiss, S. M. (2012). Policy Dissemination Research. In R. Brownson & G. Colditz (Eds.), *Dissemination and Implementation Research in Health: Translating Science to Practice*. https://doi.org/10.1093/acprof:oso/9780199751877.003.0021

Dreisinger, M. L., Boland, E. M., Filler, C. D., Baker, E. A., Hessel, A. S., & Brownson, R. C. (2012). Contextual factors influencing readiness for dissemination of obesity prevention programs and policies. *Health Education Research*, *27*(2), 292–306. https://doi.org/10.1093/her/cyr063

Eccles, M. P., Foy, R., Sales, A., Wensing, M., & Mittman, B. (2012). Implementation Science six years on—our evolving scope and common reasons for rejection without review. *Implementation Science*, *7*(1), 71. https://doi.org/10.1186/1748-5908-7-71

Ellis, K. S. (2014). Knowledge translation and the governance of health research in Canada: A critical discourse analysis. https://doi.org/10.1109/JLT.2016.2590578

Estabrooks, C. A., Thompson, D. D., Lovely, J. E., & Hofmeyer, A. (2006). A guide to knowledge translation theory. *The Journal of Continuing Education in the Health Professions*, *26*(1), 25–36. https://doi.org/10.1002/chp.48

Estabrooks, P. A., & Glasgow, R. E. (2006). Translating effective clinic-based physical activity interventions into practice. *American Journal of Preventive Medicine*, *31*(4 SUPPL.), 45–56. https://doi.org/10.1016/j.amepre.2006.06.019

Fang, M. L., Canham, S. L., Battersby, L., Sixsmith, J., Wada, M., & Sixsmith, A. (2019). Exploring Privilege in the Digital Divide: Implications for Theory, Policy, and Practice. *Gerontologist*, *59*(1), E1–E15. https://doi.org/10.1093/geront/gny037

Fang, M. L., Woolrych, R., Sixsmith, J., Canham, S. L., Battersby, L., & Sixsmith, A.

(2016). Place-making with older persons: Establishing sense-of-place through participatory community mapping workshops. *Social Science & Medicine*, *168*, 223–229. https://doi.org/10.1016/j.socscimed.2016.07.007

Feldstein, A. C., & Glasgow, R. E. (2008). A Practical, Robust Implementation and Sustainability Model (PRISM) for Integrating Research Findings into Practice. *The Joint Commission Journal on Quality and Patient Safety*, *34*(4), 228–243. https://doi.org/10.1016/S1553-7250(08)34030-6

Field, B., Booth, A., Ilott, I., & Gerrish, K. (2014). Using the Knowledge to Action Framework in practice: a citation analysis and systematic review. *Implementation Science : IS*, *9*. https://doi.org/10.1186/s13012-014-0172-2

Fouché, C., & Light, G. (2011). An Invitation to Dialogue. *Qualitative Social Work*. https://doi.org/10.1177/1473325010376016

Friedman, S. M., Williamson, J. D., Lee, B. H., Ankrom, M. A., Ryan, S. D., & Denman, S. J. (1995). Increased Fall Rates in Nursing Home Residents After Relocation to a New Facility. *Journal of the American Geriatrics Society*, *43*(11), 1237–1242. https://doi.org/10.1111/j.1532-5415.1995.tb07399.x

Funk, S. G., Tornquist, E. M., & Champagne, M. T. (1989). A Model for Improving the Dissemination of Nursing Research. *Western Journal of Nursing Research*, *11*(3), 361–367. https://doi.org/10.1177/019394598901100311

Furst, S. A., & Cable, D. M. (2008). Employee Resistance to Organizational Change: Managerial Influence Tactics and Leader-Member Exchange. *Journal of Applied Psychology*, *93*(2), 453–462. https://doi.org/10.1037/0021-9010.93.2.453

Gagliardi, A. R., Berta, W., Kothari, A., Boyko, J. A., & Urquhart, R. (2016). Integrated knowledge translation (IKT) in health care: a scoping review. *Implementation Science*, *11*(1). https://doi.org/10.1186/s13012-016-0399-1

Gagliardi, A. R., & Dobrow, M. J. (2016). Identifying the conditions needed for integrated knowledge translation (IKT) in health care organizations: qualitative interviews with researchers and research users. *BMC Health Services Research*, *16*, 256. https://doi.org/10.1186/s12913-016-1533-0

Gibbons, M. (2000). Mode 2 society and the emergence of context-sensitive science. *Science and Public Policy*, *27*(3), 159–163. https://doi.org/10.3152/147154300781782011

Glasby, J., Robinson, S., & Allen, K. (2011). *Achieving closure: Good practice in supporting older people during residential care closures*. Retrieved from http://pure-oai.bham.ac.uk/ws/files/10607839/AchievingClosureReport.pdf

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American Journal of*

Public Health, *89*(9), 1322–1327. https://doi.org/10.2105/AJPH.89.9.1322

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, *26*, 13–24. https://doi.org/10.1002/chp.47

Graham, I. D., & Tetroe, J. (2007a). How to translate health research knowledge into effective healthcare action. *Healthcare Quarterly*, *10*(3), 20–22. Retrieved from http://www.hpme.utoronto.ca/Assets/hpme/events/hsr07/graham4.pdf

Graham, I. D., & Tetroe, J. (2007b). Some theoretical underpinnings of knowledge translation. *Academic Emergency Medicine*, *14*(11), 936–941. https://doi.org/10.1197/j.aem.2007.07.004

Grant, P. R. (1997). The relocation of nursing home residents: An illustration of the advantages gained by planning a new program and designing an implementation evaluation together. *Evaluation and Program Planning*, *20*(4), 507–516. https://doi.org/10.1016/S0149-7189(97)00029-3

Grant, P. R., Skinkle, R. R., & Lipps, G. (1992). The impact of interinstitutional relocation on nursing home residents requiring a high level of care. *Gerontologist*, *32*(6), 834–842.

