

Running head: MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

Mount Saint Vincent University

Department of Family Studies and Gerontology

Diffusion of innovations in the long-term care sector: The role of motivation

By

Lauren MacEachern

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MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

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Lauren MacEachern

Approved:

Janice Keefe, Ph.D.

Professor/Chair, Department Family Studies and Gerontology, Mount Saint Vincent University

Lisa Cranley, Ph.D.

Assistant Professor, Faculty of Nursing, University of Toronto

Janet Curran, Ph.D.

Associate Professor, Faculty of Nursing, Dalhousie University

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

Abstract

As Canada continues to experience an advancing need for long-term care (LTC) services and an increasing complexity of residents, dissemination of best practices and innovations that improve the quality of care within the LTC sector is paramount. The presence or absence of decision-maker motivation greatly influences the implementation of innovative practices. Research investigating the motivational characteristics of opinion leaders (OL) within the Canadian LTC sector would lead to an increased ability to tailor implementation strategies and achieve care quality improvements within this sector. My research focused on characteristics of motivation, capability, and opportunity from the perspective of OLs identified within the social network analysis study titled, *Advice Seeking Networks in Long Term Care* (Dearing et al., 2017). The aim of this study was to determine how the presence or absence of opinion leader motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion and/or implementation of advice within the Canadian long-term care sector. To determine this impact, the following questions were addressed: What are the drivers of capability, opportunity, and motivation for opinion leaders within the interpersonal advice-seeking networks of this sector? What are the potential outcomes of having motivated opinion leaders within the long-term care sector with respect to the diffusion and implementation of innovations? Data for this secondary analysis research were collected through semi-structured qualitative telephone interviews with 13 OLs and 13 advice-seekers of OLs. The theoretical frameworks used to guide this research were diffusion of innovation theory and the COM-B (capability, opportunity, motivation, and behavior) framework. While previous research identified motivation as one of the characteristics of an OL in the long-term care sector, it was

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

unclear from where this motivation was derived. Findings suggest that OLs in this sector are motivated by a combination of factors, including: obligations of the position, value of education, ‘systemness’, relationships, supportiveness, passion, and caring nature. While these themes were identified from interviews with OLs, statements from advice-seekers supported these findings from an alternative perspective. Motivational factors were presented on a sliding motivational scale ranging from professional motivators to prosocial motivators. Obligation of the position was the dominant motivator for OLs in this sector, however a desire to improve care quality was found to be intertwined within many themes across the scale. Prosocial motivation was represented most clearly in the factors of supportiveness, passion, and caring nature. This research confirmed that OLs in the long-term care sector are motivated individuals, and that they are using this motivation as a driver to create change and improve care practices. Specific outcomes associated with this motivational presence includes the diffusion and implementation of innovations, an increased sense of community within the network, and increased readiness for the future of the long-term care sector. This research has important implications for policy and practice due to the nature of resource availability in the long-term care sector and the challenges for implementation of innovations that arise from this issue. OLs play a key role in ensuring resources are used efficiently and effectively, as they are invested in seeking out and sharing information pertaining to innovations that are evidence-based and will improve care quality.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

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Table of Contents

Introduction.....	1
Problem statement.....	1
Literature review	4
Theories of motivation	4
Opinion leaders.....	9
Knowledge translation.....	10
Theoretical framework.....	11
Research question	15
Methodology	16
Advice Seeking Networks in Long Term Care	16
Ethics	17
Study Sample	18
Data analysis	18
Trustworthiness.....	21
Results	22
Interview respondents.....	22
Obligations of position	24
Value of education.....	25
Systemness	26
Relationships.....	27
Supportiveness.....	29
Passion	30
Caring nature.....	32
Sliding scale of motivation.....	32
Outcomes of motivation	33
Discussion	36
Summary of the study	36
Drivers of capability, opportunity, and motivation.....	37
Importance of transferring knowledge.....	40
At the heart of it all – making things better.....	41
Prosocial motivation.....	42
Outcomes of motivated opinion leaders in the long-term care sector.....	44
Implications for Policy, Practice and Future Research	47
Limitations	48
Conclusion.....	49
References.....	52
Appendix A: Original interview guide with Opinion Leaders	57

Appendix B: Original interview guide with Advice Seekers of Opinion Leaders 60

List of Tables

Table 1: Demographic and employment characteristics of opinion leaders.....23

List of figures

Figure 1: Theoretical framework.....14

Figure 2: Scale of opinion leader motivations from professional to prosocial33

Figure 3: Extended theoretical framework to include motivational theories.....46

Introduction

Problem statement

Long-term care facilities offer an integral option for care to Canadian seniors that is recognized within the care continuum (Canadian Healthcare Association, 2009; Castle & Ferguson, 2010). With various structures of ownership and different models, levels, and philosophies of care, each long-term care facility has the potential to offer something unique to its residents (Canadian Healthcare Association, 2009). The provision of quality care should be recognized within each facility as the driving factor to guide the different organizational models and philosophies, however there are great variances in the quality of care that is provided to older adults. This has lead care quality to be recognized as a consistent concern for older adults, providers, and researchers, alike (Castle & Ferguson, 2010). There are many factors that could contribute to this phenomenon of quality; one pertains to the ways in which advice and innovation are diffused within the long-term care sector and if or how that advice and innovation is subsequently implemented.

Census data from 2016 showed that 6.8% of Canadians aged sixty-five and older lived in collective housing options, which is calculated from the number of individuals aged sixty-five and older living in nursing homes, residences for senior citizens, and facilities offering both nursing and residential options for seniors (Statistics Canada, 2016). As population aging continues to increase in Canadian societies, the demand for long-term care services and placement in long-term care facilities continues to increase (Canadian Life and Health Insurance Association Inc., 2012). In addition to an increase in consumer demand, long-term care facilities are also experiencing a greater challenge with respect to the complexity of residents' needs (Canadian Healthcare Association, 2009; Castle & Ferguson, 2010). Implementation of

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

knowledge derived from research within the practice setting of long-term care facilities has never been more critical, however, a substantial lag has been recognized between the production of evidential research and the implementation of this research within a practice setting (Cammer et al., 2013; Slote Morris, Woodings, & Grant, 2011; Valente, Palinkas, Czaja, Chu, & Brown, 2015). While long-term care facilities act as a significant contributor to the care of adults in their later years, this sector is lagging in the implementation of care improvements derived from research (Canadian Healthcare Association, 2009; Georgiou, Marks, Braithwaite, & Westbrook, 2013). This discrepancy is acknowledged as an area of concern in the long-term care sector, due to the increasing quantity and complexity of older adults who are currently residing in long-term care facilities and will continue to enter long-term care facilities in the future (Canadian Healthcare Association, 2009; Canadian Life and Health Insurance Association Inc., 2012). With an advancing need for long-term care services in Canadian societies, the time for adoption of best practice programs and innovations to increase quality of care within the long-term care sector is now (Cammer et al., 2013; Canadian Healthcare Association, 2009).

When implementing a change in program or culture in any organization, research has shown that buy-in from those in positions of leadership and management is of the utmost importance (Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Lucas et al., 2005; Straus, Tetroe, & Graham, 2013). In fields of behavior change research and organizational change, motivation is recognized as an important driver for workplace improvements, however there is a paucity of research in this area with respect to the long-term care sector (Lucas et al., 2005; Michie, van Stralen, & West, 2011). The presence or absence of motivation, either acting alone or in combination with other driving factors, such as capability and opportunity for example, has the potential to greatly influence the implementation of innovative practices within

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

long-term care (Michie et al., 2011). Research has shown that opinion leaders, who are individuals in a particular field with the ability to influence the opinions and decision of others, could be leveraged as a vehicle to share quality improvement initiatives within a particular sector (Feder & Savastano, 2006; Rogers, 2003; Thompson, Estabrooks, & Degner, 2006). Further investigation of the motivation of opinion leaders and other related factors such as capability and opportunity would be important to understand the influence that these factors have on the decision-making processes by directors of care in long-term care facilities. This understanding could lead to an increased capacity for the tailoring of implementation strategies and help to ensure that the long-term care sector is successfully prepared for its dynamic future.

Directors of care are recognized as decision-makers within the long-term care setting (Dearing et al., 2017). Individuals in such positions must be prepared to engage appropriately with change in order to successfully meet the demands of current and future populations of older adults. This may include changes in culture, practice, and organization through the adoption of new technologies, innovations, and progressive models of leadership and management (Canadian Healthcare Association, 2009). Advice and information can be spread between decision-makers through formal and informal advice-seeking networks, also known as social networks (Greenhalgh et al., 2004). These networks can be analyzed through a theoretical approach referred to as social network analysis, which is grounded in social network theory and studies the complex patterns of communication and interaction between people and organizations (Cott, 1997; Creswick & Westbrook, 2010).

The greatest mechanism for the diffusion of advice and information is the personal connections that exist within a social network (Greenhalgh et al., 2004). These connections have a strong influence on the likelihood of adopting a new practice within one's organization, as

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

explained by the diffusion of innovations theory (Dearing et al., 2017; Greenhalgh et al., 2004; Palinkas et al., 2011; Rogers, 2003). In a social network analysis study, titled *Advice Seeking Networks in Long Term Care*, researchers identified the structure of interpersonal advice-seeking networks within the Canadian long-term care sector (Dearing et al., 2017). Social network maps were used to present the information derived from this research and provide a visual display of the network and the relationships that are existing within (Dearing et al., 2017; Creswick & Westbrook, 2010). From this analysis, key network players were identified including: advice-seekers, opinion leaders, and boundary spanners (Dearing et al., 2017; Greenhalgh et al., 2004). The present thesis research will contribute to the findings of the *Advice Seeking Networks* study through an in-depth, secondary analysis of complimentary qualitative interviews with a subsample of identified opinion leaders, as well as advice-seekers of opinion leaders. The purpose of this research was to explore the motivations of opinion leaders to disseminate advice within the advice-seeking networks of Canadian long-term care facilities. In doing this work, there is consideration for other factors, such as capability and opportunity, which may contribute to this process through their impact on the motivation of opinion leaders.

Literature review

Theories of motivation

Understanding motivation is a topic of interest in psychology and organizational studies and is defined as, “an inner desire to make an effort” (Grant, 2008). Derived from the Latin word *movere*, meaning ‘to move’, motivation is understood as the process through which an action is directed, energized, or sustained and is said to dictate one’s behavior (Kumar & Misra, 2012; Straus et al., 2013). Through an understanding of motivational characteristics and key factors that may affect these characteristics, an individuals’ behavior could potentially be predicted. This

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

is an understanding that would lend itself strategically to theories of social cognition and planned behavior in the developing field of knowledge translation (Straus et al., 2013).

