COHERENCE, CREATIVITY AND AUDACITY IN METHODOLOGICAL DECISIONS

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Carper's ways of knowing (e.g., empirics, aesthetics, ethics, and personal) undeniably imprinted the generation and understanding of nursing knowledge[1] positioning nursing as a standalone profession separate from medicine. While Chinn and Kramer[2] have added to these ways of knowing to include emancipatory knowing, today, there are calls[1,3] for inclusion of the political way of knowing to this list to reshape nursing research methodologies to generate socially relevant knowledge that can respond to claims for social justice and health equity. Noncolonialist philosophies, advocacy actions for human rights, and anti-discriminatory policy development genuinely should guide nursing research targeting the social determinants of health[1]. Decolonization of nursing knowledge legitimates noncolonial philosophies promoting the goals of social justice and humanization for all[3]. To achieve this, research-practice-education agendas need to include diverse individuals' frames of reference, knowledge patterns, and culture[3]. This will best inform policy reviews and development.

To counteract the imprints of colonialist philosophies over the South epistemology[4–5], Santos proposed the paradigm of prudent knowledge for a decent life[5] Its principles refer to scientific-natural knowledge in its forms as social, local, and common sense. Therefore, redesigning methods to mobilize all social, technological, and instrumental assets[3] to increase recruitment and participation of hard-to-reach populations (e. g., living in distant locations, at risk for social isolation, limited or diminished exposure to research) using technology, demonstrates audacity and freedom to integrate an extensive number of approaches and methods[6]. For instance, human-centered design incorporates overlapping collaborative processes and data collection procedures in eHealth projects[7–8]. Another example is the

purposeful innovation in research by the Iceberg Innovation Model[9] and its interconnected layers: the innovative research tools and their use, and the guiding principles of innovative methods. Of particular interest is the latter one that highlights the engagement in holistic innovation, the development of theory and method together, the necessity to be reflexive in innovating methods, and the need to execute meticulous clarity of method presentation[9].

The increment of research during the pandemic brought forward researchers' need to adapt, re-create and re-design data collection procedures. By doing so, they uncovered the societies' digital gaps, mainly when using online and phone data collection. Researchers faced challenges and opportunities to make remote data collection a methodological rigorous procedure while knowing that prospective participants might be eager to share their stories and experiences. Within such a context, situations such as unequal access, availability of technology, strict observance of risk of disembodiment, safety, and vulnerability were possible[10]. However, with facilitated accessibility to online social communication, online research approaches could enhance social inclusion of disadvantaged participants and social care research capacity[11–12]. Sensitive topics (e.g., victimization, health issues, sexuality) can be virtually addressed with a collection of rich data recognizing the difficulty of reading visual cues[13]. Favorably, the inclusion of persons with mental illnesses as research participants could allow the collection of digital stories and video testimonies, for example, as a narrative-based art form[13] These approaches give voice to participants' experiences and promote participant empowerment and community building for this population.

If innovation and creativity remain appealing for nursing research, it is noteworthy to say that the transfer of evidence to practice may be troublesome. Technology and knowledge translation to advance nursing practice (in all contexts) may represent insurmountable barriers for nursing researchers in low and middle-income countries. Incorporation of technology in the cycle of knowledge production is questionable. For example, South America nursing scholars have shared that research about contemporary practice issues requires an intellectual collaboration with other disciplines to enhance knowledge translation initiatives for the profession[14]. Collaborations that will respond to technology users and adopters need to overcome existing barriers related to technology incorporation into practice[15]. Collaboration as a multidisciplinary research team may expand the access to less-known research methods and theories. For instance, the exploration of population's access to e-health information in e-health literacy research can benefit from knowledge about digital tracking of data (e.g. the usage of digital media)[16]. Since interest for digital health is growing in the region, understanding of users' responsiveness to digital health initiatives can occur through the lens of artificial intelligence correlated theories (e.g., unified theory of acceptance and use of technology; game theory; planned behavior; behavioral reasoning; evolutionary theory)[17].

Potentially, nursing researchers can foresee benefits in such an approach to inspire the design of coherent, audacious, and creative research proposals. Even the needed methodological sophistication[18] can be achieved to revolutionize the future of nursing research agendas.

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