Green, L. W., Ottoson, J. M., García, C., & Hiatt, R. A. (2009). Diffusion Theory and Knowledge Dissemination, Utilization, and Integration in Public Health. *Annual Review of Public Health*, *30*(1), 151–174. https://doi.org/10.1146/annurev.publhealth.031308.100049

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *The Millbank Quarterly*, *82*(4), 581–629. https://doi.org/10.1111/j.0887-378X.2004.00325.x

Greenhalgh, T., & Wieringa, S. (2011). Is it time to drop the ‘knowledge translation’ metaphor? A critical literature review. *Journal of the Royal Society of Medicine*, *104*, 501–509. https://doi.org/DOI 10.1258/jrsm.2011.110285

Guise, J. M., O’Haire, C., McPheeters, M., Most, C., Labrant, L., Lee, K., … Graham, E. (2013). A practice-based tool for engaging stakeholders in future research: A synthesis of current practices. *Journal of Clinical Epidemiology*, *66*(6), 666–674. https://doi.org/10.1016/j.jclinepi.2012.12.010

Hagen, B., Esther, C. A., Ikuta, R., Williams, R. J., Le Navenec, C.-L., & Aho, M. (2005). Antipsychotic drug use in Canadian long-term care facilities: prevalence, and patterns following resident relocation. *International Psychogeriatrics*, *17*(2), 179–193. https://doi.org/10.1017/S1041610205001730

Havig, A. K., Skogstad, A., Veenstra, M., & Romøren, T. I. (2013). Real teams and their effect on the quality of care in nursing homes. *BMC Health Services Research*, *13*, 499. Retrieved from http://www.biomedcentral.com/1472-6963/13/499

Hiatt, J. (2006). ADKAR: A model for change in business, government and our community: How to implement successful change in our personal lives and professional. In *Loveland, CO: Prosci Research*. Retrieved from https://books.google.ca/books/about/ADKAR.html?id=Te_cHbWv-ZgC&source=kp_cover&redir_esc=y

Holder, J. M., & Jolley, D. (2012). Forced relocation between nursing homes: Residents' health outcomes and potential moderators. *Reviews in Clinical Gerontology*, *22*(4), 301–319. https://doi.org/10.1017/S0959259812000147

Holmes, B. J., Best, A., Davies, H., Hunter, D., Kelly, M. P., Marshall, M., & Rycroft-Malone, J. (2017). Mobilising knowledge in complex health systems: A call to action. *Evidence and Policy*, Vol. 13, pp. 539–560. https://doi.org/10.1332/174426416X14712553750311

Holmes, B. J., Bryan, S., Ho, K., & McGavin, C. (2018). Engaging patients as partners in health research: Lessons from BC, Canada. *Healthcare Management Forum*, *31*(2), 41–44. https://doi.org/10.1177/0840470417741712

Hunter, D. J. (2015). Role of politics in understanding complex, messy health systems: an essay by David J Hunter. *BMJ*, *350*(h1214), 3. https://doi.org/10.1136/bmj.h1214

Jacobson, N., Butterill, D., & Goering, P. (2003). Development of a framework for knowledge translation: Understanding user context. *Journal of Health Services Research and Policy*, *8*(2), 94–99. https://doi.org/10.1258/135581903321466067

Jagosh, J., Bush, P. L., Salsberg, J., Macaulay, A. C., Greenhalgh, T., Wong, G., … Pluye, P. (2015). A realist evaluation of community-based participatory research: partnership synergy, trust building and related ripple effects. *BMC Public Health*, *15*(1), 725. https://doi.org/10.1186/s12889-015-1949-1

Jolley, D., Jefferys, P., Katona, C., & Lennon, S. (2011). Enforced relocation of older people when care homes close: A question of life and death? *Age and Ageing*, Vol. 40, pp. 534–537. https://doi.org/10.1093/ageing/afr052

Jorgenson, J., & Steier, F. (2013). Frames, framing, and designed conversational processes: Lessons from the world café. *The Journal of Applied Behavioral Science*, *49*(3), 388–405. https://doi.org/10.1177/0021886313484511

Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. *Implementation Science*, *12*(1), 150. https://doi.org/10.1186/s13012-017-0696-3

Kastner, M., Antony, J., Soobiah, C., Straus, S. E., & Tricco, A. C. (2016). Conceptual

recommendations for selecting the most appropriate knowledge synthesis method to answer research questions related to complex evidence. *Journal of Clinical Epidemiology*, *73*, 43–49. https://doi.org/10.1016/j.jclinepi.2015.11.022

Kastner, M., Tricco, A. C., Soobiah, C., Lillie, E., Perrier, L., Horsley, T., … Straus, S. E. (2012). What is the most appropriate knowledge synthesis method to conduct a review? Protocol for a scoping review. *BMC Medical Research Methodology*, *12*(114), 1–10. https://doi.org/10.1186/1471-2288-12-114

Kearney, A. J., Grainger, P., Compton, G., & Morgan, A. F. (2015). Impact of the relocation of a long-term residential care facility on staff. *Health Care Manager*, *34*(4), 327–336. https://doi.org/10.1097/HCM.0000000000000084

Kitson, A. (2009). The need for systems change: reflections on knowledge translation and organizational change. *Journal of Advanced Nursing*, *65*(1), 217–228. https://doi.org/10.1111/j.1365-2648.2008.04864.x

Kitson, A., Harvey, J., & McCormack, B. (1998). Enabling the implementation of evidence-based practice: A conceptual framework. *Quality in Health Care*, *7*, 149–158.

Klein, R. (2003). Evidence and policy: Interpreting the Delphic oracle. *Journal of the Royal Society of Medicine*, *96*(9), 429–431.

Koren, M. J. (2010). Person-centered care for nursing home residents: the culture-change movement. *Health Affairs (Project Hope)*, *29*(2), 312–317. https://doi.org/10.1377/hlthaff.2009.0966

Kothari, A. R., Bickford, J. J., Edwards, N., Dobbins, M. J., & Meyer, M. (2011). Uncovering tacit knowledge: a pilot study to broaden the concept of knowledge in knowledge translation. *BMC Health Services Research*, *11*, 198. https://doi.org/10.1186/1472-6963-11-198

Kothari, A., & Wathen, C. N. (2017). Integrated knowledge translation: Digging deeper,moving forward. *Journal of Epidemiology and Community Health*, *71*(6), 619–623. https://doi.org/10.1136/jech-2016-208490

Kowalski, N. C. (1981). Institutional relocation: Current programs and applied approaches. *Gerontologist*, *21*(5), 512–519. https://doi.org/10.1093/geront/21.5.512

Kreuter, M. W., & Wray, R. J. (2003). Tailored and targeted health communication: Strategies for enhancing information relevance. *American Journal of Health Behavior*, *27*(Suppl 3), S227–S232. https://doi.org/10.5555/ajhb.2003.27

