Partnership in research: A vehicle for reaching higher summits

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Abstract

Background. Partnerships in occupational therapy between practitioners and researchers are important to advance knowledge relevant to clinical practice and support evidence-based practice in the profession. Purpose. This Muriel Driver lecture discusses why we should support practitioners’ engagement in research and examines essential conditions required for successful collaborative partnerships in research. Key Issues. Collaborative partnerships can alleviate the challenges preventing practitioners from participating in research and ensure that research initiatives are more relevant to clinical practice. Key factors for building and sustaining meaningful partnerships include the presence of favourable pre-partnership conditions related to the context and the use of guiding principles focusing on vision, values, trust, communication, power sharing, and interactions. Implications. Several of the factors found to foster a good collaborative partnership are consistent with our core competency roles and reflect our professional values. Being mindful of these factors when initiating research collaborations would increase the likelihood of success.

Preparing for the 2016 Muriel Driver Memorial Lecture allowed me to reflect back on my journey in the profession. A turning point, which influenced the trajectory of my career, was the collaborations that I had with occupational therapy researchers while working as a practitioner in driving rehabilitation. These encounters allowed me to broaden my perspectives and practice, opening up new possibilities. My professional role has changed since then, and as an educator and a researcher, I have continued to be involved in many collaborations with occupational therapists in the clinical milieu that have led to changes in practices. I must say that these collaborations, especially when they are initiated by practitioners, have been the most stimulating and enjoyable experiences for me.

I believe that these partnerships in occupational therapy between practitioners and researchers are important to advance knowledge relevant to clinical practice and support evidence-based practice in the profession. These collaborations can allow occupational therapists to reach higher summits. Generating knowledge that is based on the needs of the community...
and includes the voices of different stakeholders places us in a better position to be able to influence policy decisions and to situate us as leaders in Canada and worldwide.

Partnerships in occupational therapy research are therefore the focus of this lecture. First, I will discuss why occupational therapy researchers should support practitioners’ engagement in research and highlight some of the challenges involved in research. I will then review the essential conditions and principles required for successful collaborative partnerships in occupational therapy research and illustrate these elements with examples from the field of driving rehabilitation. I will also address some of the benefits of working collaboratively in research and show how occupational therapists have contributed through these collaborations to the development of knowledge and practice in driving rehabilitation.

**Support for Enabling Engagement in Research for Practitioners**

I believe that this topic is very timely as there is an increasing emphasis in our profession on the use of evidence-based practice and the role of the scholarly practitioner. The competency role of the scholarly practitioner is essential for our profession and pertains to all aspects of practice (Townsend, Beagan, et al., 2013). As described in the Profile of Practice of Occupational Therapists in Canada 2012, scholarly practitioners “incorporate critique, reflection, and quality improvement in their everyday practice and through lifelong learning” (Canadian Association of Occupational Therapists, 2012, p. 3). Continually reflecting and questioning the available evidence and the way occupational therapists practise are central to a scholarly practice and critical for enhancing our profession and positioning us as agents of change in the different contexts of practice. Scholarly practitioner is identified in Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation as “one of the roles that is a foundation for all enablement skills” (Townsend, Beagan, et al., 2013, p. 115). This role may take different forms depending on the practice context and may involve researching and critically appraising different types of evidence to support clinical decision making and client-centred services, analyzing information collected as part of clinical practice to answer a clinical question, assisting with the translation of new knowledge for uptake into practice, and contributing to the generation of new knowledge through research activities.

Despite the efforts of associations, professional bodies, and scholars in occupational therapy to enhance evidence-based practice and involvement in scholarly practice, engaging in scholarly activities remains difficult for many practitioners. Practitioners are often faced with limited time and resources to devote to these activities. It has been suggested by several prominent scholars in occupational therapy that one way for practitioners to become involved in scholarly practice is to collaborate in research projects with researchers (Eriksson, Tham, & Guidetti, 2013; Townsend, Egan, Law, Manojlovich, & Head, 2013). This collaborative partnership has been proposed to address the barriers that prevent practitioners from engaging in scholarly activity and can have several advantages for all practitioners in occupational therapy, clients, and other stakeholders (Stern, 2005).

