Content and Analysis of a Knowledge Translation Activity for an Elder Abuse Detection Tool: A Descriptive Study

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Abstract

Background: Knowledge translation (KT) is challenging to carry out and assess. The content of a program developed to foster KT activities pertaining to the Elder Abuse Suspicion Index (EASI) ©, a tool to help identify elder abuse, is described, along with reporting and analysis of some of its outcomes.

Methods: Enquiries about the use of the EASI were encouraged through completion of a structured questionnaire available on an EASI website. These were submitted by email and guided individualized responses. Descriptive data collated anonymously from the questionnaires described in aggregate corresponders' occupations, countries of work, information needs about the tool, and intent of use. The processes that generated this data were evaluated as to whether they conformed to established elements of KT.

Results: 138 queries were received over 6 years coming from enquirers with 12 different professional backgrounds, working in 25 countries. The information sought aimed to facilitate EASI use in clinical, quality improvement, public health, research, teaching, KT, and commercial ventures..

Conclusions: This activity, incorporating recognized elements of a KT undertaking, documents specific global interests in elder abuse detection. It suggests a model for researchers to guage interest in their findings and to promote exchange around them.

Introduction

Mistreatment of older adults is not only a social issue, but also a cause of their premature morbidity and mortality [1] and increased utilization of hospital emergency and in-patient services [2]. Awareness of its complex manifestations and implications has been fostered through activities collectively designated as Knowledge Translation (KT), "a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system" [3]. For elder abuse this occurs globally through work of the International Network for Prevention of Elder Abuse [4], the United Nations supported World Elder Abuse Awareness Day [5], and the World Health Organization [6]. At the national level it is seen in activities of government agencies such as the U.S. Centers for Disease Control and Prevention [7] and non-governmental organizations such as the Canadian Network for Prevention of Elder Abuse [8] and the National Committee for the Prevention of Elder Abuse in the U.S. [9]. Regionally, state, provincial, municipal and grass-roots organizations also play important roles in educating about elder abuse prevention, identification and management, and in mobilizing relevant stakeholders (e.g. the public, clinicians, legislators).

Despite such broad organizational involvement it is challenging to quantify the extent of specific interests in elder abuse at the ground level. One common approach quantifies journal articles on specific topics. In 2007, for example, Erlingsson's systematic review of research papers on any aspect of elder mistreatment in three major databases between 1981 and the end of 2005 found 398 publications (an average of 15.9

per year) [10]. In 2011 Daly et al published another systematic review of elder abuse research articles listed between 1975 and the end of 2008 using a larger number of data bases, and identified 590 papers (an average of 17.8 per year) [11]. In 2020 Burnes et al reported on a scoping review of research on outcomes in elder abuse interventions appearing from 1986 to 2019. 52 studies met broad inclusion criteria for this critical aspect of elder abuse work [12].

A common means by which the aforementioned individual papers will become known and perhaps undergo KT is the use of citation indices which identify and record the number of times a particular work is referred to in another publication [13]. This may have limits and therefore the objective of this paper was to explore, using a specific elder abuse detection tool as the subject of interest, whether other KT activities could be developed that not only promote exchange and information sharing, but also inform about the generic backgrounds of those interested, and for what purpose.

Method

In 2008 we published development and validation work on the Elder Abuse Suspicion Index (EASI) ©, a tool intended for use in ambulatory family practice to raise suspicion about the presence of elder mistreatment to a degree sufficient to justify referral to social or adult protective services for more in-depth assessment [14]. In 2014, in response to high volume email enquiry about the tool, we started directing queries about it to an EASI © website [15] that included information about the EASI ©, its adaptations (EASI-sa , for self-administration; EASI-ltc ©, for use in long-term care institutions; and EASI-leo, for law enforcement officers in the field), and a growing number of linguistic versions (currently 15: Chinese, English, Estonian, Finnish, French, German, Hebrew, Japanese, Italian, Latvian, Nepali, Portuguese, Romanian, Spanish, Turkish). Those wishing to make an enquiry about a specific way in which they hoped to use the EASI © were requested to complete and return by email a short English language questionnaire (Appendix 1) found on the website.

In order to facilitate individualized responses to the questionnaires, they asked for names of the enquirers, institutions worked for, and postal and email addresses. Questions (with Yes/No/ Not Applicable response options and space for elaboration) recorded enquirers' desired needs for the EASI ©: clinical site (community agency, office, clinic, hospital); context of care (for profit, public, government); research (career research, student degree requirement); academic (teaching, student course work, article writing for journal, book chapter); public presentations: (conference, community); accreditation requirement; need for language translation or specific word change; format of use (paper, electronic health record); and commercial (for profit). This structured approached facilitated responses by a designated team member usually within a maximum of seven days.