Landry, R., Amara, N., & Lamari, M. (2001). Utilization of social science research knowledge in Canada. *Research Policy*, *30*, 333–349. Retrieved from http://kuuc.chair.ulaval.ca/francais/pdf/apropos/publication4.pdf

Lavis, J. N., Boyko, J. A., & Gauvin, F.-P. (2014). Evaluating deliberative dialogues focussed on healthy public policy. *BMC Public Health*, *14*(1), 1287. https://doi.org/10.1186/1471-2458-14-1287

Lavis, J. N., Robertson, D., Woodside, J., McLeod, C., & Abelson, J. (2003). How can research organizations more effectively transfer research knowledge to decision makers? *Milbank Quarterly*, *81*(2), 221–248. https://doi.org/10.1111/1468-0009.t01-1-00052

Lee, R. P., Hart, R. I., Watson, R. M., & Rapley, T. (2015). Qualitative synthesis in practice: some pragmatics of meta-ethnography. *Qualitative Research*, *15*(3), 334–350. https://doi.org/10.1177/1468794114524221

Lee, S. (1998). Relocating elderly people and nursing staff from the NHS to the independent sector. *Journal of Advanced Nursing*, *28*(4), 859–864.

Lefika, P. T., & Mearns, M. A. (2015). Adding knowledge cafés to the repertoire of knowledge sharing techniques. *International Journal of Information Management*, *35*(1), 26–32. https://doi.org/10.1016/j.ijinfomgt.2014.09.005

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., … Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Journal of Clinical Epidemiology*, *62*(10), e1–e34. https://doi.org/10.1016/j.jclinepi.2009.06.006

Lokk, J., & Arnetz, B. (2002). Work site change and psychosocial well-being among health care personnel in geriatric wards - Effects of an intervention program. *Journal of Nursing Care Quality*, *16*(4), 30–38.

Lomas, J. (1997a). Improving Research dissemination and uptake in health sector: Beyond the sound of one hand clapping. In *Knowledge Translation in Health Care: Moving from Evidence to Practice* (Vol. C97-1).

Lomas, J. (1997b). Research and evidence-based decision making. *Australian and New Zealand Journal of Public Health*, *21*(5), 439–441. https://doi.org/10.1111/j.1467-842X.1997.tb01730.x

Lomas, J. (2000). Using “linkage and exchange” to move research into policy at a Canadian foundation. *Health Affairs*, *19*(3), 236–240. https://doi.org/10.1377/hlthaff.19.3.236

Lomas, J., Culyer, T., McCutcheon, C., McAuley, L., Law, S., & Canadian Health Services Research Foundation. (2005). *Final report: Conceptualizing and combining evidence for health system guidance*. Retrieved from http://www.cfhi-fcass.ca/migrated/pdf/insightAction/evidence_e.pdf

Mahoney, J. (2000). Path Dependence in Historical Sociology. *Theory and Society*,

29(4), 507–548. https://doi.org/10.2307/3108585

Mallick, M., & Whipple, T. (2000). Validity of the nursing diagnosis of relocation stress syndrome. *Nursing Research*, *49*(2), 97–100. Retrieved from http://ovidsp.tx.ovid.com.proxy.lib.sfu.ca/sp-3.33.0b/ovidweb.cgi?QS2=434f4e1a73d37e8c62cedbf33437e5e4b61672e9c80647c93ae6490de05387abf5b512e2f03c1a17ad6abe9de2930e0d9ed2868f06dff937a4973c10b7d52190afcda8c58c69588eb5f3041ef0e9a550e8be5bb277e5617fc92dd7f0c

Manchester, J., Gray-Miceli, D. L., Metcalf, J. A., Paolini, C. A., Napier, A. H., Coogle, C. L., & Owens, M. G. (2014). *Facilitating Lewin's change model with collaborative evaluation in promoting evidence based practices of health professionals*. https://doi.org/10.1016/j.evalprogplan.2014.08.007

Maynard, A. (1997). *Evidence-based medicine : an incomplete method for informing treatment choices*. *349*, 126–128.

McCormack, B., Kitson, A., Harvey, G., Rycroft-Malone, J., Titchen, A., & Seers, K. (2002). Getting evidence into practice: The meaning of "context." *Journal of Advanced Nursing*, *38*(1), 94–104. https://doi.org/10.1046/j.1365-2648.2002.02150.x

McCoy, M. L., & Scully, P. L. (2002). Deliberative Dialogue to Expand Civic Engagement: What Kind of Talk Does Democracy Need? *National Civic Review*, *91*(2), 117–135. https://doi.org/10.1002/ncr.91202

McCready, J. S. (2010). Jamesian pragmatism: A framework for working towards unified diversity in nursing knowledge development. *Nursing Philosophy*, *11*(3), 191–203. https://doi.org/10.1111/j.1466-769X.2010.00444.x

McGilton, K. S., & Boscart, V. M. (2007). Close care provider-resident relationships in long-term care environments. *Journal of Clinical Nursing*, *16*(11), 2149–2157. https://doi.org/10.1111/j.1365-2702.2006.01636.x

McKibbon, K. A., Lokker, C., Wilczynski, N. L., Ciliska, D., Dobbins, M., Davis, D. A., … Straus, S. E. (2010). A cross-sectional study of the number and frequency of terms used to refer to knowledge translation in a body of health literature in 2006: A Tower of Babel? *Implementation Science*, *5*(1). https://doi.org/10.1186/1748-5908-5-16

McWilliam, C., Kothari, A., Ward-Griffin, C., Forbes, D., Leipert, B., & Collaboration, S. W. C. C. A. C. H. C. (2009). Evolving the theory and praxis of knowledge translation through social interaction: A social phenomenological study. *Implementation Science*, *4*(1), 26. https://doi.org/10.1186/1748-5908-4-26

Meslin, E. M., Blasimme, A., & Cambon-Thomsen, A. (2013). Mapping the translational science policy 'valley of death.' *Clinical and Translational Medicine*, *2*(1), 14.