Researchers recognize that motivation can be influenced and drawn from many sources based on the situational context and that these sources can change or adjust over time (Grant, 2008). There are different theories of motivation that look to explain and evaluate the different sources from which motivation is derived (Grant, 2008). An investigation of motivational theories is important in supporting the work of this thesis, as it provides the researcher with indicators of motivationally driven actions and statements. From the literature, it was interpreted that the motivational characteristics of directors of care in long-term care facilities originate from a place of prosocial motivation, however it was understood that further drivers of motivation may be discovered. With this recognition, a brief overview of prosocial motivation and several alternative motivational theories will follow to support the rationale for this decision.

Prosocial motivation is defined as, “the desire to expend effort to benefit other people” (Grant, 2008). Prosocial motivation is grounded in psychologically derived traits related to the moral principle that facilitate an individual’s actions, such as dispositions of empathy and helpfulness, value and concern, and a goal of protecting and promoting the well-being of others (Grant, 2008). This motivational force is found to be driven by a sense of meaning and purpose, while always considering such in the context of others rather than self (van der Voet, Steijn, & Kuipers, 2016). Prosocially motivated individuals are said to be outcome driven and future focused and to push themselves through mechanisms of conscious self-regulation and self-control to complete work related tasks (Grant, 2008). The theory of prosocial motivation is fundamentally different from alternative theories of intrinsic motivation, as employees are not

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

necessarily driven by an interest in the work at hand but rather the outputs for the individuals targeted within this work (Grant, 2008).

As mentioned previously, there are additional motivational theories within the literature that are used to explain an individual's actions, such as intrinsic motivation and public service motivation (Grant, 2008; van der Voet et al., 2016). Intrinsic motivation is defined as, "the desire to expend effort based on interest in and enjoyment of the work itself" (Grant, 2008). An intrinsically motivated individual engages in an activity without ulterior motives beyond the activity itself (Yan & Davison, 2013). An employee that is intrinsically motivated by their work is said to be focused in the present and to see the work they complete as an end in and of itself (Grant, 2008). To contrast characteristics of intrinsic motivation and prosocial motivation, one may pose a question concerning an individual's motivation in completing workplace tasks. It is most likely that in response to such a question, an intrinsically motivated individual would respond: "I enjoy the work itself" whereas a prosocially motivated individual would respond: "I want to help others through my work" (Grant, 2008).

Public service motivation is defined by Perry and Wise (1990) as, "an individual's predisposition to respond to motives grounded primarily or uniquely in public institutions or organizations". Many fields of research have investigated this topic, especially those interested in organizational change and comparing employment and employees within public and private sectors (van der Voet et al., 2016). Individuals working within the public sector are generally understood to exhibit a greater sense of regard for others with respect to their attitudes, values, and motivations (van der Voet et al., 2016). In a foundational article for public service motivation, Perry describes six components to explain the motives that drive an employee with public service motivation, one of which includes "commitment to public interest" (Perry, 1996).

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

Commitment to public interest is based on “norm-based” motives related to both social obligation and a desire to serve in the interest of the public. When an individual is driven by compassion and a commitment to public interest, there is typically a complement between the goals and values of the organization of employment and a sense of personal motivation and dedication to work hard for that organization (Perry, 1996; Roh, Moon, Yang, & Jung, 2016). While many of these characteristics may suit directors of care in public long-term care facilities, it is beyond the scope of this study to interpret the data based on differences in ownership model.

Why is it important to understand theories of motivation and what can be gained through this knowledge? How is motivation applicable in caring for older, vulnerable populations? When we understand why an individual is motivated by the work they are doing, we can leverage this motivation to promote and enhance their persistence, dedication, productivity, and overall performance in the work place (Grant, 2008). A study investigating the prosocial motivation of nursing students and its impact on professional commitment presents an interesting perspective that speaks to the motivations of entering a caring profession (Nesje, 2014). Understanding the motivations of nurses has implications for this study, as there is a need for growth in the field and because many decision-makers in a long-term care facility will come from a nursing background (Stone & Harahan, 2010). Prosocial motivation is often recorded as a typical rationale for entering the profession of nursing; a career recognized through its characteristics of caring and empathy (Nesje, 2014). It was discovered through the work of Nesje (2014) that prosocial motivation is related to a nurse’s career commitment. With the knowledge and understanding of the underlying values of these individuals, job organization and positions could be tailored to reflect these values and encourage or promote job commitment and career-identity (Nesje, 2014).

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

From a research perspective, understanding characteristics of motivation can also have great implications for the adoption of evidential research into practice (Straus et al., 2013). In the long-term care sector, there is a push to challenge philosophies of care and best practices and make changes for improvement within the sector (Georgiou et al., 2012). These changes could be introduced through policy reform, reorganization of staff structures and roles, and the implementation of new and innovative practices, which are ultimately referred to as sources of organizational change (Georgiou et al., 2012). Scholars in the field of organizational change are looking to theories of motivation, including prosocial motivation, to better determine how these internal drivers impact an individual's support for change in the work place.

The expectations and assumptions of change of prosocially motivated individuals are generally understood. Professionals who are motivated by such characteristics are those who ask, "What's in it for others?" rather than, "What's in it for me?" (van der Voet et al., 2016). Within a study conducted by van der Voet et al. (2016), prosocially motivated youth care professionals were found to support or reject organizational change under a classification within one of two categories of interest: societal meaningfulness and client meaningfulness (van der Voet et al., 2016). Societal meaningfulness refers to a concern for the meaning and values of such change, as it relates to the professionals' goals for society (van der Voet et al., 2016). Similarly, client meaningfulness refers to the professionals' concern for the impacts and meaning of organizational or policy changes on the client (van der Voet et al., 2016).

A career in caring for or protecting others has the potential to meet many goals or positions of moral obligation related to motivational characteristics (Grant, 2008). With an increased number of older adults, the Canadian long-term care sector will benefit from the work of prosocially motivated individuals, as new philosophies of care and innovations are introduced

on the basis of improving care standards and meeting the needs of current and future residents (Novak, Campbell, & Northcott, 2014).

Opinion leaders

The identification of opinion leaders is often associated with theories and processes surrounding diffusion (Feder & Savastano, 2006; Valente & Pumpuang, 2007). The role of such individuals within the diffusion process is defined by Rogers, the theorist responsible for the development of diffusion of innovations theory, as, “individuals who lead in influencing others' opinions about innovations” (Rogers, 2003). While the characteristics of an opinion leader have not been defined across disciplines, these individuals are known to possess characteristics that set them apart in a community. Opinion leader characteristics often include higher social and socio-economic status, experience, and skills within their respective sector (Andrews, Tonkin, Lancaster, & Kirk, 2014; Feder & Savastano, 2006; Rogers, 2003). Additionally, opinion leaders are often described as well-respected, well-connected, trustworthy, and credible, and distinguishable through their ability to persuade others in the context of decision-making (Thompson et al., 2006).

While opinion leaders are said to be capable of motivating others, discussion of the motivational characteristics of opinion leaders was notably absent or purposely excluded from research studies in the literature, with the exception of a study by House and Aditya (1997) investigating leadership in a social setting (Judge, Bono, Ilies, & Gerhardt, 2002; Valente & Pumpuang, 2007). In this study, prosocial influence motivation was said to be predictive of effective leadership and managerial success within complex organizations (House & Aditya, 1997). The influence of prosocial motivation within this study was measured by the Dominance

scale of the California Personality Inventory (House & Aditya, 1997).

There are several different measures discussed within existing literature to identify opinion leaders, such as self-identification, expert-identification, snowball method, and sociometric measures (Valente & Pumpuang, 2007). Sociometric measures, including social network analysis, are thought to provide the most valid and reliable measurement of opinion leadership within a particular sector (Flodgren, Parmelli, Doumit, Gattellari, O'Brien, Grimshaw & Eccles, 2011; Grimshaw et al., 2006; Valente & Pumpuang, 2007). Opinion leaders may also be acknowledged using different terminologies, including champion, health advocate, and community leader (Thompson et al., 2006; Valente & Pumpuang, 2007). Despite this difference, the role of these individuals within a network remains generally consistent and critical to the process of innovation diffusion (Thompson et al., 2006).

Knowledge translation

Knowledge translation is defined as, “a dynamic and iterative process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system” (Canadian Institutes of Health Research, 2012). This process is becoming more widely recognized across disciplines and can take on many different terminologies, including implementation science, knowledge utilization, and knowledge transfer (Straus, Tetroe, & Graham, 2009). Knowledge translation is an important and growing field of research that focuses heavily on the strategies used to bridge the gap between researchers and knowledge-users most effectively (Straus et al., 2009). It is understood that the active dissemination of knowledge

should be facilitated differently based on the knowledge itself and the target audience (Straus et al., 2009; Thompson et al., 2006).

The influence of social links and informal networks in the process of knowledge diffusion is indisputable (Feder & Savastano, 2006). With the ability to influence the opinions, decisions, and motivations of others, knowledge translation techniques have been developed to harness the qualities and characteristics of opinion leaders as a targeted implementation strategy for knowledge diffusion (Thompson et al., 2006; Valente & Pumpuang, 2007). Literature reviews have been conducted to analyze the effectiveness of opinion leadership within a healthcare setting (Flodgren et al., 2011; Locock, Dopson, Chambers, & Gabbay, 2001; Valente & Pumpuang, 2007). In such literature reviews, the effective use of opinion leadership to persuade or encourage the adoption of evidence-based practices was supported in some cases, however, this result was not seen consistently across studies (Flodgren et al., 2011). This inconsistency was reported by Flodgren and colleagues (2011) in a Cochrane review, as there were often gaps in the data to truly conclude how to harness the qualities and characteristics of opinion leaders most effectively. However, general consensus from the literature supports the notion that opinion leaders do present a critical strategy for the healthcare sector and present a promising impetus to the implementation and adoption of practices that are evidence-based and community-oriented (Flodgren et al., 2011; Valente & Pumpuang, 2007).

Theoretical framework

The theoretical frameworks that will be used to guide this research are diffusion of innovation theory and the COM-B (capability, opportunity, motivation, behavior) framework. Diffusion of innovation theory, or diffusion theory, provides a framework to describe how

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

innovative ideas and practices are diffused within a social network (Dingfelder & Mandell, 2011; Rogers, 2003; Valente, 2005). The COM-B framework considers the interactions of three components, capability, opportunity, and motivation, and their influence on behavior change (Michie et al., 2011).

Innovation is defined within diffusion theory as, “an idea, practice, or object that is perceived as new by an individual or other unit of adoption” (Rogers, 2003). By explaining how, why, and the rate at which innovative programs and practices are spread within a particular sector, diffusion theory has lent itself strategically to a diverse range of fields (Dingfelder & Mandell, 2011; Valente, 2005). This theory is often applied within social network analysis studies to understand the spread of innovations within a network, as one of the most important sources of influence for the adoption of innovation and behavior change is said to be an individual’s social networks (Valente, 2005). For the purpose of this research, diffusion theory will be used primarily to decipher *how* and *why* an innovative practice is diffused by opinion leaders and subsequently adopted within the long-term care sector.

