Original Article

How to implement what we know from health psychology into practice?

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Increasingly voices within scientific community have been heard trying to make sure that the scientific knowledge generated will be translated to everyday practice and used as researchers are more aware of responsibility to the participants of their research. Anyone who asks respondents of their research to devote time to complete a questionnaire, to share their experience or to be a part of an intervention should have a clear idea of what they will do with the data. It is unethical to request this type of participation for no good reason (Coulter, 2013).

However, even though we researchers are aware of this ethical responsibility and we want for our research findings to have a clear practical implementation, it is often the case that the road from awareness of evidence to widespread implementation takes a very long time to travel (Lewis, Martens & Barre, 2009). Scientific knowledge is not always applied systematically or expeditiously to everyday practice. It now takes even more than a decade for knowledge to be incorporated into practice, and even then application could be highly uneven (Richardson et al., 2001). It seems that in spite of huge efforts, people fail to benefit optimally from scientific advances. Grimshaw, Eccles, Lavis and colleagues (2012) in their article on knowledge translation of research findings state that despite the investments, the health care system has failed to bring cost-effective services to a portion of those who need them and that there is evidence that in the US health care system, for example, around 20%–30% of patients may receive care that is not needed or is potentially harmful.

Why is it so, and what we could to about it? What are the roadblocks that might be encountered on the way? How can our research practices and research outcomes contribute more to health and social policy changes? The first and foremost question that should be on our minds and if not addressed properly could create a major roadblock on the way to our successful knowledge translation is: Are we really asking the important questions that will help lead to changes that we want to see? At the same time, no matter how well we package and communicate our research findings, our research will not contribute to change if it is not relevant for solving problems. Closely connected to that is the issue of problem-focused versus solution-focused research. Most of the studies are focused on problems, their identification, description, determination of their magnitude. Far less attention is given to the solutions of problems. In addition to that it is also important to realise that application of research findings is only one kind of research impact. Creating awareness, changing attitudes is also critical and can take a long time.

To be able to come up with relevant and solution-focused findings, we need to be intentional in our research decisions. As with the research aim, we need to be aware of what is it that we want to study and why before we design our research. No matter how precisely we decide to pursue applicability and translation of our knowledge, it is important to have a vision early on about the kind of change we want to contribute to. Our personal vision should be articulated. The vision we share with our academic and non-

academic partners will keep us together during the inevitable challenging times. It is always good to start with two questions that cover two crucial aspects of your research. Firstly - How can our research practices contribute to change? It concerns people that are involved in our research, relationships we have with each other and the activities that are done as a part of our research. Think about how and with whom we pursue our research activities. Secondly – How can our research products contribute to change? It concerns our findings, evidence being produced, information and ideas generated as a part of our research. Think about how we communicate our research evidence and expertise.

Thinking about the relevance, about applicability of our research in terms of our research practices and our research products is only the beginning on the road to the approach of translation of knowledge into practice. More answers are to be found in the knowledge translation approach. I am aware that even those who already heard about the concept of knowledge translation might be confused by and lost in other similar terms like Knowledge Transfer, Knowledge Exchange, Knowledge to Action, Knowledge Mobilization, Research Utilization or Research Transfer. Graham, Logan, Harrison and colleagues (2006) identified 29 terms used to refer to some aspect of the concept of knowledge translation. A review by McKibbon, Lokker, Wilczynski and colleagues (2010) identified 100 terms describing knowledge translation related research.

I am using the term knowledge translation here as described in 2000 by Canadian Institutes of Health Research as "the synthesis and ethically-sound application of knowledge within a complex system of interactions among researchers and stakeholders in order to accelerate the benefits of research through improved health, more effective services, and a strengthened health care system" (Canadian Institutes of Health Research, 2022). The most crucial aspect of this definition is the interaction between the knowledge user and the researcher, resulting in mutual learning. According to the Canadian Foundation for Healthcare Improvement knowledge translation is happening through knowledge exchange defined as "collaborative problem-solving between researchers and decision-makers that happens through linkage and exchange. Effective knowledge exchange involves interaction between decision-makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making." (Canadian Institutes of Health Research, 2022).