One of the proposed advantages of collaborating in research is that practitioners can learn new skills that will enable them to be more competent in critically appraising the findings from the literature and in applying those findings to practice for a more evidence-based practice (Eriksson et al., 2013; Finlayson, 2007; Larsen, Stokholm, Madsen, & Borg, 2013). Another compelling argument for establishing collaborative partnerships between practitioners and researchers is that for research findings to be integrated and utilized in clinical practice, they must be viewed as relevant and meaningful for practitioners and their clients (Eriksson et al, 2013; Layton, 2014). Occupational therapy researchers have been conducting research for many years, but the findings are often difficult to implement in clinical practice. Several occupational therapists have argued that combining the expertise and knowledge from researchers and practitioners may result in more relevant research questions and findings for clinical practice, helping to close the gap often found between theory and practice (Crist, Muñoz, Witchger Hansen, Benson, & Provident, 2005; Hammell et al., 2012; Wilding, Curtin, & Whiteford, 2012).

The concept of scholarship of practice, elaborated by Kielhofner and his colleagues more than a decade ago, was based on the assumption that knowledge users must collaborate with scholars in the development of new knowledge (Hammel, Finlayson, Kielhofner, Helfrich, & Peterson, 2002; Kielhofner, 2005a). These partnerships can enhance the validity and “credibility” of occupational therapy research by focusing on issues and questions stemming from practice (Hammell et al., 2002; Kielhofner, 2005b).

Unfortunately, practitioners’ participation in research activities is still limited, although support from the profession is increasing and research training is being provided in professional-level educational programs (Cusick, 2001). Many practitioners feel intimidated about participating in research due to their perceived lack of knowledge and skills (DePoy & Gallagher, 1990; Eriksson et al., 2013; Stern, 2005). While some practitioners do not recognize the clinical relevance of research, others may value spending their time involved in both practice and research activities but are experiencing challenges in maintaining an occupational balance. They might feel out of control if research is not valued or if they are not able to commit enough time to perform the activity to what they perceive as a satisfactory level (Cusick, 2001; DePoy & Gallagher, 1990; Eriksson et al., 2013; Stern, 2005).

While some of the challenges to research involvement are situated predominately at the level of the practitioner, others are found at the level of the environment (institutional) or the research activity. At the environmental level, several administrative and structural barriers can have a negative impact on the practitioner involvement in research, including lack of support for participation in research activities from the clinical organizations because...
of the priority given to the delivery of clinical services and the expectations for productivity (Eriksson et al., 2013; Hammell et al., 2012). Organizations that are faced with financial constraints and fewer resources will be less likely to dedicate resources to research activities. Access to researchers may be limited due to geographical distances. In addition, the different mandates and expectations of the practitioners’ and researchers’ institutions may create barriers to a collaborative relationship (Hammell et al., 2012). The nature of the project that interests the practitioner may also create various challenges depending on the complexity of the question. It may be difficult to find individuals with the required expertise as well as the necessary financial resources to support the project and to conduct rigorous research. Involvement in research is often time-consuming and occurs over a long time period. Thus, results may not be obtained right away for use in clinical practice (Hammell et al., 2012).

Collaborative partnerships in occupational therapy research are being suggested as solutions to alleviate the challenges preventing practitioners from participating in research activities and to facilitate research initiatives that are conducted from the point of view of the practitioners. But how can we better foster this partnership?

### Defining the Essential Components of Collaborative Partnerships in Research

Literature from within and outside of the profession points to factors that should be considered for effective collaborative partnerships in research. Mattessich, Murray-Close, and Monsey (2001) defined collaboration as

a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards. (p. 4)

After an extensive review of available evidence, they identified 20 key factors that can be grouped into six categories: (a) the environment and social context, (b) the characteristics of the partners (individuals and organizations), (c) the process and structure for the management of the collaboration and making decisions, (d) the channels of communication, (e) the purpose for the collaboration, and (f) the resources needed and available to sustain the collaboration.

Townsend, Beagan, and colleagues (2013) identified collaboration as an important skill and role for scholarly practice. “Power sharing” or “working with” is viewed as an important factor to a successful collaboration. They suggest that to collaborate is

to work together, especially in a joint intellectual effort or toward a common end. . . . The power-sharing in collaboration is characterized by the sharing of talents and abilities in mutual respect, genuine interest, and acknowledgement of others. Collaboration is based on empathy, altruism, trust, and creative communications. In collaborative interactions, the results are greater than the sum of individual efforts. (p. 119–120)

Foss, Bonaiuto, Johnson, and Moreland (2003), in a model adapted from the work of Polvika (1995), identified pre-partnership conditions and nine guiding principles necessary for the development and sustainability of partnerships. The pre-partnership conditions focus on environmental factors at the social, political, and economic levels; factors related to the partnering institutions; and the characteristics of the task that will be realized by the partners. The guiding principles are related to having vision, values, and common goals; demonstrating mutual respect and trust; building on strengths; sharing equal powers; using clear and open communication; co-developing roles and norms; interacting to improve the partnership; sharing successes; and finally, recognizing that a partnership evolves over time.