Licensed under CC BY 2.0. https://doi.org/10.1186/2001-1326-2-14

Mirotznik, J., & Kamp, L. L. (2000). Cognitive Status and Relocation Stress: A Test of the Vulnerability Hypothesis. *The Gerontologist*, *40*(5), 531–539. https://doi.org/10.1093/geront/40.5.531

Mirotznik, J., & Ruskin, A. P. (1984). Inter-institutional relocation and its effects on health. *Gerontologist*, *24*(3), 286–291. https://doi.org/10.1093/geront/25.3.265

Mirotznik, J., & Ruskin, A. P. (1985). Inter-institutional relocation and its effects on psychosocial status. *Gerontologist*, *25*(3), 265–270. https://doi.org/10.1093/geront/25.3.265

Mitton, C., Adair, C. E., McKenzie, E., Patten, S. B., & Waye Perry, B. (2007). Knowledge transfer and exchange: review and synthesis of the literature. *The Milbank Quarterly*, *85*(4), 729–768. https://doi.org/10.1111/j.1468-0009.2007.00506.x

Morgan, D. L. (2007). Paradigms Lost and Pragmatism Regained. *Journal of Mixed Methods Research*, *1*(1), 48–76. https://doi.org/10.1177/2345678906292462

Morgan, L., Gruber-Baldini, A. L., & Magaziner, J. (2001). Resident Characteristics. *Assisted Living*, (1989), 144–172. Retrieved from https://books.google.ca/books?hl=en&lr=&id=AmbxephnarQC&oi=fnd&pg=PA144&dq=characteristics+of+LTC+residents&ots=H6nGt_tTE3&sig=DUNSs0-VLFKdM3iDhkTYroTekXM#v=onepage&q=characteristics of LTC residents&f=false

Morrow, M., Jamer, B., & Weisser, J. (2011). *The Recovery Dialogues: A Critical Exploration of Social Inequities in Mental Health Recovery*. Centre for the Study of Gender, Social Inequities and Mental Health.

Morrow, M., & Weisser, J. (2012). Towards a Social Justice Framework of Mental Health Recovery. *Studies in Social Justice*, *6*(1), 27–43. Retrieved from https://search.proquest.com/openview/6fcf47597a138a06d6fd6592f3823a26/1?pq-origsite=gscholar&cbl=1636338

Moullin, J. C., Sabater-Hernández, D., Fernandez-Llimos, F., & Benrimoj, S. I. (2015). A systematic review of implementation frameworks of innovations in healthcare and resulting generic implementation framework. *Health Research Policy and Systems*, *13*(1). https://doi.org/10.1186/s12961-015-0005-z

Mulvale, G., Abelson, J., & Goering, P. (2007). Mental health service delivery in Ontario, Canada: how do policy legacies shape prospects for reform? *Health Economics, Policy, and Law*, *2*(Pt 4), 363–389. https://doi.org/10.1017/S1744133107004318

Murphy, L., McCarthy, G., & Cornally, N. (2013). Residents' perceptions of relocating from one long-term setting to another. *Nursing Older People*, *25*(1), 24–29.

Nielsen, K. H. (2012). Sociological Ambivalence in the Commodification of Academic Research. *Science as Culture*. https://doi.org/10.1080/09505431.2011.640317

Nieva, V. F., Murphy, R., Ridley, N., Donaldson, N., Combes, J., Mitchell, P., … Carpenter, D. (2005). From Science to Service: A Framework for the Transfer of Patient SafetyResearch into Practice. In *Advances in Patient Safety: From Research to Implementation (Volume 2:Concepts and Methodology)*. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/21249844

Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science*, *10*(1), 53. https://doi.org/10.1186/s13012-015-0242-0

Nutley, S., Walter, I., & Davies, D. (2007). *Using evidence: How research can inform public services*. Bristol, UK: The Policy Press.

O'Brien, K., Welsh, D., Lundrigan, E., & Doyle, A. (2013). Transitioning to a new nursing home: one organization's experience. *The Health Care Manager*, *32*(3), 203–211. https://doi.org/10.1097/HCM.0b013e31829d72eb

Oelke, N. D., Plamondon, K. M., & Mendel, D. (2016). Using Dialogic Methods as a Participatory Knowledge Translation Approach to Promote Integration of Nurse Practitioners in Primary Healthcare Settings. *Nursing Leadership (Toronto, Ont.)*, *29*(3), 72–81. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/28032837

Office of the Seniors Advocate. (2015). *Seniors' Housing in B.C.: Affordable, Appropriate, Available*. Retrieved from www.seniorsadvocatebc.ca

Oliver, K., Kothari, A., & Mays, N. (2019, March 28). The dark side of coproduction: Do the costs outweigh the benefits for health research? *Health Research Policy and Systems*, Vol. 17. https://doi.org/10.1186/s12961-019-0432-3

Ontario Ministry of Health and Long-term Care. (2015). Long-term Care Home Redevelopment Strategy. Retrieved April 14, 2018, from Long-Term Care Home Renewal Strategy (Phase 1) website: http://www.health.gov.on.ca/en/pro/programs/ltcredev/ltchrs.aspx

Patton, M. Q. (1998). Discovering process use. *Evaluation*, *4*(2), 225–233. https://doi.org/10.1177/13563899822208437

Pauly, B., Shahram, S., Taylor, D., & Pollock, S. (2018). 'Embedded' scholarship as a strategy for health equity policy change. *Presentation at 4th FUSE International Conference*. Vancouver, BC.

Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review - a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research and Policy*, *10*(July S1), 21–34. https://doi.org/10.1258/1355819054308530

Phipps, D. J., & Shapson, S. (2009). Knowledge mobilisation builds local research collaborations for social innovation. *Evidence & Policy: A Journal of Research, Debate and Practice*, *5*(3), 211–227. https://doi.org/10.1332/174426409X463767

Plamondon, K. M., Bottorff, J. L., & Cole, D. C. (2015). Analyzing data generated through deliberative dialogue. *Qualitative Health Research*, *25*(11), 1529–1539. https://doi.org/10.1177/1049732315581603

Plamondon, K. M., & Caxaj, S. (2017). Toward Relational Practices for Enabling Knowledge-to-Action in Health Systems: The Example of Deliberative Dialogue. *Advances in Nursing Science*, *41*(1), 18–29. https://doi.org/10.1097/ANS.0000000000000168

Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., … Kirchner, J. E. A. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, *10*(1), 21. https://doi.org/10.1186/s13012-015-0209-1

Prewitt, V. (2011). Working in the café: lessons in group dialogue. *The Learning Organization*, *18*(3), 189–202. https://doi.org/10.1108/09696471111123252

Rabin, B. A., & Brownson, R. C. (2017). Terminology for dissemination and implementation research. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and Implementation research in health: translating science to practice* (Second, p. 19). https://doi.org/0.1093/oso/9780190683214.001.0001

Roberts, T. J., Nolet, K. a, & Bowers, B. J. (2015). Consistent assignment of nursing staff to residents in nursing homes: A critical review of conceptual and methodological issues. *The Gerontologist*, *55*(3), 434–447. https://doi.org/10.1093/geront/gnt101

Rogers, E. M. (2003). *The Diffusion of Innovations* (3rd ed.). New York: Free Press.