Diffusion theory was first explained by Rogers as a process of four stages: dissemination, adoption, implementation, and maintenance (Dingfelder & Mandell, 2011; Rogers, 2003). The dissemination stage is often recognized as synonymous or interchangeable with diffusion, which includes the process of decision-makers gaining awareness of innovations and the opportunities that exist for adoption (Dingfelder & Mandell, 2011). It is within this phase that the role of social networks become evident as the vehicle through which advice is shared. In the adoption stage, decision-makers choose to adopt an innovation and move into the subsequent implementation stage, where the innovation is brought into practice. Finally, if the newly introduced innovation

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

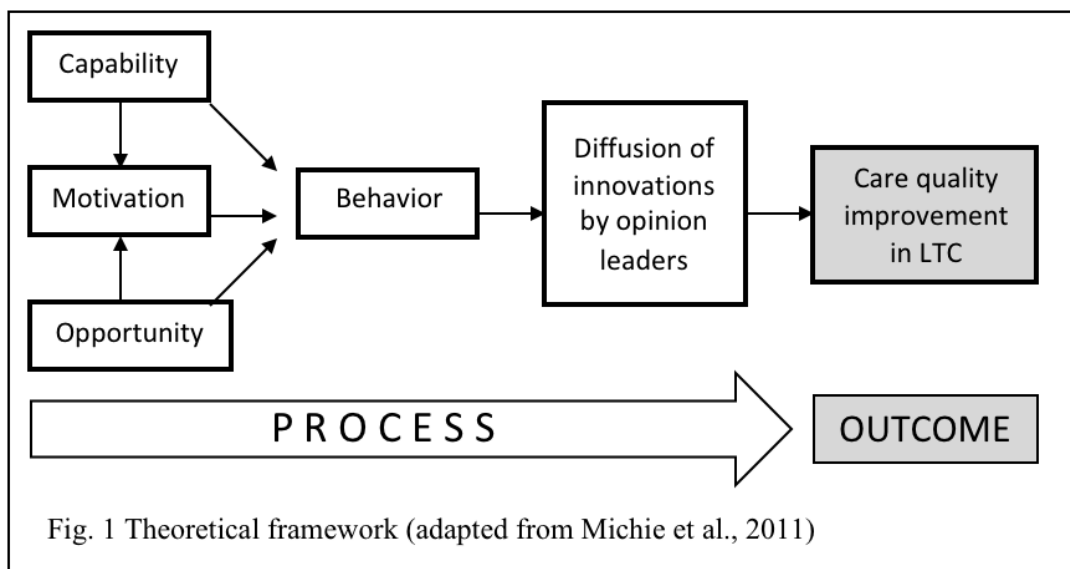
fits the needs of the institution, the maintenance stage helps to solidify the practice for continued use (Dingfelder & Mandell, 2011).

Within Rogers' work on diffusion theory, the principle of homophily was established to describe "the degree to which pairs of individuals who interact are similar in certain attributes, such as beliefs, education, social status, and the like" (Rogers, 2003). Homophily is an important component of diffusion theory and the work of this thesis, as this principle would suggest that motivated individuals are likely to seek out other motivated individuals within their networks. Rogers also describes the relationship between homophily and communication as a reinforcing dyad, which indicates that an increase in communication will likely result in increased homophily between network members (Greenhalgh, Robert, MacFarlane, & Kyriakidou, 2005; Rogers, 2003). If utilized appropriately, this theoretical knowledge could have important practical implications for the outputs of this research in the development of motivation and opinion leadership knowledge within the sector.

Diffusion theory helps to explain the process of dissemination and implementation through a guiding principle of social context (Dingfelder & Mandell, 2011; Rogers, 2003; Valente, 2005). While this represents an important component in the diffusion process, it does not encompass the primary psychological trait of interest within this study: motivation. The COM-B framework is a comprehensive framework for characterizing behavior change interventions that is accessible across various audiences including policy makers and intervention designers (Michie et al., 2011). Based on principles of U.S. criminal law (capability, opportunity, and motive), Michie and colleagues (2011) developed three interactive components of this behavior change model to include capability, opportunity, and motivation. This framework seeks to analyze the interactions and relationships between these components to

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

understand how behavior is generated. As presented in Figure 1, the behavior of interest in this study is the process of innovation diffusion by opinion leaders to improve care quality in the long-term care sector.



The COM-B framework was selected to guide this research based on its inclusion of motivation as an influencer for behavior change. As clearly described by the interconnectedness of this framework, motivation cannot be fully understood in isolation from the framework components of capability and opportunity, thus creating a thoughtful platform of analysis. Within this framework, motivation is defined as, “all those brain processes that energize and direct behavior, not just goals and conscious decision-making” (Michie et al., 2011). This definition is organized to include various types of decision-making, including habitual, emotional, and analytical decision-making (Michie et al., 2011). Capability assesses an individual’s physical and psychological capacity, such as skills and knowledge, to undergo the necessary actions for behavior change. The component of opportunity represents all external factors to the individual that may influence the behavior change, both positively and negatively (Michie et al., 2011). The arrows in Figure 1 indicate the trajectory of possible relationships that may exist between the

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

components of the COM-B framework. For example, behavior may be affected by motivation alone, or through a pathway where opportunity affects one's motivation, and subsequent behavior.

Through the subsequent application of these two theoretical frameworks, diffusion of innovation theory and the COM-B framework, the motivational characteristics of opinion leaders within the social networks of Canadian long-term care facilities and the implications that these factors hold for the diffusion process will be better understood.

Research question

Using the knowledge of a network's structure, innovative practices can be diffused more efficiently and tailored for implementation, having great benefits for the sector. My thesis research focused on the motivational characteristics of opinion leaders from the larger social network analysis study titled, *Advice Seeking Networks in Long Term Care*, and the associated components affecting this process within the COM-B framework (Dearing et al., 2017). The aim of this study was to determine how the presence or absence of opinion leader motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion and/or implementation of advice within the Canadian long-term care sector? To determine this impact, the following questions were addressed: What are the drivers of capability, opportunity, and motivation for opinion leaders within the interpersonal advice-seeking networks of this sector? What are the potential outcomes of having motivated opinion leaders within the long-term care sector with respect to the diffusion and implementation of innovations?

Methodology

Advice Seeking Networks in Long Term Care

This thesis research analyzed a specific subsection of qualitative data from a larger national study titled, *Advice Seeking Networks in Long Term Care* (Dearing et al., 2017). The *Advice Seeking Networks* study analyzed the advice-seeking behaviors of senior leaders in long-term care facilities from all Canadian provinces and territories, excluding Ontario and Quebec, through the use of quantitative and qualitative research approaches. Phase one of this study began with a quantitative survey administered in Fall 2014, in which senior leaders of the Canadian long-term care sector were targeted based on their decision-making role in matters concerning resident care. This phase sought to identify key players within the Canadian long-term care sector, including advice seekers, opinion leaders, and boundary spanners based on their social network analysis scores of in-degree centrality and betweenness centrality. Through this identification of key players and their respective networks, social network maps were developed to create a visual image of advice-sharing and seeking within the long-term care sector. Individuals targeted in survey recruitment were identified by various titles, however the primary professional title of these individuals was “director of care” (DOC) or “director of nursing” (DON).

In phase two of this study, semi-structured, qualitative interviews were conducted over the telephone with a purposively selected subsample of 39 participants. Interview participants were selected based on their network scores of in-degree centrality to ensure a sample representative of the provincial ratios was reflected. Through conducting these interviews, the researchers sought to strengthen the meaning of the social network analysis results by providing a deeper understanding of the nature of advice-seeking relationships and the characteristics of

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

network players. The interview process took place between Fall 2015 and Spring 2016, with the interviews lasting an average of 38 minutes (range: 18-74 minutes) (Cranley, Keefe, Taylor, Thompson, Beacom, Squires, Estabrooks, Dearing, Norton, & Berta, 2017). Each interview was conducted by a research assistant with the presence and support of a senior researcher, audio-recorded, and then transcribed by an external transcriptionist. The provinces/territories of Newfoundland and Labrador, Yukon, and Nunavut were excluded from follow-up qualitative interviews due to low survey response rates of less than 30%. Response rates in the remaining provinces/territories ranged from 41 to 100%.

The qualitative interviews were conducted as part of the *Advice Seeking Networks* study to bring better understanding and context to the survey results, which were visually presented using social network maps. In the survey, DOCs/DONs were asked to identify three individuals and three organizations from whom they seek advice regarding decisions in the workplace. When completing a social network analysis, a higher response rate will provide a more accurate network depiction (Dearing et al., 2017). An overall response rate of 56% was sufficient to analyze and visualize the interpersonal and inter-organizational advice-seeking networks of the Canadian long-term care sector, respectively.

Ethics

Secondary analysis of data from the *Advice Seeking Networks* study was in line with the goals of the primary study. Before conducting secondary data analysis on the qualitative interviews, I submitted a request for ethics approval through the University Research Ethics Board at Mount Saint Vincent University. I also submitted for project approval from the Principal Investigator of the Translating Research in Elder Care (TREC) program, Dr. Carole Estabrooks. Additionally, I sought approval from the Research Management Committee and

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

publication sub-committee of TREC for the use of TREC data from the Health Research Data Repository (HRDR). The proposed data to be used for the completion of this thesis continues to be stored in and accessed from the HRDR, which is a secure virtual research environment housed by the Faculty of Nursing at the University of Alberta. All interview transcripts have been stored and accessed in a de-identified form. When necessary, the raw interview recordings were used to better understand the tone and inflection of speakers.

Study Sample

My study sample were selected exclusively from the original 39 telephone interview respondents of the *Advice Seeking Networks* study. With an interest in the role of opinion leaders, I purposefully selected the subset of 13 interviews conducted with identified opinion leaders and 13 interviews with the advice-seekers of identified opinion leaders (n=26) for secondary data analysis. Participants in these interviews were from the provinces of Nova Scotia, New Brunswick, Prince Edward Island, Manitoba, Saskatchewan, Alberta, British Columbia, and the Northwest Territories. Interviewees from both subsamples were identified separately and were not part of a matched dyad.

Data analysis

Data for this thesis were collected in the second segment of the original *Advice Seeking Networks* study. This thesis took a secondary approach to analyzing the qualitative interviews conducted with opinion leaders and the advice-seekers of opinion leaders to determine the role of motivation, with consideration for the associated components of capability and opportunity, on the diffusion of advice within the long-term care sector. Although a question concerning motivation was not included within the original interview guides (see Appendix A and Appendix B), findings from the primary study analysis included recognition of motivation as a

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

characteristic feature of opinion leaders. With a goal of expanding and deepening the existing knowledge generated from the primary study, the present secondary analysis study built on the findings from the primary interview analysis and underwent further exploration of the identified motivational characteristics, as they relate to diffusion theory and the COM-B framework.

