
Editorial

Evidence for practice in the rapidly changing healthcare context of the 21st century

Rapid knowledge production in the context of application – contemporary calls for participatory practice-based research

Practice, research and education are inextricably linked in all academic health professions including occupational therapy. Good health-care practices are based on the best available research evidence, and relevant research questions are obtained from health-care practice (Lander, 2016). The education system is tasked with the delivery of practice-ready graduates, and the practice context is tasked with the provision of suitable practice placements for students (Zitter et al., 2016). The known traditional links between practice, research and education remain important in the 21st century but are no longer sufficient, given the rapid rate of societal change (Frenk et al., 2010; Bonk et al., 2011). Cumulatively and interactively, these societal changes have led to increasing task volatility and complexity in health care-related work activities at the operational level (Bonk et al., 2011). Practitioners and educators alike seek research evidence on which to base their decisions and their practices. However, contemporary research evidence is not always readily obtainable in previously unknown practice situations. Traditional methodologies are not always capable of attaining the pace of knowledge production that matches the rate of change currently seen in practice (Gibbons et al., 2010).

Occupational therapists in the 21st century deal with many issues in daily practice arising from rapid societal change. For example, health-care provision is affected by the medicalization of social problems (Van Dijk et al., 2016) and the emergence of a more vocal, informed and rights aware public consumer. The increase in public access to technical health care-related information through the internet has necessitated new skills on the part of occupational therapists such as knowledge curation skills (Ennis-O'Connor, 2016). There are demographic changes such as the aging population with multiple morbidities. Older adults with complex presentations are increasingly seen in the primary care sector. Occupational therapists require skills in dealing with complexity and conditions such as loneliness and boredom (Pozza et al., 2020). Furthermore, the increasing number of vulnerable people requiring occupational therapy in overleveraged health services has brought a focus on community development interventions. For these, the

conceptual framework in occupational therapy is emerging and more research is necessary (Hyett et al., 2019; Leclair et al., 2019).

In response to the dearth of available research evidence underpinning practice in previously unknown professional situations in the 21st century, a new form of knowledge production is emerging in various sectors. Rapid knowledge production in the context of application (also known as Mode 2 knowledge production) is emerging alongside traditional research, not replacing it (Gibbons et al., 2010). Mode 2 knowledge production takes place in the context of application rather than in established research institutes. It is transdisciplinary in nature; rather than being bound by discipline, it is heterogeneous rather than homogeneous, and the hierarchies that are established during collaborative rapid knowledge production in practice are transient. Transient knowledge production teams are established with a view to solving a practical problem effectively. Once the problem has been solved, the knowledge production team disbands. Quality control in Mode 2 knowledge production takes peer review into account in addition to dimensions that are of particular relevance in health-care practice. These dimensions include social acceptability, cost-effectiveness and competitiveness. Knowledge is therefore considered of high quality if it provides solutions in practice. Mode 2 knowledge production operates reflexively from the standpoint of all actors involved, to determine what is considered “worthwhile in doing” (Gibbons et al., 2010).

Participatory research methods such as action research and design-based research become essential in solving practical problems and developing evidence in and for practice. A team that is capable of achieving a balance between practical relevance and research rigor is essential. With this in mind, each occupational therapy practitioner, educator and researcher could consider themselves a key initiator of the development of evidence for practice, by forging collaborative ties that create the capacity for high quality research while solving problems in practice.

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