Rosenfeld, L. B., Richman, J. M., & May, S. K. (2004). Information Adequacy, Job Satisfaction and Organizational Culture in a Dispersed-Network Organization. *Journal of Applied Communication Research*, *32*(1), 28–54. https://doi.org/10.1080/0090988042000178112

Rosswurm, M. A. (1983). Relocation and the elderly. *Journal of Gerontological Nursing*, *9*(12), 632–637.

Rycroft-Malone, J., Seers, K., Titchen, A., Harvey, G., Kitson, A., & McCormack, B. (2004). What counts as evidence in evidence-based practice? *Journal of Advanced Nursing*, *47*(1), 81–90.

Sackett, D. L. (1997). Evidence-based medicine. *Seminars in Perinatology*, *21*(1), 3–5. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/9190027

Saksvik, P. Ø., Tvedt, S. D., Nytrø, K., Andersen, G. R., Andersen, T. K., Buvik, M. P., & Torvatn, H. (2007). Developing criteria for healthy organizational change. *Work and Stress*, *21*(3), 243–263. https://doi.org/10.1080/02678370701685707

Saul, J. E., Willis, C. D., Bitz, J., & Best, A. (2013). A time-responsive tool for informing policy making: rapid realist review. *Implementation Science : IS*, *8*(1), 103. https://doi.org/10.1186/1748-5908-8-103

Schwartz, B., Chaudhury, H., & Tofle, R. B. (2004). Effect of design interventions on a dementia care setting. American Journal of Alzheimer's Disease and Other Dementias. *American Journal of Alzheimer's Disease and Other Dementias*, *19*(3), 172–176. Retrieved from https://journals-sagepub-com.proxy.lib.sfu.ca/doi/pdf/10.1177/153331750401900304

Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*. https://doi.org/10.1080/14780880802699092

Smith, R., Mathews, R. M., & Gresham, M. (2010). Pre- and postoccupancy evaluation of new dementia care cottages. *American Journal of Alzheimer's Disease and Other Dementias*, *25*(3), 265–275. https://doi.org/10.1177/1533317509357735

Statistics Canada. (2012). *The Canadian Population in 2011: Age and Sex.* Retrieved from http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-311-x/98-311-x2011001-eng.pdf

Statistics Canada. (2015). Canada' s population estimates: Age and sex, July 1, 2015. *The Daily, September 29*, 1–5. Retrieved from http://www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm

Stein, I., & Morse, C. (1993). Relocation Of The Aged - A Literature Review. *Australian Journal on Ageing*, *13*(1), 41–43.

Straus, S. E., Tetroe, J., & Graham, I. D. (2009). Defining knowledge translation. *Canadian Medical Association Journal*, *181*(3), 165–168. https://doi.org/10.1503/cmaj.081229

Straus, S. E., Tetroe, J., & Graham, I. D. (2013). *Knowledge translation in health care: Moving from evidence to practice* (2nd ed.). Chichester, UK: John Wiley & Sons.

Strifler, L., Cardoso, R., Mcgowan, J., Cogo, E., Nincic, V., Khan, P. A., … Ka, L. (2018). Scoping review identifies significant number of knowledge translation theories, models, and frameworks with limited use. *Journal of Clinical Epidemiology*, *100*, 92–102. https://doi.org/10.1016/j.jclinepi.2018.04.008

Tabak, R. G., Khoong, E. C., Chambers, D. A., & Brownson, R. C. (2012). Bridging research and practice: Models for dissemination and implementation research. *American Journal of Preventive Medicine*, *43*(3), 337–350. https://doi.org/10.1016/j.amepre.2012.05.024

Tetzlaff, J., Tricco, A. C., & Moher, D. (2009). Knowledge synthesis. In S. Straus, J. Tetroe, & I. Graham (Eds.), *Knowledge Translation in Health Care: Moving from Evidence to Practice* (pp. 15–34). Chichester, UK ; Hoboken, NJ: Wiley-Blackwell.

Thorson, J. A., & Davis, R. E. (2000). Relocation of the institutionalized aged. *Journal of Clinical Psychology*, *56*(1), 131–138. https://doi.org/10.1002/(SICI)1097-4679(200001)56:1<131::AID-JCLP12>3.0.CO;2-S

Tricco, A. C., Antony, J., Soobiah, C., Kastner, M., Macdonald, H., Cogo, E., … Straus, S. E. (2016). Knowledge synthesis methods for integrating qualitative and quantitative data: A scoping review reveals poor operationalization of the methodological steps. *Journal of Clinical Epidemiology*, *73*, 29–35. https://doi.org/10.1016/j.jclinepi.2015.12.011

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., … Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Medical Research Methodology*, *16*(1), 15. https://doi.org/10.1186/s12874-016-0116-4

Tricco, A. C., Zarin, W., Rios, P., Nincic, V., Khan, P. A., Ghassemi, M., … Langlois, E. V. (2018). Engaging policy-makers, health system managers, and policy analysts in the knowledge synthesis process: a scoping review. *Implementation Science*, *13*(31), 2–19. https://doi.org/10.1186/s13012-018-0717-x

Tvedt, S. D., Saksvik, P. Ø., & Nytrø, K. (2009). Does change process healthiness reduce the negative effects of organizational change on the psychosocial work environment? *Work and Stress*, *23*(1), 80–98. https://doi.org/10.1080/02678370902857113

US Department of Health and Human Services Centres for Disease Control and Prevention. (2011). *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide*. Retrieved from https://www.cdc.gov/eval/guide/CDCEvalManual.pdf

Vaismoradi, M., Wang, I.-L., Turunen, H., & Bondas, T. (2016). Older people's experiences of care in nursing homes: a meta-synthesis. *International Nursing Review*, *63*(1), 111–121. https://doi.org/10.1111/inr.12232

Van De Ven, H., & Johnson, P. E. (2006). Knowledge for Theory and Practice. *The Academy of Management*, *31*(4), 802–821.

