Understanding the time demands of integrated knowledge translation (iKT): Lessons learned from co-developing the Movement That Matters program for adults living with chronic pain

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Introduction

Chronic pain is a public health emergency, affecting one in five Canadian adults. Without adequate pain management strategies, chronic pain can have detrimental effects on physical function, quality of life, and mental health. Despite strong evidence supporting physical activity as an effective nonpharmacological pain management strategy, most individuals who experience chronic pain are inactive. Psychosocial factors, such as fear of movement, pain anxiety, and low pain acceptance, contribute to inactivity. The Active Living for Pain (ALP) research team applied integrated knowledge translation (iKT) to co-develop, with patient and community partners, an accessible and acceptable physical activity program for adults living with moderate to severe chronic pain. The 6-week Movement That Matters (MTM) program targets the building of individuals' knowledge, confidence, and skills needed to engage in and maintain long-term physical activity participation.

Keywords: Chronic pain; Pain management; Physical activity; Non pharmacological interventions; Healthy aging; Chronic conditions; Fear of movement; Pain anxiety; Pain acceptance; Integrated knowledge translation; Patient partners; community partners; program logistics; Habit tracker; User-centered design; User-centred design; Participatory research.

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Purpose

The study purpose was to record the time required to engage in an iterative iKT approach in the co-development of MTM program materials and program logistics.

Methods

The amount of time for ALP researchers and knowledge users to co-develop and finalize MTM materials (e.g., instructor implementation guide, participant habit tracker) and logistics (e.g., online MTM outcome surveys) was recorded. Knowledge users included patient partners and certified physical activity instructors.

Results

The iKT process of co-development and finalization of the MTM materials ranged from 3 months (implementation guide) to 10 months (program overview guide and participant habit tracker). The time to finalize program logistics ranged from 6 weeks (securing of physical activity equipment) to 5 months (development and testing of online surveys, including participant screening, pre-program, end-program, and 1-month end-program surveys).

Conclusion

The iKT process was time intensive, requiring substantial coordination, collaboration, and iterative development between researchers and knowledge users. However, as recognized by the Canadian Institutes of Health Research, implementing iKT in program design has the potential to lead to more user-centered and effective programs in real-world settings. Researchers should be aware of the time required to meaningfully engage in iKT processes and account for this during program development.