Scholars in occupational therapy have looked at collaborative practices in occupational therapy research. Two conceptual frameworks have been proposed to explain and provide an understanding of the collaborative process between practitioners and researchers. DePoy and Gallagher (1990) developed the Colleague Model of Collaborative Investigation, which describes the collaborative process in seven stages: (a) identification of a shared research interest, (b) taking time to understand each of the partners’ expectations and skills to determine roles, (c) jointly planning the research, (d) negotiating the responsibilities of each of the collaborators, (e) implementing the project, (f) completing it with the analysis of the findings and its dissemination, and (g) evaluating the strengths and limitations of the project and planning for future collaborations.

Suarez-Balcazar and colleagues (2005) recognized the value of partnerships between practitioners and researchers to tackle multifaceted practice issues. The authors presented the Framework of University-Community Partnership for Scholarship and Practice, which has seven principles, some of which are similar to those proposed by Foss and colleagues (2003). Their framework also provides principles focusing on developing reciprocal learning opportunities, using a multimethods approach to scholarship and practice, and respecting diversity and building cultural competence. Suarez-Balcazar and colleagues also stressed the importance of taking time to understand the partners and their environment in the initial phases of the partnership. They indicate that the partnership should result in an outcome that has tangible benefits for the partners.

Although the conceptualization of partnership in the literature is somewhat different depending on the authors and their perspectives, similar factors emerge as important for building and sustaining a successful and meaningful research partnership between practitioners and researchers to produce research findings that are relevant for practitioners and other stakeholders. Key factors that should be considered in collaborative partnerships in occupational therapy research, based on the work cited in the literature and from my own experience, are presented in Figure 1. As examples, I will use two experiences of mine from recent collaborative partnerships with practitioners in driving. These examples will focus on different
aspects of the research partnership and highlight some of the successes and challenges that were encountered.

The first example is a research collaboration that took place in a rehabilitation hospital that was affiliated with my university and had an important research department where I had my research office. Two occupational therapists from different departments were partnering with me on this project. One of the practitioners was working with clients with traumatic brain injury, while the other was working in the driving evaluation program. The practitioner working on the traumatic brain injury team initiated the project. As driving a motorized vehicle was a very meaningful occupation for his clients, he was wondering if it would be possible to provide training to some of his clients who had cognitive problems using an approach based on behind-the-wheel training and direct feedback using video technology.

The second example is a research collaboration involving two rehabilitation centres (Centres A & B) located in very different geographical areas in the province of Quebec. Centre A was affiliated with my university and had a research department where I was involved in several research projects with the driving evaluation and adaptation program. The team in the driving program was very dynamic and proactive in developing evidence-based interventions to meet the needs of their clientele. They were very involved in research activities, which were supported by the program coordinator and the centre’s administrators. An occupational therapist from this centre and two administrators, who were also occupational therapists, participated in this collaboration. The other rehabilitation centre, Centre B, did not have a research department and had not been involved to the same extent in research activities as Centre A. The practitioners from the driving rehabilitation program were very innovative and developed an occupation-based approach to train their clients on the road. The occupational therapists were very interested in and enthusiastic about participating in a project related to this approach. The collaboration was initiated by the occupational therapist from Centre A, who was interested in using the approach with her clients and who wanted to evaluate the feasibility of using it before its implementation in her program. The project involved a pilot study to evaluate the feasibility and impact of the approach.

