

L.S. JANSEN, C. MCWILLIAM, D. FORBES, C. FORCHUK. **Knowledge translation for in-home continence promotion techniques.** *Gerontechnology* 2012;11(2):410; doi:10.4017/gt.2012.11.02.643.00 **Purpose**

The purpose of this investigation was to enhance understanding of the process of in-home urinary incontinence (UI) knowledge translation (KT) between and amongst family caregivers, homecare recipients, and paid homecare providers. Such knowledge might inform and support in-home interdisciplinary practice and family caregiving information and techniques required for UI-management including technological interventions for UI. Urinary incontinence is a principal reason for the breakdown of family-care and care recipient admission to long-term care¹. Although UI can be managed conservatively within the home², limited investigation has addressed the process of KT for continence promotion. **Method** Using grounded theory methods³, in-depth interview data were collected from 23 family caregiver, homecare recipient, and homecare provider participants including registered nurses, therapists, social workers, and personal care workers within a Saskatchewan, Canada rural homecare setting. Constant comparative methods⁴ were used to create the substantive theory of translating knowledge through relating. **Results & Discussion** The core process and sub-processes of this theory, including easing into working relationships, developing comfort, and facilitating knowledge exchange suggested the importance of bi-directional relational practice within in-home social interaction KT. Relational interactions, interlinked with experiential and 'how to' knowledge created and translated evidence for UI-management techniques and the use of assistive aids. These findings contrast with traditional professional didactic transfer of care information. Ultimately, practical application of this work holds the potential to inform KT-approaches for the use of technological interventions for continence promotion. Insights gained may promote homecare providers' and clients' involvement in family-centred chronic care management, strategies for promoting the health of homecare clients as a resource for everyday living with UI, and minimize adverse UI-related outcomes.

References

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