We hypothesized that a descriptive analysis of data from the questionanires would provide useful information about who was interested in KT around detection of elder abuse, and for what reasons. These data were therefore collated in anonymized aggregate form for the six year period of July 2014 to

June 2020. This paper addresses what was found in the subsequent analysis, as well as implications for Knowledge Translation in the field of Elder Abuse.

Results

138 questionnaires making enquiry about use of the EASI tool were received over the six year period. As listed alphabetically in Table 1, they came from at least 25 countries (for 5 enquiries the country was not legible or absent). The largest number of queries originated in the United States: a total of 71, from 28 /50 states (ranging from 1 to 8 queries per state). The next largest came from Canada: 16 in total, from 5 /10 provinces (ranging from 1 to 7 queries per province).

The occupational backgrounds of the enquirers are summarized in Table 2. A quarter were physicians from a broad spectrum of disciplines, while slightly less than an additional quarter came from nurses. The remainder, in descending order, came from social workers (17.2%), psychotherapists of varying backgrounds (11.8%), representatives of commercial ventures (10.2%), and a small percentage of other backgrounds.

As reported in Table 3, 136/138 enquirers listed one or more reasons for requesting use of the EASI (2 were not identifiable). 42.6% (58/136) collectively fell within our classification of "clinical" activities, compared to 30.9% (42/136) which were "academic" in nature. 18.4% (25/136) could be allocated to either of those two groups, and were assigned to a third category, "clinical or academic". The remaining 9.6 % (13/136) of correspondence was of a commercial nature coming from ventures with potential copy-right concerns.

Discussion

Systematic reviews have been described in this paper as objective evidence for the volume of published research in elder abuse. They may risk, however, identification of KT that is less structured or that occurs in earlier stages of work development or application. This paper has therefore examined that issue, using a specific KT project around an elder mistreatment detection tool, the Elder Abuse Suspicion Index (EASI) ©. The outcomes of that activity can be examined within a framework of recognized elements of KT, and provide a snapshot of interest in elder abuse, by whom, and for what purpose.

Synthesis
One element of Knowledge Translation is Synthesis, which includes the "...integration of research findings ....within a larger body of knowledge on the topic" [3]. Since the EASI© website was not constructed to record "hits", we do not have information on the total number of times the site was consulted. However a sub-sample of that total has been examined in this study, involving individuals from varied backgrounds and locations who corresponded to express intent to actively engage in a broad range of synthesis activities. Just under two thirds of them worked in the U.S. and Canada, possibly the reality of those countries larger populations compared to the majority of other countries from which correspondence

originated. It is noteworthy that from those two countries enquiries came from a broad geographical distribution, suggesting that synthesis was not limited to a particular region. This may reflect the influence of their diverse governmental and non-governmental organizations, or perhaps to particular attention paid within those jurisdictions to copy-right issues.

Dissemination

A second element of Knowledge Translation is Dissemination [3]. Table 3 suggests that just over 50% of the enquiries had potential clinical application, and this came from a large number of different clinical professionals. Noteworthy as well is that while the EASI was developed and validated for use by family physicians in the ambulatory setting, family doctors/general practitioners comprised only one of eight different types of physicians making enquiry, and in fact, 75% of all queries came from non-physicians. This may suggest that KT might have been occurring outside the original target population for the tool. The multidisciplinary nature of the enquirers would seem to further support such an observation. Paradoxically, social work, a discipline traditionally heavily implicated in elder abuse issues, accounted for only 17.2 % of total enquiries, perhaps the result of established detection strategies already in use by that profession.

Table 3 shows that from within the academic community there was a pre-occupation with dissemination; just under 50% of enquiries appeared motivated by plans for journal article and book chapter writing, as well as by the giving of community and conference presentations, teaching of students and engaging in research.

Interestingly, while the original EASI research publication and website appeared in English, as did the website and its questionnaire, 4/5 of the countries from which queries originated had a language other than English as their primary language. This might suggest that, at least for the sample studied, language was not a large obstacle to information sharing. We hypothesize, in fact, that the presence of our structured questionnaire may have facilitated enquiry from those who otherwise might have had difficulty corresponding in a language other than their own.

Exchange

Exchange, a third element of Knowledge Translation, is the "linkage and knowledge exchange between researchers and knowledge users" [3]. While not evident from the results we reported in this paper, the questionnaire content and format was likely a factor that facilitated a rapid, personal response to each enquiry. Also not evident is that this approach sometimes generated networking through invitations for the EASI team for conference presentations and research collaborations.