**Pre-Partnership Conditions**

The first phase of a successful collaboration in research occurs before initiating the partnership and involves evaluating if certain conditions are in place to foster or support the partnership. This phase is frequently overlooked. Often, practitioners and researchers identify a clinically relevant project and will begin a partnership without having considered this critical phase. If these pre-partnership conditions related to the societal and situational contexts are not present, they could compromise the success of the partnership. The broader political, economic, and social factors of the societal context must provide a favourable climate and motivation for the collaborative efforts. At the level of the situational context, the environmental and personal factors of the partnering organizations and the characteristics of the research project must also be considered as they contribute to the likelihood of developing the collaboration. Examples of these preexisting environmental factors are having similar missions and goals, a culture of research, or a history of collaboration; financial and human resources that can contribute to the development and maintenance of the partnership; leadership that believes in the project; and shared concerns in relation to the problem addressed.
in the project. Personal factors, such as knowledge and skills, attitudes and opinions, or self-confidence of the individuals involved in the partnership, should be considered. Representation of individuals with various expertise is necessary to accomplish the research project. Finally, the characteristics of the proposed research project in terms of its scope and complexity (manpower, time) will influence the nature and viability of the collaboration as well as the perceived predictability of the project outcomes (Foss et al., 2003; Mattessich et al., 2001).

Lessons learned from the collaborative partnership experiences. For both examples, the research projects aimed to evaluate new driving training approaches. The societal context with regard to health care and social services in the province of Quebec was starting to shift from an emphasis on providing purely services in evaluation of fitness to drive to more openness toward delivering rehabilitation services and offering interventions to retrain driving skills. Without this shift, my clinical partners would probably not have been allowed to take time from their busy schedules to collaborate on these research projects, which were not directly in line with the mandates and funding given to these centres from the Ministry of Health with regard to driving. This condition held positive implications for our projects.

The situational context was, however, very different in both examples. The first example involved only one institution, which was supporting an important research centre as well as the involvement in research of their practitioners through “Clinician Salary Awards.” Therefore, an infrastructure already existed that could provide human resources, such as secretarial or statistical assistance, as well as space and equipment to conduct the research for both practitioners and researchers. I had been a member of the research department in this facility for many years, during which time I developed a good understanding of the mission of the institution and its culture as well as a good relationship with the different departments. I had a history of collaboration on master’s student projects with the practitioner who initiated the project, which facilitated the partnership. Both practitioners working with me on the project had several years of clinical experience in their field and were not intimidated by the research process, even though they recognized that they did not have strong skills in that area. This positive rapport between us was probably not shared by the administration. As a result, the research project was put on hold before it began.

The complex nature of the research projects in both examples created barriers and contributed to the difficulties experienced in initiating the partnerships, especially for the second example. Several resources were required to conduct the project, which included hiring a driving instructor, gaining access to training vehicles, and the significant time commitment from several occupational therapists. Uncertainties also existed about the outcome of the projects.

These pre-partnership conditions proved to have an important impact on and to be essential for the success of the research collaborations. Even if both the practitioners and researchers are very motivated and want to participate in the collaboration, as in the examples provided, the collaboration may be difficult or even fail if these preconditions are not considered. Therefore, it is worthwhile to take the time to assess the situation to determine whether these conditions are met and, if not, to evaluate if they can be developed before initiating the collaboration. Having more than one institution involved in the partnership also increases the complexity of the situation. For example, in the second example, although the practitioners and I should have assessed whether the context was favourable for a partnership beforehand, the first failed attempt allowed us to initiate exchanges and discussions about the research project, our mutual needs, resources, and concerns. This experience was instrumental in creating an environment that allowed us to eventually renew the partnership and undertake the research project. It forced the research team to reenvision our project from what we wished to do initially to what we could afford to do.

Developing and Supporting the Partnership

The process of developing and supporting a partnership takes time and commitment (Suarez-Balcazar et al., 2005). It requires ongoing interactions between all of the involved partners and is guided by key principles.

Key principles. 

There needs to be a shared vision and values, and the partners need to have common practice-relevant goals and outcomes. The purpose needs to be clear, attainable, and realistic to all partners. The collaboration should be seen by all partners as being in their self-interest and should address mutual needs (Mattessich et al., 2001). They should be able to see that the benefits and costs for them and their practice are going to be worthwhile (Crist et al., 2005; Cusick, 2001).

The relationship between partners should be based on mutual respect, trust, and commitment. Taking a nonjudgmental attitude helps to alleviate preconceived ideas about the other and allows one to recognize the strengths and valued contributions of everyone (Kielhofner, 2005a, 2005b; Leclair et al., 2013). Mutual respect also means respecting and “embracing” diversity, which can bring richness to the team. It is important to
take time to reflect on and speak about each other’s values and ideas that may be different from one’s own (Suarez-Balcazar et al., 2005).

