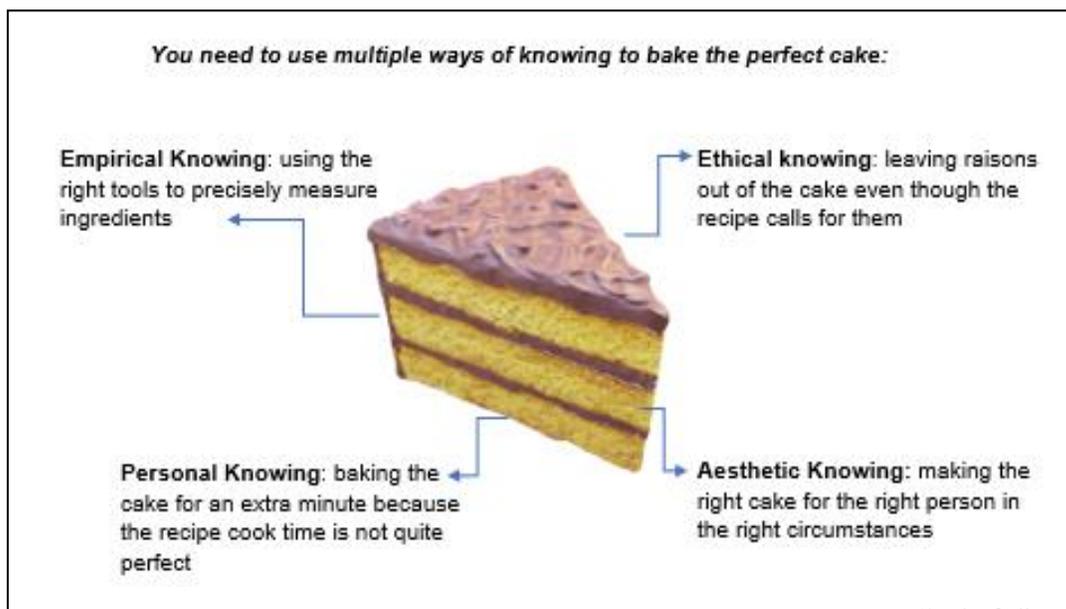


# INTEGRATING RESEARCH IN PRACTICE

Kendra Cotton, RN, MScN Student

The nursing profession contributes a unique body of knowledge towards healthcare literature because nursing is grounded in a caring science. This means that both nursing practice and research are informed by a body of knowledge in which patient care is the core. Historically, science has focused on empirical knowledge development; that is, research which is objective and can be both replicated and validated (Turkel, Watson, & Giovannoni, 2018). If we were baking a cake to represent types of knowledge, empirical knowledge would be those ingredients, such as baking soda, necessary to cakes universally. But, what about other useful ingredients? The nursing profession has demonstrated the value of adding new ingredients to knowledge development in the form of personal, aesthetic (artistic), and ethical ways of knowing. Nursing research is providing new insight into understanding individuals unique realities and using this knowledge to compliment empirical research to gain a more in-depth understanding of phenomenon (Porter, 2010).

Utilizing all of they ways of knowing in research development has expanded our knowledge as a profession (we've got a whole bakery full of cakes now); but, has also posed a significant challenge. Personal, aesthetic (artistic), and ethical ways of knowing are historically not considered legitimate or reliable research (Bonis, 2009). Nursing has demonstrated to the world that knowledge is dynamic, therefore evidence used to guide practice must be broad so that we may gain insight to the bigger picture and more effectively deliver care.



# Nursing Research in Practice:

## Leaders of change

At the start of my undergraduate nursing degree it was instilled in me that nurses are uniquely positioned to be leaders for change because of our large numbers, ubiquitous distribution throughout the healthcare system, and valued professional knowledge.



## Leaders in the Workplace

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Nurses are leading change through research development, starting in their workplaces. For example, a study authored by four nurses, including two Canadians from London Ontario, demonstrates that nurses can identify and address a need for change and /or gaps in research. Nurses working in hemodialysis listened to their patient's frustration surrounding their inability to shower with a tunneled central venous catheter (CVC) and the discomfort that came with keeping a dressing on the catheter. The nurses noticed that many patients removed dressings and showered against medical advice. These nurses had a unique perspective because they worked so closely with patients and recognized the effect that the CVC dressing had on a patient's quality of life. The research done by these four nurses resulted in policy change within the London health sciences center in London, Ontario because it was observed that patients with a well-established CVC were not at a higher risk of infection when the patient showered, and the CVC was left undressed.