Secondary data analysis allows a researcher to use existing data to answer new research questions (Dunn, Arslanian-Engoren, DeKoekkoek, Jadack, & Scott, 2015; Smith, 2008). There are many benefits to this type of analysis, which are especially pertinent at the level of a master's thesis. Some of these benefits include reducing the amount of time and money that is necessary for the completion of the study due to the ability of the researcher to bypass the data collection stage (Dunn et al., 2015). This is particularly useful when a researcher is granted access to a large repository of data, which would otherwise require months or even years for collection (Hofferth, 2005; Smith, 2008). Data are often used in a de-identified form, which also makes this method of research low risk for participants (Dunn et al., 2015). There are also potential limitations to secondary data analysis, which are addressed in a subsequent section (see Ethical considerations and limitations).

Secondary data analysis of the 26 relevant transcripts took place using techniques borrowed from grounded theory (Corbin & Strauss, 2008). Constant comparison analysis within grounded theory was used in this study, as it is understood to be one of the most widely practiced techniques for analysis of qualitative data sources. This technique equipped me with tools to analyze the data extensively and from various perspectives (Bryman, 2012). By using a constant comparison approach, each emerging incident and thought was compared to those previously realized and recorded using memos (Corbin & Strauss, 2008). This process was essential to analysis, as it allowed me to compare incidents in the data based on similarities and differences

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

and identify tendencies or properties within a specific theme of interest, as well as discover general patterns within the data (Corbin & Strauss, 2008). Constant comparison was particularly helpful when distinguishing between the core components of closely related themes determined within this study to ensure appropriate categorization of statements and thoughts from the interviews. Additionally, this approach was useful when interpreting and comparing the interviews from two separate populations: opinion leaders and advice-seekers of opinion leaders. It allowed me to understand how these findings were related or if a new idea had been uncovered.

The constant comparison technique was supported through the use of different phases of data analysis to seek the deepest understanding of the existing data. The first phase of analysis for this study was a period of open coding. Open coding is the process of “opening up” the data and considering all possible meanings within them. With this level of understanding, I created seven categories or themes in which to group the findings that had emerged (Corbin & Strauss, 2008). Such themes were guided by the research questions of this study. The second coding phase adopted within this study was axial coding. This form of coding supported me to make meaning with the data beyond the configurations of open coding (Bryman, 2012). In the axial coding stage, the concepts and categories that were previously determined in the open coding phase were reconfigured in a new way that sought to establish connections and patterns between the data (Bryman, 2012; Corbin & Strauss, 2008). The third stage of the constant comparison approach, selective coding, forms the basis for theory development. Selective coding goes beyond the intended outcomes of this work and was therefore not completed.

While these two phases were explained in sequence, they often occurred in an iterative manner, as connections between the data were made throughout analysis (Corbin & Strauss,

2008). However, the first phase of analysis for the two interview types (opinion leader and advice-seeker of opinion leader) took place in sequence. This was done to ensure comparisons could be made within the respective interview type. While the opinion leader interviews were the primary source of data used in answering the research questions of this study, the advice-seeker of opinion leader interview contributed complimentary knowledge from a different perspective. Advice-seeker of opinion leader interviews were used to provide examples and statements to support the findings from the opinion leader interviews.

The coding process continued until data saturation was reached, indicating that no new knowledge or interpretation could be determined from the existing data (Bryman, 2012). Another indicator that data saturation had been reached was when the research questions of the study were addressed. To support the effort in answering the research questions, it was important to return to these questions frequently throughout and following the coding process.

Nvivo 11 software was used to support the coding and analysis processes. While the interviews existed previously within Nvivo 11 from the stage of primary analysis, raw transcripts of the 26 interviews of interest were re-uploaded to the software to undergo analysis using the research questions and coding approach of the present study. Memos also added an additional layer of analysis within the coding process (Richards & Morse, 2013), as notes pertaining to the thought process associated with creating codes and coding the interviews are considered a critical form of reflection and acted as an important reminder to me throughout the time of analysis (Artinian, Giske, & Cone, 2009; Bryman, 2012; Hadi & Closs, 2016).

Trustworthiness

When conducting a qualitative study, it is important to introduce measures to ensure the rigour or trustworthiness of the study findings. One strategy to improve trustworthiness is self-

description or reflexivity (Hadi & Closs, 2016). Nvivo 11 software was used for qualitative data analysis in this study, as it allowed for the creation of memos to support myself and any future collaborators to return to the thoughts that emerged throughout analysis. This is an important component of self-reflection, which helped to strengthen the trustworthiness of this qualitative study with the acknowledgement of any personal beliefs or thoughts that may have induced researcher bias (Bryman, 2012; Hadi & Closs, 2016). The use of constant comparison techniques also contributed to the trustworthiness of a study, as it forced me to undergo continuous examination of my assumptions and perspectives within the context of the data (Corbin & Strauss, 2008).

Results

Interview respondents

Opinion leaders and advice-seekers of opinion leaders whose interviews were analyzed in this secondary analysis study were located in the Canadian provinces and territories of Nova Scotia, New Brunswick, Prince Edward Island, Manitoba, Saskatchewan, Alberta, British Columbia, and the Northwest Territories. Other provinces were excluded for participation in the qualitative interviews due to exclusion from the entire primary study recruitment (Ontario and Quebec) and low survey response rate in the first phase of the primary study (Newfoundland and Labrador, Nunavut, and Yukon). The complete demographic and employment characteristics of opinion leaders are summarized in Table 1. All of the opinion leaders were women, with ten of the 13 respondents falling into the age category of 45-59 years (76.9%). Twelve of 13 opinion leaders had a professional background in nursing. The mean worked years of opinion leaders in the long-term care sector was about 16 years (range: 2 to 30 years), and mean years worked in their current position was 6 years (range: 1 to 13 years). The opinion leaders of this sector filled various positions, including director of care and clinical nurse specialist in a long-term care

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

facility, and liaison officer, senior nurse consultant, and director of continuing care at a regional or provincial level.

Motivation was the primary COM-B component of interest in this analysis. The motivations of opinion leaders to give advice and diffuse innovations within the long-term care sector were driven by factors identified across seven themes, with constant consideration for additional contributing factors such as capability and opportunity. The seven motivational themes of opinion leaders were: obligations of the position, value of education, systemness, relationships, supportiveness, passion, and caring nature.

Table 1 Demographic and employment characteristics of opinion leaders [*N* (%), unless otherwise stated]¹

Respondents	13 (50)
Gender	
Women	13 (100)
Men	0
Age	
35-44	2 (15)
45-54	6 (46)
55-64	5 (38)
Education	
Diploma/certificate	1 (8)
Bachelors	6 (46)
Graduate	6 (46)
Professional background	
Nursing	12 (92)

¹ Demographic characteristics of advice-seekers of opinion leaders will be forthcoming in the development of manuscript for publication

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

Business	1 (8)
Years worked [<i>M (SD)</i>]	
In long-term care	16 (14)
In current position	6 (5)

Obligations of position

One dominating motivator for opinion leaders in providing advice or sharing innovations within the long-term care sector was the obligations of a professional position. While most opinion leaders spoke of this motivator in combination with other underlying components, the obligations of their contract or job description/responsibilities was discussed by 12 of the 13 opinion leaders as a driving component to why they provide advice within the sector. Many advice-seekers of opinion leaders also spoke to the position of the opinion leader as the main characteristic that distinguished them as a key source of advice.

"So yes, it is a part of my position as a senior nursing consultant for long-term care. That's what I do - I provide programs, planning, support, ah... you know, if they're asking something that's relevant to the setting or the resident or... best practice, clinical practice what do you do - like you know, anything, then definitely - well, that's part of what I - my role is" - P824 (Opinion leader)

As part of their position, five opinion leaders spoke about the opportunity of having access to numerous long-term care facilities and their obligation to provide advice and knowledge to these facilities on a routine basis. Opinion leaders described their networks as an extension of the position, in that the network followed a natural systematic flow that was less based on personal characteristics but rather professional aspects.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

"We see it as our responsibility to disseminate best practice evidence and information that comes to us. Sometimes it's - if ah, my consultants do research. And then we'll disseminate it" –P823 (Opinion leader)

Value of education

Opinion leaders discussed their continued interest in capacity development through educational opportunities. This continued interest in knowledge gathering is associated with the behavior of advice-sharing and innovation diffusion, as it is clear that opinion leaders are motivated to participate in and seek out learning opportunities when available. Continuous learning in this way adds to the credibility of knowledge and insights from an opinion leader, as the resources and knowledge gathered are likely to be timely and from more than one source.

"In this population, ah, geriatric um, population, it's - and it's really important that - you know, they are a vulnerable sector that we need to stay on top of best practice. And we need to stay on top of educating ourselves and others, the best we can, to care for them. Move away from old ideas" –P177 (Opinion leader)

Similarly, opinion leaders shared their appreciation for the opportunities for continued education offered to them due to the nature of their position. This includes opportunities to attend conferences and workshops. The benefits in education gained from such opportunities are not lost on the opinion leader, but rather harnessed as a motivational driver to share knowledge with other decision makers and front line staff within the sector.

Opinion leaders wish to share their own knowledge and promote opportunities for others to further develop knowledge and skills in the area of elder care. Opinion leaders recognize that this is an evolving and dynamic sector that often experiences challenges with resource security, which further emphasizes the importance of innovative and evidence-based approaches to

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

provide the best quality care for residents. When working in such an environment, continuous education is paramount to ensure best practices are up to date and available resources are used most effectively and efficiently.

"We know that things are changing rapidly, so we have to constantly be keeping ourselves current and look at ah... and we also know that you know, um, there's been and continues to be pressure on um, the resources that are available to deliver programs." –

P823 (Opinion leader)

Opinion leaders in this sector have built their capabilities for advice and knowledge sharing through numerous sources, including having worked for many years and in many different positions within the health care sector. These capabilities were echoed by the advice-seekers of opinion leaders in their respective interviews, as experience and knowledge were identified as characteristic traits enabling an opinion leader to stand out in their position. With capabilities developed through these experiences, opinion leaders are eager to share their learnings with other decision makers.

"I knew he had a big – a large knowledge base, and he was willing to share" – P20

(Advice-seeker of opinion leader)

Systemness

Opinion leaders are also motivated by a desire to improve care quality in the long-term care sector. This could be described as a sense of systemness, which is defined as a feeling of accountability and responsibility for long-term care sector improvements in different areas (Cranley et al., 2017). For example, opinion leaders are driven to provide advice or information on innovations with a goal to ultimately improve the quality of resident care in long-term care facilities.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

"But also, fundamentally, that's my value, is - is that I wanna be able to provide the best care that we possibly can. And I think that that's kind of probably why I've grown into this role that I have, is because I'm pro - able to provide that leadership. And hopefully that direction. I'm also very much about thinking outside the box." -P3095 (Opinion leader)

Additionally, opinion leaders are motivated to share advice and innovations within the sector to improve the working conditions and safety of those on the front lines. Some opinion leaders drew motivation from their own previous experiences working as front line care staff in long-term care facilities and spoke of this as a driver to continuously increase the safety standards for the staff of their facilities.