Central to the partnership is the establishment of clear and open communication. At the beginning of the research, it is important to discuss and agree on the modes and frequency of communication that will be utilized throughout the project based on the preferences and possibilities of each partner. Planning for regular meetings and mechanisms to discuss issues as they arise is very useful and allows problems to be resolved quickly. Transparency of communication is important and maintains trust (Mattessich et al., 2001; Suarez-Balcazar et al., 2005).

Power should be balanced among partners. Several authors have discussed the importance of power sharing for the occurrence of a true partnership. Power sharing fosters engagement as all of the partners feel that they have a valued voice and an important part in the decision-making process without having one member dominating the process (Hammell et al., 2012; Leclair et al., 2013). The joint development of agreed-upon roles, norms, and distribution of responsibilities early on in the collaboration, and preferably before the start of the project, is essential for a successful partnership (Cockburn & Trentham, 2002; Stern, 2005). Balanced power sharing entails recognizing and valuing each other’s expertise in specific areas and building on each other’s strengths and assets. Being able to be reflexive about our roles and contributions to the partnership over time is critical. Roles may change throughout the process and need to be discussed and negotiated openly. It is also important to acknowledge that members can learn from each other. These collaborations represent unique opportunities for exchange as each member has specific knowledge and skills that can benefit others. Oftentimes, the practitioner will have greater experiential knowledge, while the researcher will have more academic knowledge, and these complement each other well (Suarez-Balcazar et al., 2005). Power balance also means sharing accountability for both the process and the outcome of the project. Partners are sharing responsibilities for difficulties and conflict resolution as well as for successes (Mattessich et al., 2001; Suarez-Balcazar et al., 2005).

Constant interactions with one another are important to sustain and improve the partnership. Mattessich and collaborators (2001) recommend involving representatives from every level (administrators and practitioners) within the partnering organizations in these interactions from the onset of the partnership. The co-construction of the project, from determining the questions and design to the management, implementation, and dissemination of the findings, contributes to developing a sense of ownership of the project for all (Layton, 2014). Throughout the project, it is essential for the partners, in their interactions, to be able to compromise and adapt to situations and be willing to be flexible and modify their ways to function for the benefit of the partnership (Mattessich et al., 2001). The collaboration is a dynamic process that evolves over time. The pace at which the partnership develops may differ from one group to another depending on the individuals involved, the milieu’s rules, and support (Cusick, 2001). Some settings will approve of the use of time for research and be more flexible. Therefore, time must be structured to take into consideration the different workload demands for all partners above and beyond the research project. It is also important to include protected time for reflection and writing (Lorenzo & Joubert, 2011).

Lessons learned from the collaborative partnership experiences. I have learned throughout my different collaborations in research with clinical partners that having a shared vision and values and common goals and outcomes are important at all levels of the partnering organizations. Having a shared vision was particularly relevant in Example 2. The project was based on clinical needs and therefore was meeting the common practice goals of all of the practitioners involved from the participating institutions and myself. For example, we all believed that our role in driving rehabilitation should not be limited to assessing only fitness to drive but also should provide intervention to enable mobility in the community through driving or, if this was not possible, through other alternate modes of transportation. We had common goals and shared our research agenda for this project. The occupational therapist from Centre B who had developed the driving retraining approach was very enthusiastic and had high personal interests in the project and resulting outcomes. However, the managers in his institution were not as enthusiastic, which was the most important barrier to the success of this collaboration.

In both examples, trust and mutual respect among the practitioners on the project and myself were built over time from working together on different projects and committees. We took the time to get to know each other, to exchange opinions about different issues in driving rehabilitation, and to clarify our shared values. Even if some of the practitioners in these partnerships felt intimidated by the research process, they were comfortable in eliciting information and feedback on research issues because of the mutual trust established between us. I felt the same about more specific practice-related questions. Our differences of opinion were not viewed as negative but rather as an opportunity to deepen our understanding of the topic and the data, which contributed to the success of the project. In the second example, the first attempt at creating a research partnership—although unsuccessful—allowed both institutions to learn about and recognize each other’s areas of strength, which helped when we reinitiated the partnership.