Wada, M., Canham, S. L., Battersby, L., Sixsmith, J., Woolrych, R., Fang, M. L., & Sixsmith, A. (2018). Perceptions of home in long-term care settings: Before and after institutional relocation. *Ageing and Society*. https://doi.org/10.1017/S0144686X18001721

Waddell, C. (2002). So much research evidence, so little dissemination and uptake: Mixing the useful with the pleasing. *Evidence-Based Nursing*, *5*, 38–40.

https://doi.org/10.1136/ebn.5.2.38

Walker, C., Curry, L., & Hogstel, M. (2007). Relocation stress syndrome in older adults transitioning from home to a long-term care facility: Myth or reality? *Journal of Psychosocial Nursing & Mental Health Services*, *45*(1), 38–47. https://doi.org/10.1017/CBO9781107415324.004

Ward, V. (2017). Why, whose, what and how? A framework for knowledge mobilisers. *Evidence and Policy*, *13*(3), 477–497. https://doi.org/10.1332/174426416X14634763278725

Ward, V., House, A., & Hamer, S. (2009). Developing a framework for transferring knowledge into action: a thematic analysis of the literature. *Journal of Health Services Research & Policy*, *14*(3), 156–164. https://doi.org/10.1258/jhsrp.2009.008120

Ward, V., Smith, S., House, A., & Hamer, S. (2012). Exploring knowledge exchange: A useful framework for practice and policy. *Social Science and Medicine*, *74*(3), 297–304. https://doi.org/10.1016/j.socscimed.2011.09.021

Weiss, C., & Bucuvalas, M. (1980). Truth tests and utility tests: Decision-makers' frames of reference for social science researcher. *American Sociological Review*, *45*(April), 302–313.

Welch, V. A., Petticrew, M., Neill, J. O. ', Waters, E., Armstrong, R., Bhutta, Z. A., … Tugwell, P. (2013). Health equity: evidence synthesis and knowledge translation methods. *Systematic Reviews*, *2*(43), 1–10. https://doi.org/10.1186/2046-4053-2-43

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, *52*(5), 546–53. Retrieved from https://onlinelibrary-wiley-com.proxy.lib.sfu.ca/doi/pdf/10.1111/j.1365-2648.2005.03621.x

Wilkinson, H., Gallagher, M., & Smith, M. (2012). *Academics and Social Work Practitioners*. *8*(3), 311–328.

Wilson, M. G., Lavis, J. N., Travers, R., & Rourke, S. B. (2010). Community-based knowledge transfer and exchange: Helping community-based organizations link research to action. *Implementation Science*, *5*(1). https://doi.org/10.1186/1748-5908-5-33

Winkler, J. D., Lohr, K. N., & Brook, R. H. (1985). Persuasive Communication and Medical Technology Assessment. *Archives of Internal Medicine*, *145*(2), 314. https://doi.org/10.1001/archinte.1985.00360020156024

Woodward, C. A., Shannon, H. S., Cunningham, C. E., McIntosh, J., Lendrum, B., Rosenbloom, D., & Brown, J. (1999). The Impact of Re-Engineering and Other Cost Reduction Strategies on the Staff of a Large Teaching Hospital. *Medical Care*, *37*(6), 556–569. https://doi.org/10.1097/00005650-199906000-00005

Yin, R. K. (2009). Case Study Research: Design and Methods. In L. Bickman & D. J. Rog (Eds.), *Essential guide to qualitative methods in organizational research*. https://doi.org/10.1097/FCH.0b013e31822dda9e

Appendix A.

Project Team

As this was an iKT project, and connected to the concurrent evaluation project, the team included the Mountain Housing representative, Dayle Krahn, and evaluation project researchers: Andrew Sixsmith, Sarah Canham, Mineko Wada, and Mei Lan Fang.

Krahn, the housing provider representative, was the primary contact and initiator of the evaluation project. He assisted with the development of the guiding question, provided input on research design and focus, supported recruitment for the dialogue events, and assisted with dissemination of the guiding framework report. Krahn has not provided input into the development of this thesis.

Sixsmith was the principal investigator for the evaluation project and academic applicant on the Mitacs proposal. He provided leadership, signatory responsibilities, and input in the Mitacs aspects of the proposal. In addition, he provided access to his network as the co-Scientific Director of AGE-WELL, Canada's network on aging and technology. He has not provided input or guidance for this thesis.

Canham was a postdoctoral fellow on the evaluation project and was the second researcher on the synthesis review for the selection process of the literature. She provided support during the dialogue events as a co-facilitator, taking field notes, assisting with recruitment, and providing input on the dialogue agenda and guiding questions. In addition, she provided editorial input on the guiding framework report. Canham has provided no input on the development of this thesis.

Wada and Fang were researchers on the evaluation project. They assisted with the dialogue events and provided feedback on the guiding framework report. They did not provide input on the development of this thesis.

As the lead of the iKT project, I coordinated and conducted all aspects of the project including: proposal development (with input from Sixsmith, Canham, and Krahn); timeline; budget; team meetings; ethics application; recruitment; travel; arrangements for

the dialogue events; writing the guiding framework report and working with the graphic designer to publish it; organizing the dissemination event; and presentations on the project.