This is an example of how four nurses used personal, ethical, aesthetic, and empirical knowing to identify a need for change and produce evidence to support the change. The nurses knew the patients unique health goals, preferences, and reasoning for non-compliance (personal knowing); the effect of the CVC dressing and shower ban on patient's quality of life (ethical knowing); noted that patients were not compliant with CVCs dressings anyways, and therefore would be easy to include in the research study (aesthetic); and demonstrated a more effective approach to care (empirical).

(Lawrence, Wilson, Seiler, & Harwood, 2014)



<https://mao.ca/policy>

## Leaders in Public Policy

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In 2018, the RNAO released a *Submission to the Advisory Council on the Implementation of National Pharmacare*. This report included reasoning why Canada should have a pharmacare program and how the program should be implemented. The RNAO authors used research to support their statements and pursue readers; for example, projected cost savings resulting from universal pharmacare were summarized based on available research.

One year later, the public policy push for pharmacare has been successful and the program is now a part of the NDP, Green party, and Liberals election platforms. A large part of what made this public policy push successful was the RNAO's use of research to provide sound evidence to inform their audience.

<https://mao.ca/policy/submissions>

## How to Increase Your Competency in Research

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- Be curious
- Join the RNAO and the nursing research interest group.
- Attend conferences.
- Read the registered nurse journal (RNJ) through the RNAO to stay up to date with current nursing research and issues.
- Identify issues in your workplace, formulate a research question, and bring this to your nursing leaders and peers.
- Connect and work with advanced practice nurses in your community to see how you can support their research initiatives.
- Share your knowledge on research with your nursing peers to build their interest.
- Gain patient and family perspective
- Volunteer:
  - Read academic journals and professional journals (the RNJ),
  - join research committees,
  - join the board of directors of an interest group,
  - become a best practice guideline stakeholder

# Advanced Practice Nursing: Leaders in Nursing Research



The Strong Model of Advanced Practice. (Ackerman, Norsen, Martin, Wiedrich, & Kitzman, 1996).

## What Defines an Advanced Practice Nurse?

An advanced practice nurse (APN) is a registered nurse with graduate education whose work is focused on direct clinical care; in Canada, nurse practitioners and clinical nurse specialists make up our APN workforce. The core competencies of APN practice are: consultation, education, leadership, research, and direct clinical care. APNs utilize their advanced clinical expertise to:

- Provide consultation
- Initiate and/or support research development and utilization
- Disseminate research findings and best practice evidence and guidelines
- Lead quality improvement
- Provide education for health care providers, patients, families, and the general public
- Clinical leadership
- Develop and apply nursing theory to practice, increase theory utilization in practice
- Analyze and influence health policy and organizational policy
- Evaluate the effectiveness of the status quo and identify a need, if any, for change

(Canadian Nurses Association, 2019).

## Why Have an Advanced Practice Nurse on your Team?

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Advanced practice nurses use evidence to guide their individual nursing practice; to guide and change practice in their workplaces; and to evaluate the effectiveness of nursing practice. Evidence based practice (EBP) is the synthesis of knowledge gained through research, clinical experience, and patient preference; and is useful to support all nurses in clinical decision making (Saunders & Vehviläinen-Julkunen, 2016). An APN may develop an EBP guideline, disseminate an existing guideline, or critically analyze the effectiveness of a current guideline. Graduate education prepares the APN to understand and critically analyze research to determine which would be considered reliable, transferable to practice, valid, and useful for practice; the APN then facilitates knowledge application in their clinical setting (Remer Thompson & Schwartz Barcott, 2019). The APN has a close relationship with direct clinical care, which puts this nurse in an ideal position to understand clinical issues, the needs of the patients, the needs of the staff, and how to best address inefficiencies in the healthcare system. The APN also works to connect policy makers with the best evidence so that they may create supportive policy (Kilpatrick, Carter, Bryant-Lukosius, Charbonneau-Smith, & DiCenso, 2015). Research findings are not easily translated into practice and nurses often do not have the time to do this while working in the clinical setting. These are barriers to nurses use of EBP, resulting in underutilization. The APN plays a critical role in translating research into practice so that nurses have the right information and nursing practice is enhanced (Saunders & Vehviläinen-Julkunen, 2016).



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