For both examples, the preferred modes and transparency of communications were discussed at the beginning of the research partnership and were determined based on the time preferences of each partner. In Example 1, the proximity and easy access to each partner were facilitators and allowed in-person meetings. If there was a more urgent matter to discuss, it was easy to set time to meet over lunch. However, in Example 2, the distance proved to be a challenge for communication, and we had to develop other ways to communicate. Many exchanges were done through e-mails, but we planned periodic meetings throughout the project to ensure that the research was
progressing as planned, to discuss and solve any arising issues, and to plan for upcoming phases of the research. Videoconferencing, teleconferencing systems, and Skype proved to be very useful in our communications with the whole team. When one-on-one exchanges were necessary, picking up the phone or using Skype was very effective.

Our collaborative partnerships have changed significantly over the years from a period when practitioners’ contributions were limited to the recruitment of participants in research projects that were initiated and designed by researchers. These projects were not always as relevant clinically. Fortunately, this is changing with more incentives to have research projects that are shared by practitioners and researchers and where clinical priorities are driving the research agenda. For both examples, the idea for the project came from the practitioners. Both projects were developed jointly by practitioners and a researcher. In Example 2, some administrators were also involved from the onset of the project. Their knowledge of the culture of the organization and the different pressures of the milieu ensured that the right strategies were put into place to be able to conduct the project. In both cases, roles and responsibilities were also determined jointly at the beginning of the projects, and decisions were shared throughout the projects. Each member had complementary expertise. For instance, in Example 1, one of the practitioners was an expert in driving rehabilitation, while the other knew the clientele targeted by the project very well and had experience in using reflexive feedback, which was utilized in the intervention under study. He was also very comfortable in using technology, which was an important part of the approach that was tested. I was able to contribute expertise with reviewing the literature, research methods, and the ethical review process. While the practitioners had access to material and resources to implement the approach, I had access to library and data analysis resources. All partners were involved in the written and oral communications about the research and the dissemination of the findings. All members presented on different occasions to a variety of audiences. Decisions related to who would present were shared by the partners and based on who would be the most credible person to present depending on the group targeted.

Both projects were coproduced from the outset and were designed to respond to clinical needs expressed by the practitioners. Those needs were the main drivers of the projects. We used a variety of methodological approaches, both quantitative and qualitative, as they were relevant to the project and made use of the skills of the practitioners, for example, in interviewing. We had to adjust our methods and process to ensure that the research was appropriate to the different clinical partners involved and to respect their constraints. Having constant periodic interactions between all of the partners allowed us to discuss issues and adapt accordingly. For instance, in Example 2, there were exchanges at the beginning of the project in relation to each institution’s role and what it could invest realistically in terms of time and human resources in the project. Throughout, each partner remained very sensitive to the constraints of the others and was willing to adapt and be flexible to ensure that everyone could make a valuable contribution. It was mutually agreed, for Example 2, that Centre A would take a leading position, because it had greater expertise in research and was able to commit more resources and time, while Centre B would contribute its clinical expertise, with less time commitment. However, it was also agreed that both centres would be informed continuously throughout the project and would be involved in the decision-making process at each stage. Having funding for both projects ensured that the practitioners could take time from their busy schedules to consult the literature, reflect, and write.

Meaningful and Tangible Outcomes

The outcomes of the partnership need to be meaningful and tangible for the community partners. Focusing on a project identified as important by practitioners, and involving them in every step of the research, almost guarantees that the outcome will be relevant to clinical needs. It is important to note that some research done in the clinic in partnerships, because of constraints of the milieu, may be more limited in scope and may not always be at the highest level of evidence, but if it “transfers through to real life,” it has value and may serve to identify or reframe the problems (Layton, 2014, p. 54).

Lessons learned from the collaborative partnership experiences. The project from Example 2 is ongoing. For Example 1, two types of outcomes were obtained. The first one is that the practitioners and the administrators saw value in integrating the training approach into the different programs in the organization. The two practitioners developed training materials and trained practitioners from the organization. They also presented their approach to practitioners from other organizations and wrote a practice paper targeting practitioners that was published in OT Now. The other positive outcome of the project was that it demystified research for the practitioners. They gained self-confidence and were empowered to propose other research projects to support or develop their practice.