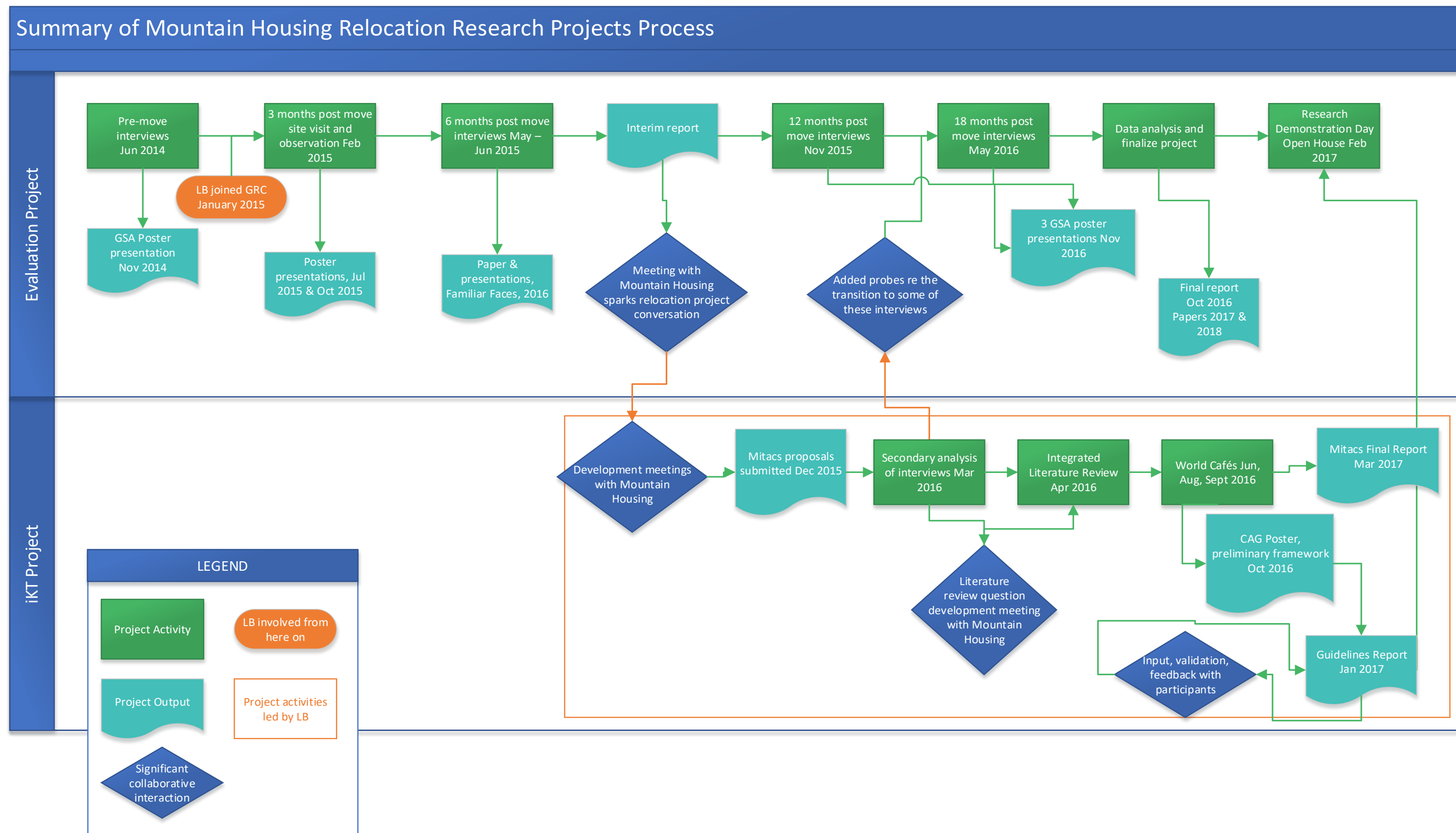
I also led or completed all research aspects of the project including: secondary analysis of the interviews; creating the synthesis framework (validated by Danham and Krahn); creating and completing the literature searches; completing the first and second level selections (validated by Canham) for title searches in the literature search; and completing the data extraction. I was also primarily responsible for: recruiting participants (with some support from Canham and a student volunteer); developing the deliberative dialogue questions and agenda (reviewed by Canham); facilitating all dialogue events (with note taker and Canham as secondary facilitator); completing the synthesis of data; and creating the guiding framework (review and feedback received from Canham, Krahn, and key informants).

Research project outputs from the iKT project include the guiding framework report which I drafted and integrated feedback and revisions from Canham, Krahn, and key informants. I created and presented the preliminary framework and project findings as a poster at the Canadian Association of Gerontology's (CAG) annual conference in October 2016. I presented the iKT approach of the project at the Gerontological Society of America conference in November 2016. I led the organization and hosting of the Research Demonstration Day in February 2017. I will be presenting the project at CAG in October 2018. I wrote all three manuscripts (Chapters 2-4) contained within this thesis, and the team has not reviewed or provided any input. However, the team will have an opportunity to review and contribute to the manuscripts prior to submission for publication.

In summary, I led this iKT collaborative project of stakeholders, key informants, and researchers to address identified needs and gaps in transition resources and the literature for mass interinstitutional relocations, particularly planning and implementing a supported relocation for residents, staff, and families. In the following four chapters, I will discuss the theory (i.e., the KtoA model guiding this project), the methodology (i.e., the World Café approach to deliberative dialogues), the findings (i.e., the guiding framework for relocation), and the overarching implications of this body of work.

Appendix B.

Mountain Housing Collaborative Projects Overview



Appendix C.

Research Demonstration Day Brochure

BEFORE THE MOVE

Creating homelike care environments: The perspective of formal carers.
Poster presented at the Gerontological Society of America meeting in Washington, DC, Nov. 2014.
Key messages: Team members value homelike design features such as private bathrooms, open concept communities, and usable outdoor spaces, and opportunities to build and maintain strong relationships.

BEFORE TO 6 MONTHS AFTER THE MOVE

Long-term care: Inside and out.
Poster presented at the International Medical Geography Symposium in Vancouver, July 2015.
Key messages: Three features of good neighbourhoods for long-term care: resources; safe; and, accessible.

Creating and designing home in and around residential care.
Poster presented at a community showcase event at SFU, Oct. 2015.
Key messages: Plan accessible and usable neighbourhoods and shared spaces to support community interaction and engagement.

LEADING DESIGN

Display by ZGF Cotter and Baptist Housing.
Learn about the LEED Certification, architectural accolades, and designing for long-term care.

6 MONTHS AFTER MOVE

From familiar faces to family: Staff and resident relationships in long-term care.
Poster captures what was presented at two conferences and is now published in the *Journal of Aging and Health*. Print copies of the paper are available.
Key messages: The relationships and a sense of family within long-term care environments are as important as the physical space to residents' wellness and care.

BEFORE TO 18 MONTHS AFTER MOVE

Creating and enhancing 'home' in Long-term care settings: A longitudinal inquiry.
Poster presented at the Gerontological Society of America meeting, Nov. 2016.
Key messages: Key features to residents' sense of feeling at home in long-term care include having a flexible schedule, personalization, and access to typical features of home such as a comfortable living room.

