Knowledge Brokering in Canada

Starting in 1996/1997, Oldham and McLean, Lomas, and subsequent Canadian Health Services Research Foundation (CHSRF) and Canadian Institutes of Health Research (CIHR) publications, have paved the way for knowledge brokering in a Canadian health care system. In a foundational report, *The Theory and Practice of Knowledge Brokering in Canada’s Health System*, CHSRF (2003) brought to light the fact that knowledge brokering is an ongoing and largely unrecognized and unplanned activity in many workplaces, so it is important to focus on the activities and processes.

Several have responded to this call for action by continuing to identify and define the role of knowledge brokers as facilitators of knowledge translation (KT).

Knowledge brokering is the act of linking people to people or people to information in order to share learning, better understand each other’s goals or professional cultures, influence each other’s work, and forge new partnerships (CHSRF, 2009). Knowledge brokering helps to bridge the ‘know-do’ gaps and promote evidence-informed decision-making (Lomas, 2007, van Kammen et al., 2006).
Domains of Knowledge Brokering

Within the context of our current health care system structure, knowledge brokering activities cross five domains. A Knowledge Broker, or professional who brokers knowledge as a function of their role, may work within one domain or across domains.

- **research project-based**
  Knowledge brokering that maximizes the impact of individual or collaborative research and education projects on policy and practice.

- **network-based**
  Knowledge brokering that facilitates knowledge sharing, use and reuse across local, regional, provincial / territorial, national, international networks (virtual or face-to-face).

- **field / program-based**
  Knowledge brokering within the context of a specific program to enhance the integration of quality knowledge (research-based or experiential) to support evidence-informed decision making across disciplines, sectors, and between knowledge users and producers.

- **topic / issue-based**
  Knowledge brokering that facilitates a coordinated response amongst researchers, policy makers, and care providers to identify health care issues.

- **organization-based**
  Knowledge brokering that facilitates the advancement of practice across a specific organization, or segment of an organization.

Knowledge Brokering at a Glance

Based on the literature and lived experience of knowledge brokers, the following list contains examples of the kinds of activities and tasks that are typical of knowledge brokering in action:

- Initiating introductions and building relationships
- Linking people with people or people with information
- Identifying and sharing opportunities for mutual benefit and collaboration
- Facilitating knowledge exchange between the audiences, in a format that best suits the context and individual needs
- Scanning the environment by consulting key stakeholders, identifying funding priorities and trends, reviewing media releases, connecting with other knowledge brokers working in the system, reviewing literature, etc.
- Consulting with stakeholders to learn about knowledge users on ‘hot topics’ or priority issues that affect care
- Identifying, assembling and supporting key stakeholders to drive a project, community of practice, or group activities
- Facilitating gap analysis, strategic planning and stakeholder analysis
- Facilitating the development of work plans or project plans with stakeholders or communities of practice
- Connecting with and learning from other KT professionals
- Mentoring, coaching stakeholders on knowledge translation techniques
- Engaging in reflective practice and drawing themes from lived experience
- Facilitating dialogue to understand the knowledge needs and characteristics of the intended knowledge users to inform translation
- Supporting the accessibility of quality evidence by facilitating design and development of:
  - Knowledge synthesis products (e.g., evidence-based/policy briefs, literature review summaries, models, frameworks, blueprints, decision-aids, narratives, etc.)
  - Learning events or series (e.g., webinars, Fireside Chats, e-learning events, in-services, think tanks, conferences, video, etc.)
  - Resource collections (e.g., online databases, clearinghouses, resources centres, knowledge banks, libraries, etc.)

Any time that you share information and expertise with people in other projects, programs, organisations or sectors, you are engaging in knowledge brokering.

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As members of a research centre, we know that our research findings could be very useful to managers and decision makers. We need to find a way to initiate knowledge exchange with these groups, both to promote the practical use of our research and point us in the right direction for future research. We need a knowledge broker who will facilitate a process for us to share our research findings with the right potential users, provide insight into their future needs, and promote collaborative relationships.

The impacts of knowledge brokering can be relevant for researchers, decision makers, and care providers across all points in the continuum of care including primary care, acute care, long-term care, rehabilitation, community and home care. Below are examples of where knowledge brokering, or the specific role of a Knowledge Broker, would be of value (adapted from CHSRF, 2004).

**research**

Due to scarce resources in the healthcare system, we need access to the most current information possible to help make better-informed decisions, which are supported by relevant research-based evidence. The Ministry of Health needs the help and insight of experts in the right domain. We need a knowledge broker to help us forge relationships with the right researchers and experts, and to keep us informed of relevant findings.

**public policy**

I work in a regional community care agency, and I feel that many of my region's concerns about the healthcare system are not being adequately researched. I would like to create a network of various local stakeholders. I strongly believe that if we could share our reasoning with researchers, we could harvest more research relevant to our situation. We need a knowledge broker to help establish this network and these relationships with researchers and others who have knowledge to share.

**community care**

My hospital is facing a serious shortage of resources, and as an administrator I must find better ways to manage my available resources. I know that many other hospital administrators have been and are in a similar position, and that there is significant research available on the subject. We need a knowledge broker who can facilitate access to the relevant research, help me develop relationships with other administrators, and help influence the direction of future research into hospital administration.

**acute care**

As the Director of Care in my long-term care home, I am always interested in innovative and resource-efficient ways to help staff improve their practice and support their learning goals. I know there are many education options out there that do not involve the typical in-service but I lack the resources to access that information. We need a knowledge broker to help keep us connected with and informed about learning opportunities and mechanisms that are most relevant for our needs.
to learn more.

Canadian Health Services Research Foundation. (2003). The theory and practice of knowledge brokering in Canada’s health system.


for more information.

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