"Because we want what's best for the resident. And I want what's best for our staff. And I want there to be a healthy um... healthy, home-like environment for those we care for. And I want there to be a safe working environment, and a healthy environment for my staff." - P606 (Opinion leader)

Relationships

Opinion leaders value their relationships with others in the sector, both long-standing and evolving. They are motivated by these relationships because they wish to maintain them, they respect the other individual in the relationship, and at times they gain a sense of comfort and teamwork from the relationships they have developed over time.

"I do have a good personal relationship with a lot of the directors of nursing, and I've actually developed personal relationships with some of the social workers as well as some of the nurses that have been in touch with me. And so that motivates me too, because I really respect the work that they're doing, and I respect them as professionals

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

and as individuals. And so I try my best to be really responsive to their requests and to partner with them effectively." - P612 (Opinion leader)

There were a few examples in which the advice-seekers spoke to the relationships they had developed over time with opinion leaders. While these relationships were valuable in themselves, advice-seekers also acknowledged benefiting from the well-connectedness of the opinion leader. Opinion leaders in these cases were discussed as being present and available, which could contribute positively to the development and sustainment of relationships and the diffusion of innovations:

"He always put himself out there to the forefront, to say, 'anything at all - give me a call'" – P20 (Advice-seeker of opinion leader)

Opinion leaders also spoke of the importance of participation in committees and group meetings as an opportunity for networking and avenue for knowledge sharing and seeking. Eleven of 13 opinion leaders spoke of group meetings and committees of which they are a part that occur at a local, provincial, regional, and national level. These meetings are formed to discuss various topics of interest related to long-term care policy, care improvement initiatives, and general knowledge and advice sharing. Opinion leaders value these connections, and often recognize these opportunities as an extension of their professional position.

"The other thing that's been um, helped with so many, is I've been quite involved in the um, [provincial gerontological nursing association]. Um, so that's another really valuable way of you know, networking and developing some connections. And knowing what's going on in gerontology. And seniors' health caring practice." – P2211 (Opinion leader)

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

Themes of motivation were often overlapping and interrelated. The following statement is a strong example in which the opinion leader discusses the importance of relationships by identifying group meetings with colleagues in the sector and education sharing as the valuable output of this opportunity:

"Sometimes it feels like I actually can't keep up with their thirst for doing the right thing, for getting the information, for sharing that information, um - you know, to help with some of that, I've actually started having a round table at every one of our meetings, so that each home can talk about what's going on at their home, in terms of newness, and innovations, and what's working, what's not, where the challenges are. And there's incredible learnings that happens when we - when we have those discussions. " – P612
(Opinion leader)

Supportiveness

Opinion leaders are driven by the prosocial characteristic of wanting to make the lives of others easier. This trait could be described as a sense of supportiveness, where the opinion leaders care for those working in the long-term care system and share advice and innovations to make the lives of their colleagues easier, and ultimately improve care or quality of work life.

"I never thought about what is in it for me. I guess I look at it that, if I can make somebody's life easier, then great. If I can improve quality of care in my own home or another home, then that's great" - P65 (Opinion leader)

Furthermore, two opinion leaders spoke specifically about the importance of providing coaching and mentoring to the directors of care who seek their advice, allowing their mentorees to work through challenges and understand the rationale behind the solutions, rather than just

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

providing them with a yes or no answer. It is clear they are invested in the long-term care sector and care greatly for its continued success with future generations of leaders.

“So you know, there’s an element of coaching and mentoring in there as well. So, instead of, you know, just making a decision, not really explaining it, having a little bit of that banter back and forward so that they can truly understand – and challenge me as well. “Well that’s flawed” or “that doesn’t make sense” And “couldn’t we do this?” So, it’s more of an exchange, as opposed to solid advice. I mean, the solid advice are – really, rules and regulations. “We cannot do this, it’s beyond me. No we can’t do that” – whatever it is. But if it’s something that has a little bit of negotiation, I really try to foster that, um, coaching and mentoring as well.” – P228 (Opinion leader)

“I’ve had contact and resources and any time there’s someone new in any authority, I reach out and speak with them and provide them with an overall ah, you know, who can we – who can you access at the department. We do orientations with anybody that’s new in authority – if we – we reach out and say, “Oh, we understand that you’ve just been hired in this position. We’ll wait for a while, let you get used to your position, then let’s have a conversation or a telephone conference or a face-to-face meeting, and to review what resources and support we can provide.” – P824 (Opinion leader)

Passion

Opinion leaders are highly motivated by their passion for long-term care. While it could be difficult to disentangle the related components of passion and caring nature, for the purpose of this work, passion is described as an extension of an innate characteristic that has developed into an interest or personal investment. Opinion leaders are passionate about the care they provide.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

They have a personal investment in their work and the goals they set to achieve through their work.

In some of the interviews, the opinion leaders' passion was driven by a personal experience or feeling. The motivation to improve care quality and engage as a leader in the sector in these cases was derived from a place of emotional connection. One opinion leader described this emotional connection in their response to why they provide advice to individuals within their network.

"But I also think that um, it's because this is my community. These could be my family members. This could be my - my friends. It's my friend's families. It - it could be me one day, it could be them one day. So, this is my community, this is my home. Um, so whatever happens here, um, you know, it... whatever I say, it's because this is - this is our home. And we deserve this as we age and um, so I need to support that we're doing it right now." - P4005 (Opinion leader)

In the advice-seeking interviews, interviewees identified the passion of opinion leaders as a driving motivator for sharing advice and relationship building within the sector.

"Through our relationship building [...] I also learned that he had a love for long-term care. So, you know, a passion - he has a passion for long-term care." -P20 (Advice-seeker of opinion leader)

"I think her passion for long-term care. She has a genuine passion for the residents that we care for. And that really stands out and... has always stood out for me. That if somebody has the passion, then they're the person that I want to talk to" - P59 (Advice seeker of opinion leader)

Caring nature

Opinion leaders described their connection to the long-term care sector and those who work and live within it as an inherent characteristic, or being “part of their nature”. This theme may be familiar to readers vis-à-vis the ever popular debate of nature versus nurture and understood as such for the purpose of this research. Some opinion leaders in this sample were naturally and genuinely driven by their caring nature toward others to diffuse innovations within the sector, rather than being nurtured to take on such duties. Personal characteristics of opinion leaders, such as personality, was recognized by advice-seekers as a characteristic that drives the opinion leader’s ability to take on this informal role within the sector. It was also observed that a background in nursing was associated with the theme of caring nature and used as the rationale to explain such an innate characteristic.

"I'm a nurse in my background. So it's just that caring, helping nature, right? Like my interest in helping. And I really like problem-solving. And that kind of thing. So I would say it's part of my natural probably instinct as well." - P3152 (Opinion leader)

Sliding scale of motivation.

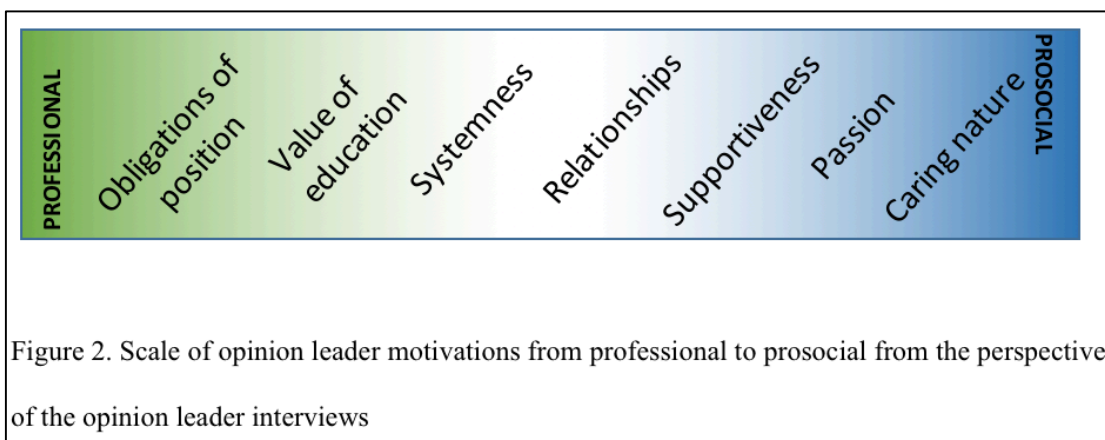
The motivation of opinion leaders was driven by factors represented on a sliding scale across two major themes: professional motivators and prosocial motivators (Figure 2). The motivational scale in Figure 2 is meant to be fluid, in that the order of the components may “slide” or interchange with one another depending on additional factors that may affect motivation, including aspects of capability and opportunity. While motivational characteristics are heterogeneous across each of the opinion leaders of interest, the presence of motivation from at least one of the emerging themes was confirmed, thus indicating that the absence of motivation was not a factor in this data set. For example, motivation to share advice and innovations within the long-term care sector could be driven by a desire to improve quality of

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

care due to the influences of corporate power and position responsibilities or a personal investment as a result of previous experiences in family history. For example, one opinion leader spoke of a personal example that lead her to be passionate about the care provided within long-term care settings:

"My grandmother had Alzheimer's in the early 80's - back when it was called craziness, senility. Um, ah - I didn't want really to be a nurse then, but it just - it's just where it ended up being, and I've always been a very strong advocate in the best possible care for - especially for people with dementia, and palliative care, in long-term care settings." –

P824 (Opinion leader)



Outcomes of motivation

To understand the potential outcomes of having motivated opinion leaders within the long-term care sector, the interview question in which opinion leaders were asked to provide examples of specific innovations they diffused or implemented within the sector was analyzed. Twelve of 13 opinion leaders were able to provide at least one concrete example of an innovation they helped to diffuse or implement with the intentions of improving care practices. The categorization of examples varied broadly, including specific programs to be used in recreation, philosophies of care, policies, and standardized procedures.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

Opinion leaders also harnessed the capabilities and opportunities previously discussed when diffusing innovations and making changes in the long-term care sector. One opinion leader spoke specifically of the ability to fill a gap in care with expertise and knowledge gained from experience in the sector. Upon entering the position, it was clear to the opinion leader that care improvements could be made and thus a plan was moved into action:

“But for example, least restraint program. Ah, when I came here, we had – did not have a policy um, residential services needed. They were doing things without med – you know, physician order and stuff, where 20 years ago, I did develop a least restraint program back in Ontario, Ottawa, you know. And – and in Quebec, you know, 30 years ago. So I mean, that was pretty easy for me to put that in place when I knew already you know, that was done and that was best practices, right? [...] So years ago, we needed to do ah, least restraint program. So, first I developed a procedure guideline on this. And all the material, and monitoring form, and all of this. I ah, do a draft, I discussed it, communicate with the clinical nurse leaders and the manager gets input. When I have the final document, I do develop an action plan, implementation plan, that will be done for each facility. We set up a timeframe, who will do that, how. Provide some education, develop educational material, communicate with them via monthly meeting. Get that ah, policy procedure approved, put it on intra-net so everybody has access to it.” – P4149
(Opinion leader)

Opinion leaders often spoke about their innovative endeavors with pride and ownership. There was also a sense of confidence portrayed in their explanation and an understanding that with each implementation is an opportunity for further education and experience in care improvement. By undergoing this process on different occasions, opinion leaders have increased

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

knowledge into the conditions needed for successful diffusion, implementation, and adoption. Opinion leaders invested time and effort in the diffusion and implementation process because they were motivated by the outcomes they knew could be achieved through evidence-based approaches to care improvement.