6 MONTHS TO 18 MONTHS AFTER MOVE

The influence of transitions on morale and relationality among long-term care workers.
Summary of a presentation given at the Gerontological Society of America meeting in New Orleans, Nov. 2016.
Key messages: A key aspect of workplace well-being is the relationships that co-workers have with one another.

Health and well-being through transitions: Structural supports. Summary of another presentation given at the Gerontological Society of America meeting Nov. 2016.
Key messages: To ease relocation stress provide communication, engagement, and support throughout.

BUILDING ON THE EVALUATION

Long-term care en masse interinstitutional relocations: Interactive guideline development.
Poster presented at the Canadian Association on Gerontology meeting in Montreal, October 2016.
See the completed guidelines on display, fresh off the press today!

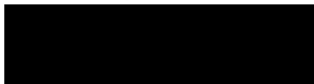
Appendix D.

Sample Poster for World Café Events Promotion

August 24, 2016
1:00pm-4:30pm

McKernan District
CommunityLeague
11341-78 Ave NW
Edmonton

RSVP:
To Lupin Battersby



Come share your experience to help develop guidelines for en masse long-term care relocations that support the health and well-being of team members and residents.

We would like to hear about any experiences, recent or past of caregivers, service providers, housing providers, administrators, planners, managers, nurses.

We are from the Gerontology Research Centre at SFU working with Baptist Housing, a non-profit seniors housing provider, to create evidence based national guidelines for mass interinstitutional relocations.

Appendix E.

Evaluation Form for World Café Events

Supporting en masse moves in long-term care:
A World Café dialogue
Participant Feedback Questionnaire

1. **Overall, how would you rate the world café event? (Please circle ONE answer)**

1	2	3	4
Poor	OK	Good	Excellent

2. **Why did you decide to attend the event? (Please tick ALL answers that apply)**

I wanted to:

Voice my opinions ☐ Meet new people ☐

Learn about resources ☐ Learn about the community ☐

I was asked to attend by a friend / colleague / employer ☐

Other – please specify: ______________________________

3. **What did you take away from the presentation and discussions?**

____
____
____
____

4. **Was there anything about the event that you found particularly interesting or useful?**

____
____
____
____

Page 1 of 2

Appendix F.

World Café Guiding Questions

<u>Supporting en masse moves in long-term care: A World Café dialogue</u>
Three Tables

A. 1:00 – 1:15pm: Registration (will include sign-in, name tag, & SFU consent form)

B. 1:15-1:30pm: Project overview, introduction to World Café, review consent
   a. Sign consent & table facilitator will collect all consent forms

C. 1:30-1:45pm: Brief Introductions, to full group
   a. Go around the room and tell us your name, LTC home affiliated with (past or present) & role there, and current role if no longer in LTC

D. 1:45-2:15pm: First Round of World Café discussions
   Facilitators see discussion questions for your table.

E. 2:15-2:30pm: Refreshment Break

F. 2:30-3:05: Round Two of World Café discussions
   a. First 5 minutes for review of previous groups conversation at your table

G. 3:10-3:45pm: Round Three of World Café discussions
   a. Themes from individual tables reported to group
   b. Ask everyone to complete their evaluation forms

H. 3:50-4:30pm: Large group discussion
   a. Facilitators report back a few key issues that emerged at each table
   b. Check-in with participants about any other things that were key in their discussions
   c. Ask participants to add things they thought of later, if any opinions, concerns, etc. shifted as they went to different tables

<u>Supporting en masse moves in long-term care: A World Café dialogue</u>
Four Tables

A. 1:00 – 1:15pm: Registration (will include sign-in, name tag, & SFU consent form)

B. 1:15-1:30pm: Project overview, introduction to World Café, review consent -
   a. Sign consent & table facilitator will collect all consent forms

C. 1:30-1:45pm: Brief Introductions, to full group -
   a. Go around the room and tell us your name, LTC home affiliated with (past or present) & role there, and current role if no longer in LTC

D. 1:45-2:05pm: First Round of World Café discussions
   Facilitators see discussion questions for your table.

E. 2:05-2:20pm: Refreshment Break

F. 2:20-2:45: Round Two of World Café discussions
   a. First 5 minutes for review of previous groups conversation at your table

G. 3:15-3:40pm: Round Three of World Café discussions
   a. Themes from individual tables reported to group
   b. Ask everyone to complete their evaluation forms

H. 3:45-4:10pm: Round Four of World Café discussions
   a. First 5 minutes for review of previous groups conversation at your table

I. 4:10-4:30pm: Large group discussion—
   a. Facilitators report back a few key issues that emerged at each table
   b. Check-in with participants about any other things that were key in their discussions
   c. Ask participants to add things they thought of later, if any opinions, concerns, etc. shifted as they went to different tables

Supporting en masse moves in long-term care: A World Café dialogue

A. 1:00 – 1:15pm: Registration (will include sign-in, name tag, & SFU consent form)

B. 1:15-1:30pm: Project overview, introduction to World Café, review consent -
   - Sign consent & table facilitator will collect all consent forms

C. 1:30-2:30pm: Introductions and transition experience
   - Go around the table and tell us your name, LTC home affiliated with (past or present) & role there, and current role if no longer in LTC

   Discussion Questions
   - What mass interinstitutional transition were you involved in? Describe (Where, when, why, number residents, role you played (decision maker?), planning process, any involvement of staff etc.)
   - What supported your transition process of an en masse move into a new LTC home?
   - What challenges did you encounter during the move?
   - What tools, strategies, or models were used to support the process?
   - What impacts does this transition have on residents and families?

D. 2:30-2:45pm: Refreshment break

E. 2:45-3:45pm: Discussion around guideline themes presented

   Discussion Questions
   - Which of the themes presented today resonates with your experience? (Probe for details)
   - What do you think should be added to these themes to help develop guidelines to support these types of transitions?
   - What do you think is missing in the themes?
   - Are there any of the themes that you disagree with? (Probe for details)

Appendix G.

Supplementary Document File

Description:

The accompanying PDF document is the final guidelines document described in this thesis. Guidelines for en masse interinstitutional relocations of long-term care homes: Supporting resident and team member well-being by Battersby, Canham, Krahn, Sixsmith (2017).

It is freely available online: http://www.sfu.ca/starinstitute/resources.html

Filename:

LTC-Relocations-Guidelines_Feb-2017-DIGITAL.pdf