The Benefits of Collaborative Research in Occupational Therapy

As more examples of partnership in research are found in the occupational therapy literature, the benefits of a collaborative approach are now being discussed more frequently. Benefits can be found at different levels:

For practitioners, engagement in research may foster feelings of competence and self-confidence. It can be empowering as it promotes the learning of new skills as well as more critical thinking about clinical practice (Wilding et al., 2012). Practitioners may derive satisfaction by contributing to the development of the knowledge base in occupational therapy and to the
The Contribution of Collaborative Research in Occupational Therapy to Knowledge and Practice in Driving Rehabilitation

As with many areas of practice, collaborative research led by occupational therapists is making significant contributions to advancing knowledge in the field of driving rehabilitation and to transforming clinical practice. Changes in the focus of practice from an emphasis primarily on assessment of fitness to drive to a wider scope of interventions to support return to driving and enabling engagement in meaningful activities have influenced the research agenda in this area of practice. Research in the field of driving has grown considerably over the years. Earlier research came mostly from the field of psychology and focused primarily on investigating predictors of crashes and identifying screening or assessment tools for at-risk drivers. Another area of research that has received attention over the years is with regard to driving cessation, its predictors, and the consequences of driving cessation on health and well-being (Choi, Adams, & Mezuk, 2012).

I believe that increasing collaborative research conducted by occupational therapists in this area has contributed to widening the scope and nature of the investigations conducted. Using an occupational perspective, occupational therapists have helped shift the focus of research from a more medical perspective looking mainly at impairments to one considering performance issues as well as other factors that may limit or facilitate participation in driving, such as the environment. Conducting research focusing on the occupation of driving is more likely to identify real-life issues of the clients. Indeed, occupational therapists are uniquely competent to understand the interactions between the person, such as the driver and/or family or friends; the environment, including the vehicle, the road, and other road users; and the occupation of driving. The focus on enablement has also influenced the research conducted, which aims to best facilitate performance and participation in driving. The integration of an occupational perspective in driving research has led to collaborative projects focusing more specifically on developing tools that can more accurately evaluate and identify issues occurring during real-life driving performance with behind-the-wheel measures or simulators, or in making adequate recommendations for driving aids or vehicle features that can optimize driving performance. Increased interest in occupational therapy research is developing in relation to functional training approaches on the road or in simulators that are targeting skill acquisition, adaptation, and accommodation. Because of our client-centred approach where each client is viewed as unique with occupational performance needs that are varied depending on the context, the collaborative research in driving focuses on diverse client populations, such as new drivers or clients with different medical conditions who have specific occupational challenges. Recent research collaborations have also targeted the general population, using a health promotion perspective, with the development of programs or tools to increase awareness about changes in driving skills and behaviours over time and to provide resources or activities to support safe driving for as long as possible. Research initiatives in this field are also addressing mobility issues more broadly, especially when driving is no longer possible, to enable clients’ engagement in activities that are meaningful to them and to ensure that they and their family can be supported through this transition from driver to nondriver. The clinical research conducted by occupational therapists in driving rehabilitation is also looking into the clinical and ethical decision-making processes that guide practice as well as different practice issues. These represent only a few examples of the very rich collaborations that exist in this specialized area of practice.

The important contributions of occupational therapists are becoming more recognized in this area, and practitioners and researchers are now being invited to join important multidisciplinary research teams or being asked to consult for governments and agencies. Generating evidence to support our practice and empowering practitioners through partnership in research may help practitioners who want to take on more leadership roles and advocate for changes in this field of practice with institutions and governing agencies to change policies and practices for the benefit of our clients.

Conclusion

Collaborative partnerships in occupational therapy research can facilitate practitioners’ engagement in research activities and ensure that research initiatives are conducted from the point of view of the practitioners and thus are more relevant to clinical practice. Many of the factors that I have discussed...
and that have been found to foster a good collaborative partnership between practitioners and researchers should not be foreign to occupational therapists. They are consistent with our core competency roles of collaborator and communicator and reflect our professional values, such as power sharing, trust, respect of differences, and allowing change to occur, identified as pillars to the enablement of client engagement in valued occupation (Townsend, Beagan, et al., 2013). However, even though they are a part of our professional practice, we do not always think about these pillars when entering into a research partnership. I believe that being mindful of the key factors discussed in this lecture when initiating a research collaboration would increase the likelihood of success.

Occupational therapists have the skills to engage successfully in research collaborations. There can be different levels of commitment with engagement in research, whether it is irregular or consistent. Practitioners can and should be encouraged to collaborate in research wherever they are in their professional career.

It is imperative that sensitization to the importance of engaging in research activities in clinical practice be initiated early on with our students. The inclusion of research courses in the curriculum of our entry-level programs of the profession fosters the teaching of basic knowledge and allows students to actively engage in a research collaboration with faculty and practitioners. This experience can be beneficial in developing these competencies and may motivate students to participate in research projects in their future clinical practice.