“The iPod project, for one. [...] Um, wanted to share it, just because of the importance of music, and you know, being at a conference, that information that I’ve – I had received from different sources, ah, one being the [institute], one being [long-term care facility], who started the iPod project in [province]. And took that back to my homes that weren’t able to be there, and send that out. Send them videos – ah, you know, clips of music and memory. I just felt it was so important and had seen the... anecdotal results of it were very positive. So I shared it with the homes. I shared it with the directors of care. I share it with the administrators, ah, activity people. Um, on inspection – that’s kinda one thing that I took to all my inspections that year. And wanted everybody to get involved in. Um... it was very well-received. And it had quite a positive impact.” – P177 (Opinion leader)

In these examples, the primary outcome of motivated opinion leaders was demonstrated: the diffusion and implementation of innovations within the long-term care sector. However additional outcomes were identified through the process of advice-sharing. Opinion leaders discussed a sense of community that they have helped to establish through relationship building and connections within the sector. With increased knowledge sharing and innovation diffusion, opinion leaders also spoke of preparing the next generation of decision-makers for the success of the sector. They recognize the challenges that the long-term care sector will have to overcome both presently and in the future, and they are motivated to do their part in seeing its success.

Discussion

Summary of the study

As the Canadian population of older adults continues to increase, the need to continuously improve the quality of care provided in long-term care facilities increases in parallel. Canadian seniors currently residing in long-term care, and those who will enter in the future, have increasing complexity and a greater acuity of care, which suggests that present models of care and care philosophies will need to be re-evaluated and improved. As new innovations and knowledge is diffused throughout the long-term care sector, care quality improvement must be initiated and supported. Opinion leaders play an integral role in this process, as they are recognized by their peers as the key sources of advice within the sector. The purpose of this thesis was to examine what motivates opinion leaders to diffuse advice within the advice-seeking networks of Canadian long-term care facilities.

Guided by the theoretical knowledge of diffusion of innovation theory (Rogers, 2005) and the COM-B (capability, opportunity, motivation, and behavior) framework (Michie et al., 2011), two research questions were addressed: What are the drivers of capability, opportunity, and motivation for opinion leaders within the interpersonal advice-seeking networks of this sector? What are the potential outcomes of having motivated opinion leaders within the long-term care sector with respect to the diffusion and implementation of innovations? Twenty-six semi-structured interviews with opinion leaders and advice-seekers of opinion leaders were analyzed through two coding phases (open coding and axial coding) of constant comparison analysis. The interviews were analyzed as an informing data source that spoke to the factors influencing the diffusion of innovations within the long-term care sector. The influential factors of interest included motivation, capability, and opportunity. While motivation was the primary

factor of interest within this research, it is understood from the COM-B framework that motivational factors cannot be fully understood solely in isolation, but rather with consideration for the influential factors of capability and opportunity (Michie et al., 2011).

Findings from the primary study identified motivation for providing and seeking advice as a key theme in the qualitative analysis (Cranley et al., 2017). Characteristics of altruistic and purposeful motivation were recognized within the opinion leader interviews, as well as traits of personal satisfaction, or intrinsic motivation. Within this analysis, Cranley and colleagues emphasize the sustained investment of opinion leaders for continued development and improvement of the sector and of themselves as leaders. This final chapter discusses how the in-depth analysis of motivational characteristics has expanded the knowledge of the primary study in this area. Additionally, the research results are considered in the context of previous research and a description of the overall aim of this study, which was to understand how the presence or absence of opinion leader motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion and/or implementation of advice within the Canadian long-term care sector is discussed. Finally, implications for policy and practice and ideas for future research are presented and discussed.

Drivers of capability, opportunity, and motivation.

This research sought to understand how the presence or absence of opinion leader motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion and/or implementation of advice within the Canadian long-term care sector. To achieve this understanding, one must first investigate what motivation looks like within the sector of interest. Thus, the first research question examined the drivers of capability, opportunity, and

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

motivation for opinion leaders within the interpersonal advice-seeking networks of the long-term care sector.

Previously conducted research has indicated that motivation can be influenced and drawn from many sources based on situational context and that these sources can change or adjust over time (Grant, 2008). The findings of this study support this understanding, with seven motivational drivers emerging from the interviews with long-term care opinion leaders: obligations of the position, value of education, systemness, relationships, supportiveness, passion, and caring nature. Each opinion leader within this dataset was motivated by a source within at least one of the identified themes, indicating that the absence of motivation was not detected.

Figure 2 presents the motivational drivers identified in this study as they may be understood on a sliding scale from professional to prosocial. While there were categories observed across the motivational factors of opinion leaders, the story and motivational influence of each opinion leader was unique. The components of this motivational scale are fluid and may “slide” or interchange with one another, allowing for the heterogeneity of opinion leader motivation to be expressed on an individual level. While some opinion leaders’ motivational characteristics were concentrated heavily in one category or on one end of the scale, all opinion leaders spoke of motivational characteristics driven from a minimum of two of the previously mentioned themes. In a comparable study of interest, de Guzman and colleagues (2009) discuss geriatric service motivation typologies to explain the motivation and attitudes of Filipino nurses caring for the older adult population. These mutually exclusive typologies included “single loop motivation” and “double loop motivation”, which describes nurses who are driven by their perceived call of duty and nurses who are influenced by their history and an ultimate sense of joy

and fulfilment, respectively (de Guzman et al., 2009). In this comparison, professional motivators could be associated with single-loop motivation and prosocial motivation could be associated with double-loop motivation. de Guzman (2009) found that the nurses of interest in their study were most likely to be driven by professional factors pertaining to self-betterment and role obligations at the commencement of a career in geriatric nursing. However, as time passed, nurses were more likely to be motivated “from the heart”.

Professional motivation.

Previous research suggested prosocial and intrinsic motivators were the key drivers for individuals in a caring profession (Grant, 2008; van der Voet et al., 2016). The motivation discussed within published literature spoke solely of behaviors in relation to the nature of their work, but did not address the diffusion of innovations specifically. Based on this, it was expected that prosocially and intrinsically driven factors would arise more prominently within the results of this study. However, in contrast to this expectation, the most prominent motivator for opinion leaders, discussed in 12 of 13 interviews, was the obligations of their professional position. While this motivational driver was often discussed in relation to other themes, it was a strong underlying component within this data set. As indicated by the definitions of intrinsic and prosocial motivation, this driver is external to such motivational sources and could be described as a primarily professional motivator. As previously mentioned, this observation was discussed by de Guzman et al. (2009) as single loop motivation, in which the nurse is motivated to complete work related tasks based on their desire to ‘fulfil their duty as geriatric nurses’.

As a motivational driver, the obligations of one’s position is impacted by the associated factors of opportunity and capability, as evaluated using the COM-B framework. Opinion leaders discussed a significant opportunity to diffuse innovations within a specific group of individuals

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

that arises from the connections within their position, including other facilities under the same ownership or jurisdiction. Due to the nature of these connections, innovations are diffused effectively and strategically, often with the desire to standardize care practices and prevent a phenomenon referred to by many as “re-creating the wheel”.

The influence of extrinsic motivation could also be discerned from the information gathered surrounding obligations of one’s position as a motivational driver. Extrinsic motivation speaks to a motivation for behavior that is driven from external award or recognition (van der Voet et al., 2016). Due to the nature of its position on the motivational scale from professional to prosocial, it could be interpreted that motivation from the obligations of one’s position could be supported from the underlying desire to fulfill the mandate of their current position and thereby succeed in this position and enhance their likelihood for career progression.

Importance of transferring knowledge.

Opinion leaders play an important role in the process of diffusion within their sector through their ability to “lead in influencing others' opinions about innovations” (Rogers, 2003). There are certain qualities and characteristics identified within the literature that describe opinion leaders; many of which were expressed in the advice-seeker of opinion leader interviews selected for analysis within this study. As observed through these interviews, the opinion leaders of this sector are recognized as experienced, knowledgeable, well-connected, and credible contributors within the long-term care community. In addition to these anticipated characteristics, opinion leaders were also described as passionate and having a personality suited to the behavior of this network role. It is with such qualities and characteristics that opinion leaders are able to transfer knowledge throughout the sector in a manner that is productive and efficient.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

With their experience, knowledge, connectedness, and credibility, it was not surprising that opinion leaders truly value the impact of education from multiple perspectives. The theme of education emerged in some capacity as a source of motivation, opportunity, and capability, primarily as an extension of the opinion leaders' professional motivations. Opinion leaders discussed their abilities to further knowledge and *capabilities* through participation in educational *opportunities*, and recognized this as an additional *motivational* driver. With the increased knowledge developed through educational opportunities, the motivation to share such knowledge with others in the sector also increases. This action was found to take place both proactively and reactively, depending on the nature and expectations of the advice-seeking relationship between opinion leader and advice-seeker. From a different perspective, opinion leaders also shared advice and information of educational opportunities with colleagues and network connections within the sector because they value education and the care quality improvements that come from education.

At the heart of it all – making things better.

At the balancing point of the motivational scale lies the motivational driver of systemness, which impacts care quality improvement and quality of work life improvement for front line employees within long-term care facilities. This motivational factor was frequently discussed by opinion leaders, however the ways in which it was discussed emerged differently. Systemness as a motivational driver was often discussed in association with the obligations of their position, as continued improvement to such aspects of quality were important to the well-being and reputation of the facility as a whole. In contrast, components of prosocial motivation emerged as an additional consideration. With the interests of others at first mind, opinion leaders wish to provide the best possible care for the residents and the best quality work life for care staff.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

It was clear that opinion leaders value their relationships with other colleagues of the long-term care sector. Similarly to supportiveness, the value of relationships as a motivator is derived from prosocial characteristics, however, the origins of such relationships were found to arise from *opportunities* presented through primarily professional avenues. The importance of participation in committees and group meetings as an opportunity to gain and share advice and innovations within the sector cannot be understated. It is clear through their participation in such groups that opinion leaders are invested in their work beyond the obligations of their position and that significant time and effort is attributed to the continued development of sector relationships. The motivational reasons to explain the rationale for sharing advice within the sector are the same as the reasons for attending committee and group meetings, particularly in relations to the themes of professional and extrinsic motivation. The characteristic of opinion leaders to seek out opportunities to build on their existing knowledge base and networks is further evidence of their motivation.

