

A CALL FOR KNOWLEDGE TRANSLATION IN NURSING RESEARCH

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Despite universal acknowledgement that healthcare practice and policy should be informed by the best available evidence, gaps in the timely creation and mobilization of knowledge are pervasive and contribute to poor health outcomes. These gaps emerge from the failure to develop evidence that responds to ‘*real world*’ issues, along with lengthy delays in uptake.¹ As a result of these ‘*know-do*’ gaps, nursing researchers are moving away from traditional form of research knowledge creation and transfer toward more contextual and collaborative modes of research.

Knowledge translation (KT) is increasingly recognized as a practical and effective way to improve the use of evidence in healthcare practice and policy.² The Canadian Institutes of Health Research defines KT as “a dynamic and iterative process that includes 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”.³ Since 2013, in Brazil, the *Rede para Políticas Informadas por Evidências* (Evidence-Informed Policy Network - EVIPNet Brasil), a global WHO initiative, has supported evidence-informed decision making in healthcare policy.⁴ They have produced 14 evidence syntheses and eight deliberative dialogues for knowledge synthesis. With its emphasis on building mutual understanding and leveraging relationships to strengthen the use of evidence in practice and policy, this is an example of an integrated KT (IKT) strategy.

Nursing practice is grounded in caring and relational theory.¹ These theories guide nurses to deeply attend to understanding and responding to the needs and goals of those with whom we work. As nurse researchers, these relational and caring theories extend to how we do research by guiding us toward approaches where researchers and research users co-produce knowledge about something defined as meaningful. Given the shared relational foundations between nursing and IKT, nurses are well positioned to contribute to advancing science and practice in this field.

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IKT is a collaborative approach to research that requires researchers to work collectively with knowledge users, such as decision-makers, healthcare providers, patients, and policy-makers. It positions research and researchers as responsive and caring, with a focus on working together to identify research priorities and questions, develop appropriate research approaches, and advance the application of outcomes into practice. At the heart of IKT are effective and sustained partnerships, for the purpose of addressing mutually-determined concerns or issues. IKT requires relational dialogue between researchers and knowledge users throughout the research process, producing research findings more likely to be directly relevant to and used by knowledge users.⁵

The Knowledge-to-Action Framework⁶ outlines a process of KT with a focus on involving knowledge users across all components of knowledge creation, synthesis, and dissemination of the KT cycle. Collaboration with knowledge users includes development or refinement of research questions to ensure questions are relevant to users, selection of methodology, data collection and tools development, selection of outcome measures, interpretation of findings, and dissemination of results.

Over recent years, there have been widespread transitions in how research is designed, implemented, and evaluated. Nurses have assumed important roles in the creation of knowledge in the nursing and health fields. When planning a new study, it is critical for a nurse researcher to prospectively consider ways to undertake their research for maximal relevance and application, and how study findings can positively impact healthcare when collectively produced, disseminated, discussed and understood by knowledge users.⁷ To improve the knowledge-to-practice gap, we as nurse researchers need to think and do things differently. IKT gives us the opportunity to do just that. Involving knowledge users from the onset will help ensure that critical issues are identified and responsive research questions are generated. Furthermore, a move to patient-oriented research⁸ is required to engage patients, family members, and caregivers as partners in health-related research to better address patient-identified questions and further improve outcomes for patients.

There is also a need for greater evidence to deconstruct and explore how IKT can inform and optimize nursing research for better outcomes in practice, policy and education.⁸ A systematic exploration of partnerships to highlight effective IKT practices is required.⁹ Overall, action is required by nurses to study, employ, and teach these IKT strategies to address the knowledge-to-practice gap.

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