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# Knowledge translation in dysphagia : a South African study.

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## ABSTRACT

**Background:** Knowledge translation models to address existing knowledge gaps in different areas of speech-language pathology practice are providing researchers and clinicians the opportunity to improve efficiency and effectiveness of service delivery. As a developing context, public health care in South Africa can scarce afford the luxury of wasting resources and finances on interventions that are inefficient or without proven benefit given the increasing prevalence of chronic burden of disease such as stroke and traumatic related injury, both of which has dysphagia as a symptom. The outcome of the manner, efficiency and consistency of traditional models of dysphagia management currently being implemented in this context were compared to a pre-existing theoretically proven free water protocol for dysphagia management.

**Method:** The primary aim of the current study was to enable knowledge-to-action translation in dysphagia management by determining the feasibility of using a free water protocol for stroke or traumatic brain injured patients presenting with dysphagia in an acute government hospital setting in Gauteng, South Africa. A mouth care training protocol was developed for nurses as a component of the free water protocol. Nurse perceptions on the training and implementation of mouth care were explored. The quantitative aims investigated if there was a difference between traditional and free water management in terms of a) the occurrence of aspiration pneumonia, b) amount of water intake and c) length of hospitalisation. 139 Nurses and 46 patients with dysphagia were participants. A mixed method design was used. The study was conducted in two phases, phase one comprised the ethnography and the nurse training component. Phase two was quantitative and comprised implementation of the free water protocol by the researcher. Thematic content analysis was used for the qualitative data. Quantitative data was analysed using inferential statistics.

**Results:** The mouth care training protocol for nurses was efficient and effective for the current context. Nurses engaged positively with the study by implementing mouth care successfully when necessary for the dysphagic patients. This combined with consistent daily management of dysphagia with patient involvement, facilitated patient compliance, adequate levels of water intake, with no cases of dehydration, and no incidence of aspiration pneumonia at the end of the intervention period. The comparison group in contrast who received the traditional model of dysphagia management showed longer period of

hospitalisation and higher consumption of liquids despite recommendations for liquid restricted diets. There were seven cases of aspiration pneumonia at the end of the intervention period in the comparison group.

**Conclusions & Implications:** Despite no statistically significant differences between the study and comparison groups on the specified outcome measures, clinically significant differences were noted. The method employed in the study seemed to facilitate knowledge translation of the free water protocol to a public hospital context in South Africa. The findings of the study suggested that a collaborative partnership between the speech-language pathologist and nurse was attainable and this seemed to have multifaceted mutual benefits to the patient, institution and the respective professions. Improved monitoring of service provision, implementation of protocols based on contextual evidence, importance of knowledge translation in a developing context and an expanded role of the speech-language pathologist responsive to the needs of the context and patient population were some of the implications that arose from the study.

**Key Words:** dysphagia, knowledge translation, developing country, collaboration, mouth care, free water dysphagia protocol.