Prosocial motivation.

Many opinion leaders contributed clear statements of “the desire to expend effort to benefit other people” (Grant, 2008), or prosocial motivation, as a driver to diffuse advice and knowledge within the long-term care sector. While the theme of systemness persists as an underlying driver of these statements, it is the theme of supportiveness, or the desire to make the lives of their colleagues easier, that truly exemplifies the notion of prosocial motivation. Prosocially motivated individuals are said to be driven by an interest in the outputs for the individuals targeted with their work (Grant, 2008), which in this case is demonstrated in their desire to share knowledge that has the ability to positively impact the work life of a colleague. Additionally, prosocial motivation drives a sense of focus to the future, in this case the future of long-term care. In several motivational statements, opinion leaders spoke specifically of their

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

desire to provide advice and mentorship to those in new positions and working as front line care staff within a long-term care facility, in an effort to develop and train the future opinion leaders in this sector. Components of intrinsic motivation were also expressed within the theme of supportiveness, as opinion leaders discussed a feeling of personal satisfaction attained by helping others.

Especially within the themes of passion and caring nature, statements of motivational drivers comprised a sense of duty to protect and promote the well-being of others (Grant, 2008). The theme of caring nature is defined as an innate sense of responsibility that the opinion leaders feel for the long-term care sector and those who work and live within it, while the theme of passion is defined as an extension of an innate characteristic that has developed into an interest or personal investment. It was clear from the opinion leader interviews that motivation from a place of passion and caring nature has great impact on the diffusion of innovations within the sector. Advice-seekers recognized the passion that opinion leaders hold for the long-term care sector, which impacted their likelihood to seek advice from this individual above others.

Linked with these statements of caring nature and passion, some of the opinion leaders with a professional nursing background used this characteristic as an explanation for the passionate and caring nature that guides their work in the long-term care sector. It is understood within the literature that nurses are not only driven from a place of prosocial motivation when choosing to embark on a career in this field, but also influenced by this driver as a source of motivation for continued success and career commitment (Nesje, 2014). The findings of this study are found to align with this understanding, as many opinion leaders within the Canadian long-term care sector, with and without a background in nursing, were influenced by characteristics of prosocial motivation.

Outcomes of motivated opinion leaders in the long-term care sector.

With an understanding of what drives opinion leaders to the behavior of sharing advice and diffusing innovations within the long-term care sector, it is important to then understand the outcomes of this motivational process. The second research question addresses: What are the potential outcomes of having motivated opinion leaders within the long-term care sector with respect to the diffusion and implementation of innovations?

There are several outcomes that emanate from the presence of motivated opinion leaders in the long-term care sector. The first is evidence of the behavior of interest within this study: the diffusion and implementation of innovation. The opinion leaders in this dataset place emphasis on the importance of evidence-based innovations, suggesting that they may not be recognized within the traditional definition of an innovator or early-adopter (Dearing et al., 2017; Rogers, 2003). An innovator or early-adopter, as described by Rogers (2003), is one of the first individuals to implement or adopt an innovative approach within their respective field, however evidence from this study supports the notion of opinion leaders implementing evidence-based interventions, which may lead some opinion leaders to observe adoption in other facilities before their own and allows them to fall away from the innovator end of the adoption curve.

As indicated by Rogers (2003), the involvement of opinion leadership within the diffusion and implementation process is likely to result in a more successful outcome. There are many reasons for which this relationship between opinion leadership and successful diffusion and implementation may exist. Opinion leaders bring years of experience and often a varied perspective to implementation after having worked in different sector position. They discussed the challenges and successes of innovation implementation and understand the processes required to bring change to fruition. With constant consideration for care quality improvement,

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

the opinion leader characteristics of being future-focused and outcome oriented is important to the diffusion and implementation of innovations.

The presence of motivated opinion leaders also leads to an increased sense of community within the network. Opinion leaders represent a strong presence within their communities, particularly at the local level and are able to tap into network resources to affect change in a way that is credible and convincing (Rogers, 2003). They are actively building and sustaining their relationships and connections within the sector through their participation and organization of committees and groups, attending conferences, workshops, and other educational opportunities, and sharing their wealth of experience and knowledge. With an increased sense of supportiveness, opinion leaders are adding to the community feel by looking out for their colleagues and making their lives easier whenever possible.

As the residents of the long-term care sector continue to increase in number and complexity, the presence of motivation opinion leaders represents a promising outlook and increased readiness for the future. Opinion leaders are invested in the quality of care and quality of work life provided within a long-term care facility, and recognize the importance of implementing practices that are evidence-based. Through the use of opinion leadership in diffusion and implementation strategies, the outcome of care quality improvement can be achieved in a manner that is more timely (Rogers, 2003). They are also dedicated to developing and strengthening their networks and relationships for continued diffusion opportunities, and care for the continued success of this sector through providing advice and mentorship to individuals on the front lines and taking on new positions.

Across the seven themes of interest, motivational components were positioned on a scale from professional to prosocial, however, aspects of intrinsic and extrinsic motivation also

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

emerged as motivational drivers. This is represented on the revised theoretical framework (Figure 4). One interpretation of these findings could be that motivation that is prosocial and/or intrinsic, which includes the themes caring nature, passion, supportiveness, and relationships, tend to be more connected to or influenced by components of capability rather than opportunity. The motivation that is driven by professional and/or extrinsic drivers, which includes the themes obligations of position, the value of education, systemness, and relationships, tends to be primarily influenced by opportunities rather than capabilities.

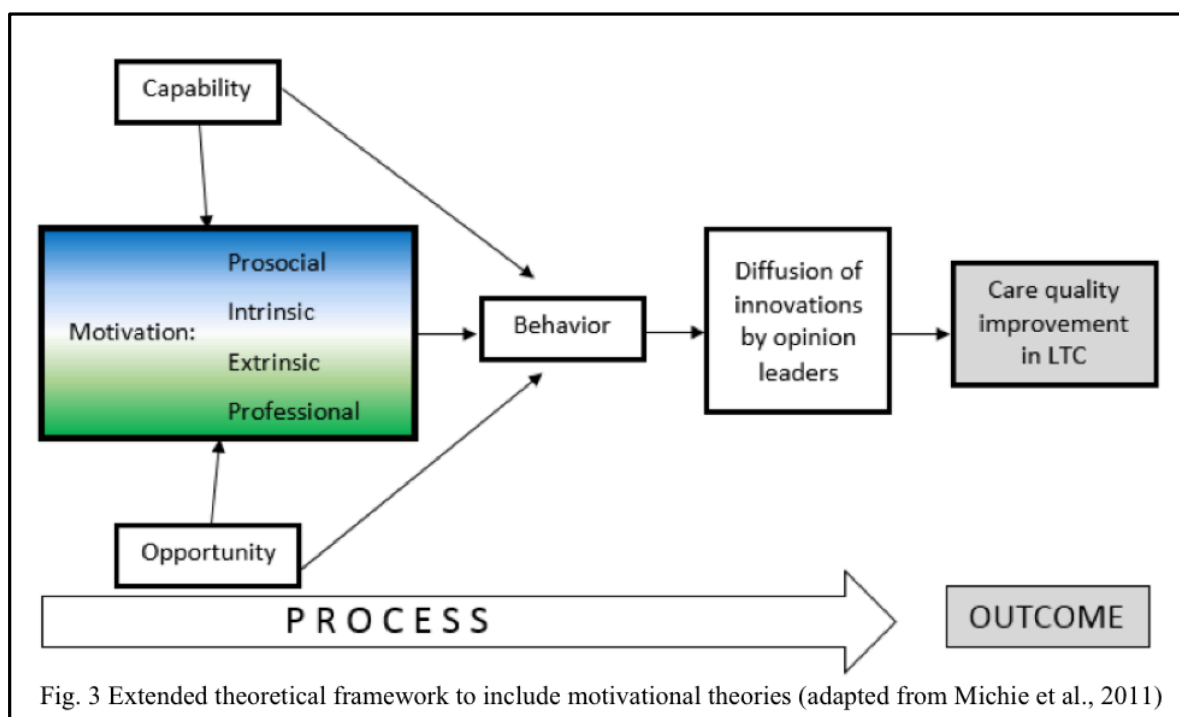


Fig. 3 Extended theoretical framework to include motivational theories (adapted from Michie et al., 2011)

Figure 4 provides an in-depth interpretation of the COM-B framework, extended from the theoretical framework presented in Figure 1, and uncovers a complex relationship in which extrinsic and intrinsic motivation may be linked to opportunity and capability, respectively. These findings have led me to arrive at a deeper appreciation for the complexity of motivation and the way it interacts with the other framework components of capability and opportunity,

which is known to then influence and guide behavior. Based on this understanding of tendencies, future studies might be in a better position to examine the role that these factors play in influencing the behavior of opinion leaders.

Implications for Policy, Practice and Future Research

From their motivational statements, it is clear that opinion leaders of the long-term care sector value education and the importance of evidence-based approaches. With an increasing need for high quality care in long-term care facilities across Canada and a decrease in the pool of resources, the stakes for organizational and practice changes in this sector are high (Georgiou et al., 2012). When the resources are available, both with respect to financial resources and human resources, opinion leaders recognize competing priorities at the decision-makers' table and the challenges that arise when adopting and implementing practice changes. A resource deficit has the ability to impact the diffusion of innovations at the level of process and outcomes. Opinion leaders are integrated in opportunities for collaboration and knowledge sharing, which could be self-driven but from the findings of this study are more likely to be driven from professional obligations. Support and resources for continued participation in these opportunities is paramount to the continued success of the long-term care sector. Additionally, resources are required for adoption, implementation, and maintenance. However, many of these opinion leaders have worked their way to a position of decision-making authority, allowing them the ability and following to effectively produce valuable contributions of change to the sector.

As discussed by Straus and colleagues (2013), understanding of the motivational characteristics of an individual in a decision-maker's position can have great implications for the adoption of evidential research into practice. It is important that such decisions be made from a place of continuous knowledge, well-versed connections, and passion. Through this research it

was determined that the opinion leaders of the long-term care sector suit this description. This knowledge has important implications for hiring managers of long-term care facilities when appointing an individual to a position of power and decision-making. Theories of motivation are used to support work in the field of organizational change to better determine how these internal drivers impact an individual's support for change in the work place (Georgiou et al., 2012).