My lecture focused on the practitioner–researcher partnership. This partnership is only one part of the puzzle, and other important partners should also be included to truly develop research in occupational therapy that is relevant to our practice and client centred. Notably, our clients are important partners to ensure that our research is aligned with their priorities. Several occupational therapists, such as Hammell and collaborators (2012) and Layton (2014), have discussed the necessity of doing client-centred research in occupational therapy and have proposed ways to facilitate this endeavour. It is also crucial to include other stakeholders, such as managers and decision makers, as partners in our projects who can bring different perspectives to the collaboration and can facilitate moving the knowledge generated to the level of funders and legislators to influence policies.

Although challenging at times, a true partnership in research in occupational therapy, that allows both practitioners and researchers to jointly generate new knowledge through a process of reflexion and action and where experiential knowledge is valued, can broaden our horizons and allow significant meaningful contributions to the profession and ultimately benefit our clients.

**Key Messages**

- Collaborative partnerships in occupational therapy research can facilitate practitioners’ participation in research activities and ensure that research initiatives are conducted from the point of view of the practitioners and thus are more relevant to clinical practice.
- Many of the factors found to foster a good collaborative partnership between practitioners and researchers are consistent with our core competency roles and reflect our professional values.
- Being mindful of these factors when initiating a research collaboration would increase the likelihood of success.

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**Supplemental Material**

A video of this lecture can be viewed at [https://www.youtube.com/watch?v=Kriqp3hdRFU](https://www.youtube.com/watch?v=Kriqp3hdRFU) and [https://www.youtube.com/watch?v=101hVey4xTA](https://www.youtube.com/watch?v=101hVey4xTA). The full French translation of this paper is available at [http://www.cjotree.com/content/83/4/E1](http://www.cjotree.com/content/83/4/E1).

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Le partenariat en recherche : un véhicule pour atteindre les plus hauts sommets

Isabelle Gélinas

Les partenariats en ergothérapie entre les praticiens et les chercheurs sont importants pour produire des connaissances pertinentes pour la pratique clinique et pour favoriser la pratique fondée sur les données probantes au sein de la profession. Dans ce discours Muriel Driver, l’auteure discute des raisons pour lesquelles nous devons favoriser la participation des praticiens à la recherche et elle examine les conditions essentielles à la réussite des partenariats de recherche en collaboration.

Établir et soutenir le partenariat : Principes clés
Le processus visant à élaborer et soutenir un partenariat exige du temps et un engagement (Suarez-Balcazar et al., 2005) et il est orienté par des principes clés :

- Une vision et des valeurs communes sont essentielles, et les partenaires doivent avoir des buts et des résultats communs pertinents pour la pratique (Cusick, 2001; Mattessich et al., 2001).
- La relation entre les partenaires doit être basée sur le respect, la confiance et l’engagement mutuels (Leclair et al., 2013; Suarez-Balcazar et al., 2005).
- L’une des composantes essentielles du partenariat est l’établissement d’une communication claire et ouverte (Mattessich et al., 2001; Suarez-Balcazar et al., 2005).
- Il doit y avoir un partage égalitaire du pouvoir entre les partenaires (Hammell et al., 2012; Leclair et al., 2013; Suarez-Balcazar et al., 2005).
- Des interactions constantes entre les partenaires sont essentielles pour soutenir et améliorer le partenariat. (Cusick, 2001; Layton, 2014; Lorenzo & Joubert, 2011).

Des résultats significatifs et tangibles
Les résultats du partenariat doivent être significatifs et tangibles pour les partenaires communautaires. Le fait de se concentrer sur
un projet jugé important par les praticiens et faisant appel à leur participation garantit presqu’automatiquement que les résultats seront pertinents et qu’ils répondront aux besoins cliniques (Layton, 2014).

**Conclusion**

Plusieurs des facteurs déterminés comme étant favorables à la réussite d’un partenariat de collaboration correspondent aux rôles fondamentaux des ergothérapeutes et témoignent de nos valeurs professionnelles (Townsend, Beagan, et al., 2013). La prise en compte de ces facteurs lors de l’établissement de collaborations de recherche permettrait d’accroître les probabilités de réussite.

**Références**


**Biographie de l’auteure**

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