Knowledge translation depends upon interaction and communication between researchers and research users. For this interaction to be successful, it is very helpful to be guided by four principles of knowledge translation: (1) Research Literacy, (2) Effective Communication, (3) Context and Policy Literacy and (4) Co-creating Knowledge. When it comes to the first principle – **Research literacy** – we should try and equip our audience to be able to receive, value and use our research. The second principle – **Effective communication** - is based on assumption that effective communicators is a two-way process. The better we listen to our audience, the better we'll be able to answer their needs and the more our messages will be believed, liked, and ultimately acted upon. No matter how well we package and communicate our research processes and findings, our research will not lead to impact if it is not relevant or usable. This is closely connected to the third principle – **Context and policy literacy**. Effective communication with our research users will help us to get informed about the specific **context** that matters and is relevant to us. Then we can be more intentional about our research and knowledge translation decisions. The fourth principle - **Co-creating Knowledge** - relies on, enhances, and incorporates the other three knowledge translation principles and go even further. This last step encourages us to collaborate

directly with research users to co-create research knowledge. This overcomes the know-do gap, and the researcher-user gap with potential benefits for the research process itself, for us as the researchers and last but not least for the communities of research users themselves.

Two types of knowledge translation have been recognized by Canadian Institutes of Health Research: (1) the "**End of grant knowledge translation models**" and (2) the "**Integrated knowledge translation models**". In the End of grant knowledge translation, the researcher develops and implements a plan for making knowledge users aware of the knowledge that was gained during a project. Therefore, End of grant knowledge translation includes the typical dissemination and communication activities undertaken by most researchers, such as knowledge translation to their peers through conference presentations and publications in peer-reviewed journals. End of grant knowledge translation can also involve more intensive dissemination activities that tailor the message and medium to a specific audience. In Integrated knowledge translation, stakeholders or potential research knowledge users are engaged in the entire research process. By doing integrated knowledge translation, researchers and research users work together to shape the research process by collaborating to determine the research questions, deciding on the methodology, being involved in data collection and tools development, interpreting the findings, and helping disseminate the research results. This approach, also known by such terms as collaborative research, participatory action-oriented research, and co-production of knowledge, should produce research findings that are more likely be relevant to and used by the end users (Canadian Institutes of Health Research, 2022).

The research method that meets the principles of knowledge translation and with which we have extensive experience in our research team is concept mapping. Concept mapping is an integrated mixed method design based on the qualitative data collection and quantitative data analysis, enabling a diverse group of participants to qualitatively articulate their ideas as an answer for the focal research question raised by researchers and represent them in a variety of quantitatively derived results by developing a conceptual framework with a visual display of the clustering (Kane & Trochim, 2007). This method allowed us to apply a participatory approach, with participants' involvement and the empowerment, and to visualize the results in a way accessible and understandable for various groups of research users. This method could be used for different research topics and until now our research team used concept mapping (1) to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ (Bosakova et al., 2019), (2) to examine what needs to be done to improve the system of care for adolescents with emotional and behavioural problems and to assess the urgency and feasibility of the proposed measures from the perspective of the care providers, (3) to explore the perceptions of various stakeholders and experts who may have an impact on the inclusion of Roma and/or their access to health care on how to improve health care access for Roma living in social exclusion in the Czech Republic (Svobodova et al., 2021), and (4) to assess which measures could improve the healthy early childhood development of children from marginalized Roma communities and to identify priority measures (Chovan et al., 2022).

Even though it might look as a straightforward process I can assure you, it is not. In order to achieve the moment where our work is in line with knowledge translation principles is very demanding on capacity, time and communication. It is therefore very important to appreciate that the work you are doing is difficult – and important!

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