Based on the underlying desire to improve care quality, which was recognized across almost all motivational themes, one may conclude that opinion leaders would support change in the work place that will lead to its ultimate improvement.

Limitations

As I interpreted the data for this thesis, I was conscious that I had previously analyzed several of the qualitative interviews using different research questions for the development of a different manuscript. While I did not anticipate this experience to influence my interpretation of the data, it was important to recognize that I had considered previously several interviews through a different lens. Throughout the process of analysis, I was reflexive through memo-ing and journaling. This allowed me to recognize and control for any personal biases that may have emerged and also to reflect on contextual factors that are realized within the interviews.

When using data for secondary analysis, there are key considerations related to data collection that may present as potential limitations. I did not take part in the original data collection process, which had the possibility to alter my interpretation of the data. To overcome this potential limitation, I sought support from those involved in the interview process during secondary analysis and used raw audio recordings of the interviews when appropriate. It was also possible that the questions within the interview guide used to gather the data of interest may offer potential barriers in reaching saturation in the analysis process or sufficiently answering the

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

research questions. In the analysis phase, the data proved sufficient for data saturation and study completion. However, one identified limitation of this study, which was considered during the development of methodology and recognized upon beginning interview analysis, was the way in which the question of motivational influence was posed to the interviewees by the interviewer. It was observed in the interview transcripts that the question was not asked the same way in each interview, and at times the interviewer would offer a probe before allowing the thoughts of the interviewee to surface independently. While it is possible that this may have altered the results of the findings, it is not likely, as each interviewee was generally given sufficient opportunity and time to respond to the question as they saw fit.

Evidence of this innovation diffusion as an outcome of opinion leader motivation was particularly important to this study. Due to the nature of secondary data analysis with this data set, there is insufficient evidence to argue that advice-seekers do not also contribute to the diffusion and implementation of advice and innovations. There is sufficient evidence, however, based on the results of the network analysis component of this project, to suggest that the identified opinion leaders take part in such behavior more frequently and to a larger audience. In future research, it would be interesting to evaluate the differences of advice-seeker and opinion leader roles in the process of innovation diffusion in more detail.

Conclusion

In conclusion, this study sought to understand how the presence or absence of opinion leader motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion and/or implementation of advice within the Canadian long-term care sector. Through this analysis, this thesis contributes to the knowledge of the *Advice Seeking Networks in Long Term Care* study and research in the long-term care sector in several ways,

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

including advancing the qualitative interview analysis of the larger network study through a deeper understanding of the opinion leader's role in the process of advice and innovation diffusion and providing an in-depth investigation of the motivational characteristics of opinion leaders in this Canadian sector.

As a product of this research, it is now understood that opinion leaders in this sector are motivated by a combination of factors, including: obligations of the position, value of education, systemness, relationships, supportiveness, passion, and caring nature. With knowledge of the motivational drivers for opinion leaders in this sector, this research provides a valuable contribution to the existing knowledge of opinion leader characteristics, specific to the long-term care sector.

Motivational factors were presented on a sliding motivational scale ranging from professional motivators to prosocial motivators (Figure 2). Obligations of the position was the dominant motivator for opinion leaders in this sector, however a desire to improve care quality was found to be intertwined within many themes across the scale. Prosocial motivation was represented most clearly in the factors of supportiveness, passion, and caring nature.

This research confirmed that opinion leaders in the long-term care sector are motivated individuals, and that they are using this motivation as a driver to create change and improve care practices. Specific outcomes associated with this motivational presence includes the diffusion and implementation of innovations, an increased sense of community within the network, and increased readiness for the future. This research has important implications for policy and practice due to the nature of resource availability in this sector and the challenges that arise from this issue. However, it is clear that opinion leaders are invested in seeking out and sharing

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

information pertaining to innovations that are evidence-based and will improve care quality for the long-term care sector, which can help to ensure resources are used most effectively.

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Appendix A: Original interview guide with Opinion Leaders

1. A number of directors of care/directors of nursing identified you as someone they look to for advice about clinical care decisions and innovations in resident care.

In general,

- What is the nature of the advice you often give?
- To whom do you often give advice aside from DOC/DONs?

2. What kind of advice are you most frequently sought after for, offer/provide?

- Advice on clinical care decisions?
- Innovations in resident care?
- Administrative?
- Other?

3. Generally, under what conditions do you offer or give advice?

- a) For example, do you give advice in response to people who ask for your input? Or do you offer advice in a more proactive way
- b) When you come across information or innovations that you think might help or benefit someone in your network, and you simply go ahead and forward that information?
- c) Or both reactive and proactive? And if so, is the advice you give mostly reactive or proactive?

4. In general, is the advice given formally or informally?

- Telephone?
- Email?

5. Why do you provide or offer advice? What's "in it" for you?

- Obligations of your position?
- Longstanding relationship(s) with Advice Seekers
- Personal interest?
- Sense of responsibility? – organizational level or sector level?

6. How would you describe your position/connections/reach within the long term care sector in [PROVINCE]? Outside PROVINCE? Has this evolved over the years that you have worked within the sector? How? (how did it begin, and change).

7. In what ways have you/do you share or disseminate information, innovation & advice to others in long term care and estimate to what relative degree?

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

- Regular meetings
- Part of networks – what kind
- Conferences

8. Was there a time when you attempted to spread the word about a promising new innovation that could improve resident care or was a quality improvement initiative? Would you describe this to me?

- What was the innovation?
- Why did you want to share? What did you have in mind by doing so?
- How did you share your opinion that this was a good idea? And with whom?
- How was this information received? Did sharing the information ultimately have the impact or effect that you had hoped it would? What might you do differently next time you come across a promising new idea?

9. What is your general sense of willingness to innovate and share in the sector?

10. Others look to you for advice about resident care which suggests that you have expertise in this area. In your view, how have you gained this expertise? And how do you continue to build it?

- Through your practical experience
- Through your (long) history of work in the LTC sector, holding various roles
- From other members of your Network
- From specialized organization(s)?
- From Conference(s) that you attend?
- From research papers that you read, and/or researchers that you know?

11. To help us understand the attributes/background of individuals participating in the interviews can you tell me:

- What is the highest level of education?
- What is your professional background (e.g., nursing, business)?
- How long have you worked in long term care?
- How long have you worked in your current position?
- To which of the following age category do you belong?
 - o 20-24 years
 - o 25-29 years
 - o 30-34 years
 - o 35-39 years
 - o 40-44 years
 - o 45-49 years
 - o 50-54 years
 - o 55-59 years
 - o 60-64 years
 - o 65-70 years

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

- >70
- Is English your first language? Do you speak any other languages?

12. In question 8, we asked you about how you spread innovation. If we came across a new innovation in the long-term care sector in the future, would you be interested in having a conversation regarding acting as a future demonstration site?

Appendix B: Original interview guide with Advice Seekers of Opinion Leaders

1. Would you please describe your relationship with [NAME OF NETWORK LEADER].

- Why did you name [NAME OF NETWORK LEADER] as someone/nursing home from whom you seek advice or information?
 - o Reminder to participant we are not asking them to divulge any confidential information.
- How long have you had an advice-seeking relationship with [NAME OF NETWORK LEADER]?
 - o How did your relationship begin?
 - o Did you know [NAME OF NETWORK LEADER], or of them, before you began to seek advice from them?
 - If so, for approximately how long?
 - o How would you characterize your early relationship with [NAME OF NETWORK LEADER]?
 - o If applicable, was knowing [NAME OF NETWORK LEADER] before you began to seek advice from them an important factor in deciding to seek advice? Explain.

2. What were your initial motivations for seeking advice?

- What problem were you trying to resolve? or what information did you need?
 - o What was the nature of the problem? (e.g., strategic, operational, other)
 - o Why did you feel that the information was needed? (e.g., to inform strategic planning, to determine how to respond to new legislation, to solve HR issues, to improve performance in a particular clinical area, other)

3. What are the characteristics of the [NAME OF NETWORK LEADER] that lead you to first seek advice?

- EXAMPLES: Their reputation as a knowledge source? You knew them to be a credible source? You thought that they were approachable? Based on your past experience/relationship? [if org] the size/reputation of their organization? They were recommended by another trustworthy source?
- In the Survey, you also identified others that you seek advice from – specifically: [NAME(s) the other network members identified by participant]
 - o Can you describe and compare the nature of your relationship with them, to your relationship with [NAME OF NETWORK LEADER]?

4. Returning to your relationship with [NAME OF NETWORK LEADER]: What type of “advice” do you seek from them, specifically?

- Advice on how to solve management issues or HR issues, concerns with upcoming inspection or accreditation visits.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

- Knowledge or experience gained, for example when implementing a new clinical practice in their home.
- Information or insights regarding the upcoming political changes, and their implications for the operations of your home, or the nursing home industry.
- Information from other jurisdictions that might offer you insights.

5. Since first starting to seek advice from [NAME OF NETWORK LEADER], what has led you to continue to seek advice from them?

- Reliable information, good advice, particularly good insights, valuable industry connections...
- What aspect of your relationship with [NAME OF NETWORK LEADER] do you value the most?

6. Under what situations do you seek advice?

- How often?
- When?
- In these cases, was the advice that you sought spontaneous (unplanned) on your part, or did advice seeking occur in a planned or intentional way (e.g., regular, planned meetings)

7. For the specific situations that you just described, what were the outcomes of seeking advice?

- Did you act on this advice? Why or why not?

8. How do you generally interact with [NAME OF NETWORK LEADER] when seeking advice?

- What are the preferred methods or modes of communication with [NAME OF NETWORK LEADER]?
 - o For example, by email or telephone, in person at various venues that you both attend, other.

9. Has the nature of your relationship with [NAME OF NETWORK LEADER] changed over time? If so, describe how it has changed.

- Do you interact more or less frequently?
- Has the types of advice sought changed over time?
- Does [NAME OF NETWORK LEADER] provide you with more, or less, input?

If your relationship has changed, to what do you attribute changes in the nature of your relationship with [NAME OF NETWORK LEADER]?

- Trust, goodwill, reciprocity, sustained value, other.

MOTIVATION AND DIFFUSION OF INNOVATIONS IN LTC

10. Would you describe the relationship that you now have with [NAME OF NETWORK LEADER] as two-way, as compared to earlier one-way interactions where [NAME OF NETWORK LEADER] likely provided you more input than you provided them?

- Are there challenges in communicating with the [NAME OF NETWORK LEADER]?

11. Is there anything else that you would like to discuss regarding the “advice-seeking” relationship that you have with [NAME OF NETWORK LEADER], that you think will help us understand advice-seeking in this network generally?

12. What is it about [NAME OF NETWORK LEADER] that makes them a network leader?