A specific example of linkage between researchers and knowledge users occurred with the creation of thirteen new linguistic versions of the EASI (beyond the English and French versions validated by our team), the requests for such translations initiated by individuals or teams world-wide. They sought varying degrees of collaboration that included us reviewing back- translations into English of the various new linguistic versions in order to ensure fidelity to the original English language the tool. The result was often stimulating email exchanges discussing word nuances in different countries. In a few cases we

were able to recall individuals who had common interest to translate into a particular language, and after email enquiry as to whether they might want to be linked up, such connections were facilitated by us.

Ethical application of knowledge
A fourth element of KT is the expectation to "use ethically – sound application of knowledge" [4]. While examples of this are not directly evident from results in this paper, the EASI© website does provide evidence for such an ethical approach: the authors of new linguistic versions of the tool were extended the opportunity to have their translations posted on the website, credited to their names and professional affiliations. In this way their interest in elder abuse might receive greater exposure, while communities other than their own might have access to their linguistic contributions.

Limitations

While the methodology used in this KT activity is likely applicable to other subjects, the descriptive results are not generalizable. They are derived from individuals who found the EASI website on their own (and hence the enquiry questionnaire), or who were directed to it following email correspondence to our team. This is acceptable however since the goal of this work was to describe development and implementation of an elder abuse KT activity. Outcomes of KT do not necessarily have to be generalizable; rather they are a reflection of a specific sample who engage in KT within a particular time frame.

Conclusions

Knowledge Translation is a common goal for both researchers and their funders; however it is complex to define, carry out, and demonstrate impact. This paper has shown, using a product of elder abuse research as an example, that it is possible to create practical activities that meet elements expected of a KT undertaking.

Abbreviations

KT: Knowledge Translation

CIHR: Canadian Institutes of Health Research

Declarations

Acknowledgements

Author contributions

MJY conceptualized and conducted the Knowledge Translation activity described in this manuscript. He collated and analyzed the data, and was the sole author on all versions of this paper.

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Availability of data and materials

All data generated or analyzed during this study has been included in this published article. However any enquiry about it may be requested from the corresponding author, at mark.yaffe@mcgill.ca.

Ethics approval and consent to participate

The REB of St. Mary's Hospital Center wrote (October 2, 2020) that review was waived,

based of Article 2.4 of the Government of Canada Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018) – Chapter 2: Scope and Approach (ethics.gc.ca) which states: REB review is not required for research that relies exclusively on secondary use of anonymous information, or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.

Consent for publication

Not required

Competing interest

The conceptualization of this paper, its content, and writing was the sole responsibility of the author. The author declares no apparent conflicts of interest in this work.

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Tables

Table 1   Provenance of enquiry

Australia
Bahrain
Belgium
Canada
China
Estonia
Greece
Hong Kong
India
Indonesia
Iran
Ireland
Jordan
Latvia
Mongolia
Nepal
New Zealand
Pakistan
Philippines
Portugal
Saudi Arabia
Spain
Sweden
Turkey
United States

Table 2 Background of enquirers

Enquirer Background	*Number	Percent
Physician (Internist, Family Physician / General Practitioner, Emergentologist, Geriatrician , General Surgeon, Orthopedic Surgeon; Public Health Officer)	32	25.0%
Nurse or Nurse Practitioner	29	22.7%
Social Worker	22	17.2%
Psychotherapist (psychologist, counsellor, behavior scientist)	15	11.8%
Commercial (electronic medical record / informatics company; Intellectual property; Book company; survey company)	13	10.2%
Researcher (sociologist, methodologist, public health officer, economist)	8	6.3%
Rehabilitation (physical therapist, occupational therapist)	3	2.3%
Legal / advocacy services	2	1.6%
Audiologist	1	0.8%
Para-Medic	1	0.8%
Long Term Care Organization	1	0.8%
Dentist	1	0.8%
Total	128	100%

* 10 missing values

Table 3 Projected EASI© uses

Planned EASI use	Number	%	Context of Use
Clinical practice	51	37.5%	Clinical
Academic Research project	27	19.9%	Academic
Language Translation of tool	13	9.6%	Clinical or Academic
University degree requirement (research or teaching project)	13	9.6%	Academic
Copy-right / Commercial: (electronic medical record / informatics companies; Intellectual property; Book company; survey company)	13	9.6%	Commercial
Article in journal or professional publication	6	4.4%	Clinical or Academic
Article in book chapter	6	4.4%	Clinical or Academic
Project of Public Health, Quality Improvement or Long-term care facility	5	3.7%	Clinical
Conference Presentation	2	1.5%	Academic
Advocacy / Legal activities	2	1.5%	Clinical
Total	136	100.0%	

 2 were not definable

Supplementary Files

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- Appendix.rtf