Academic Research Partnerships for Long-Term Care
The Time Has Come

Too much of the health care delivered in long-term care settings is not based on evidence. Long-term care organizations are not in the research business and usually lack research offices and expertise in research methods. Traditionally, research questions are driven by a university researcher’s particular agenda rather than by the needs and questions of the individuals using long-term care services and working in these organizations. University faculty and student researchers traditionally design research studies and then look for appropriate settings for conducting the study. Many of these studies generate credible findings, but may not tackle large, complex problems or be geared toward providing new evidence that directly helps staff or older adults.

What would happen if instead there was a large-scale effort to create sustainable research partnerships between academia and long-term care that worked to solve some of the more complex health and delivery problems vexing this care field? Should we do this? Can we do this? I’d like to offer some perspectives on these questions in this editorial.

SHOULD WE DO IT?

Gerontological research is often applied work that is designed to address a significant problem that older adults experience in the context of health or illness. It is easy to detect such work that is academic to a fault—methodologically sound and informed by the theoretical and empirical literature but showing little understanding of the population or contextual factors. I call these studies “form over substance” research. Investing in this type of work will do little to advance science and solve practice problems.

There are unique methodological challenges to conducting research in long-term care settings. It is a reflection of these difficulties that long-term care residents have often been excluded from research altogether. Buckwalter et al. (2009) noted that challenges to conducting high-quality research can be amplified in highly unstable settings (e.g., long-term care). Sources of instability include staff turnover and attrition, multiple data sources that may be invalid or unreliable, differing organizational structures and missions, and changing regulatory practices (Buckwalter et al., 2009). It may be difficult to obtain proxy consent and informed assent when studying residents who have turned over decision making to a durable power of attorney. Fatigue, cognitive impairment, and sensory-perceptual problems can impede measurement and adherence to intervention protocols. Many residents of nursing homes cannot accurately complete self-report surveys. Study attrition can be high due to withdrawal, hospitalization, and death. Researchers who are not intimately acquainted with long-term care settings and populations will be ill-prepared to develop research protocols and manage studies in these highly unstable environments.

On the other hand, participatory research has its own host of problems that involve “substance over form.” Lewin (1947) coined the term “action research” to describe a more participatory type of research process that could advance knowledge while also having application to a local situation. Criticisms abound regarding the lack of rigor in action and participatory action research and are centered on the poor validity and reliability of results and an inability to replicate results with different samples and in different settings. There also is potential that researchers employed by a specific health care organization will have too much of their work turned into a quality improvement project that serves the organization’s needs rather than advancing generalizable knowledge.

To address complex and multifaceted problems, collaboration is needed between highly qualified university re-
researchers and staff in long-term care. University/long-term care partnerships may help avoid some past problems with research that is either “form over substance” or “substance over form.” The multiple comorbid problems and within-group heterogeneity of older adults mean that research questions must be informed by some practical considerations regarding the complexity inherent in this population. Researchers working in the setting have access to multiple practitioners who understand complexities within the population and can help researchers conduct “reality checks” through multiple phases of the research process. Research designs must control potential confounders and examine interaction effects. Researchers whose job it is to develop and disseminate new evidence that is focused on moving science forward in solving practical long-term care problems can attend to the sample size, control, measurement, and other methods issues that promote new, useful, valid, and generalizable knowledge. These vibrant partnerships may assist researchers in asking and answering the “right” questions about older adults’ health and illness needs that can spur rapid advancements in research to solve problems and provide new treatment interventions and modalities.

HOW CAN WE DO IT?

High-quality research requires a cadre of infrastructure support services that are expensive and usually unsustainable within small organizations. Research hospitals commonly combine research and patient care in the mission, structure, and policies of the organization. The clinician–investigator role is common in these hospitals. Partnership agreements between long-term care and a research university can allow the long-term care agency to gain access to the research supports needed, but the endeavors still must be funded. A variety of funding options may work.

Academic nursing home research networks began in 2003 in the Netherlands, and there are now five networks throughout the country (Achterberg, Caljouw, & Husebø, 2015). The South Holland network has nine large care organizations that work together with Leiden University to initiate, execute, and implement research with a special emphasis on geriatric rehabilitation and quality of life in dementia. Having access to nine large organizations in the network allows researchers access to large samples and the ability to conduct larger randomized controlled studies. The long-term care organizations all pay the university to belong to that network. In return, the organization receives useful information about real-life knowledge gaps and study results are easier to implement in practice and staff education (Achterberg et al., 2015).

Australian legislators are working on a plan to increase per resident stipends to nursing homes that have formed a research partnership with a university. In anticipation of this federal policy change, six nursing homes have recently partnered with universities in Melbourne (Gibson, 2015).

Endowed professorships and chair positions can be solicited from funders who care about older adults and improvements in long-term care quality. Tied to those positions can be research assistants and other infrastructure support. The positions can be powerful tools for recruiting outstanding researchers into these partnerships. My position as Jewish Home and Care Center Research Professor in Aging is a Chair position funded by the Jewish Home Foundation and supported by the grant monies we receive for individually funded studies. Endowed scholarships for pre- and postdoctoral students and research training mentoring and programs can be used to encourage new, young investigators to focus their work in long-term care.

Another possible model for funding these partnerships is for a federal entity to fund centers for long-term care excellence across the country, each with a specific research agenda or focus. These centers could centralize methodological resources and serve as hubs for developing and supporting specific programs of research that push the frontiers of science forward to enhance long-term care. Training, mentorship, and seed funding can be provided to new investigators through these centers.

Money is needed, but funding does not guarantee success. Highly qualified researchers in long-term care fields need to be willing to take on the challenges inherent in serving two masters—the university and the organization(s). Challenges are commonly faced in serving in dual roles of either clinician–investigator or educator–investigator. These dual roles must be valued and accommodated within both organizations. Administrators from partner organizations need to have a shared understanding of the roles, responsibilities, shared time and resources, and common metrics for success.

In conclusion, we need a pool of investigators who can apply sophisticated scientific methods to solve clinical problems of older adults using long-term care services. Increasing the number of partnerships between the university and the long-term care organization(s) has the potential to solve real problems as well as create a fertile culture within long-term care organizations that moves from a focus on regulation and the status quo to an emphasis on critical analysis and innovation.
REFERENCES


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