Building Reconciliation at the U of S

College of Nursing

Working Relationships:
Translating Knowledge for Chronic Care Management in First Nations Communities

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ABSTRACT

A pilot project was conducted with rural First Nations healthcare representatives to review the applicability of a theoretical model of Social Interaction Knowledge Translation (KT) '*Translating Knowledge Through Relating*' (Jansen et al., 2012) to inform KT for traditional and western approaches to community health promotion and chronic care.

This model suggests that KT is facilitated by social interactions within working relationships amongst interdisciplinary service and care teams, individuals, families and communities. Five key relational themes of the model were: Living with the Problem, Developing Comfort, Nurturing Mutuality, Building Confidence, and Managing In-Home Care. These themes were interlinked with five additional KT themes which included: Building Experiential Knowledge, Easing into a Working Relationship, Facilitating Knowledge Exchange, Fine Tuning Knowledge, and Putting it all Together.

The PI and RA dialogued with employees of the health organization to review the model and it's applicability to KT within First Nations communities. The three key findings were: provide consistent approaches to develop relationships; allocate adequate time for developing relationships; and attend to the traditional knowledge of individuals, family and communities to inform KT or 'learning approaches with others' for health promotion and chronic care. The project findings may assist First Nations organizations and interdisciplinary healthcare teams with practical approaches to primary care initiatives. Further research is planned to implement KT strategies within a First Nations healthcare setting.

INTRODUCTION

A pilot project reviewed the applicability of a substantive theory of social interaction KT, '*Translating Knowledge Through Relating*' (Jansen et al., 2013), a topic area seldom explored, for primary health care with First Nations communities and interdisciplinary healthcare teams. The project unfolded in the eastern Parkland Region of Saskatchewan, Canada. and was designed to explore barriers, facilitators and strategies for application of this KT model through dialogue with representatives of a First Nations Health Agency.

Dr. Jansen's primary work found that KT, or the exchange and application of evidence, was best facilitated by social interactions and working relationships. Working together is essential to translating community-based chronic care knowledge, which is largely experiential in nature. In summary, the findings of Dr. Jansen's work contrast with traditional educational approaches of professional didactic information, and rather stress interactions based on relationships and mutual understanding.

METHODS

In a casual setting, interdisciplinary participants were invited to share their perspectives on how the theoretical model of social interaction KT Figure 1.0; 2.0) might have applicability to their work with First Nations individuals, families and communities relevant to nutritional approaches for health promotion and chronic disease management.

Three main questions were asked of the participants:

1: "Does this framework or model make sense? Is this what you have experienced?"

2: "Was anything missed?"

3: "How do you think First Nations Communities and healthcare organizations could use this model?"

RESULTS

Jansen et al. (2012) found that relational approaches and 'working together' promoted families' and clients' experience of KT. Conversely, barriers and 'not working together' inhibited knowledge seeking behaviors.

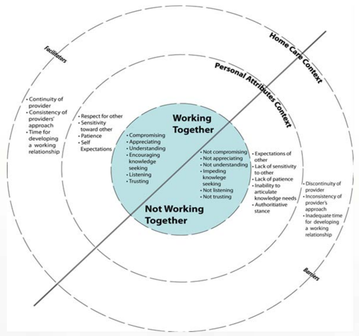

Figure 1.0: Family Working Together/NoCaregivers' Experience KT: Working Together

Jansen et al. (2012) also found that social interactions that promote KT are complex and interrelated. Understanding the dynamic and bi-directional processes of KT can support knowledge application in practice.

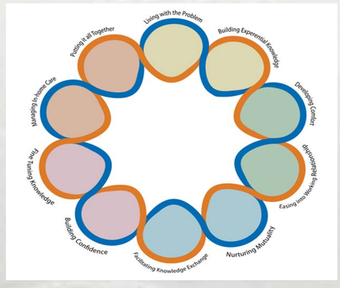

Figure 2.0: Translating Knowledge through Relating KT Strategies

FINDINGS

Facilitators and barriers for the implementation of social interaction KT strategies were:

- Consistent Relationships – consistency in care providers and health care teams helps to strengthen relationships.
- Lack of consistency impedes working relationship, thus impeding KT
- Adequate Time – adequate time promotes working relationships; not enough time to develop working relationships impedes relational interactions and ultimately, KT.

Incorporating traditional knowledge and learning approaches of individuals, families and communities promotes working relationships and mutual understanding about how to manage health promotion and chronic disease within cultural contexts.

IMPLICATIONS

Relational practice vs tasks for creating learning approaches can inform KT strategies.

Application of practical 'how to' strategies that represent research, Aboriginal and western experiential knowledge is important to inform culturally responsive KT approaches.

Theoretical models of social interaction KT and Aboriginal ways of knowing may also inform how to address barriers and facilitators of KT.

REFERENCES

Jansen, L., McWilliam, C., Forbes, D., & Forchuk, C. (2012). An In-Home Exploration of Care Providers , Family Caregivers and Clients. Knowledge Translation

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