"TRANSLATION" OF SCIENTIFIC KNOWLEDGE INTO NURSING PRACTICE AND BACK!

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ABSTRACT

The practical application of research findings into clinical practice is a highly relevant issue for both the providers and receivers of healthcare. It had been estimated that 30-40% of all patients do not receive health care based on relevant knowledge and as much as 20-25% of all patients receive harmful or unnecessary care. The purpose of my presentation is to present examples on how we in Sweden try to ease the "Translation" of scientific knowledge into nursing practice, but also the other way around, how issues and problems in nursing practice inspire and direct nursing research. The focus of my presentation will be on the following three aspects: 1) The Swedish Society of Nursing (SSF) initiative of a popular science magazine - The Nursing Magazine; 2) Clinical lectureships in nursing - joint appointments; and, 3) Seminars in nursing for students, teachers and clinical supervisors.

"Translation" of scientific knowledge to nursing practice and back

The knowledge translation and implementation research has been on the health care agenda a long time, but especially during the last two decades (Wallin, 2009). It is a highly relevant issue for both the providers and receivers of healthcare. It had been estimated, for example, that about 70% of the 4 million infants that die each year could be saved if evidenced based practice, including nursing care intervention, were used (Lawn et al, 2005). Likewise, it has been reported that 30-40% of all patients do not receive health care based on relevant knowledge and as much as 20-25% of all patients receive harmful or unnecessary care (Grol & Gremshaw, 2003). The Grol & Gremshaw (2003) study mostly relates to medical treatment, but we know that the same scenario may very well imply nursing as well. The nursing care we provide to our patients today does not always reflect our current knowledge, and a number of obstacles (Hutchinson & Johnston, 2006) to the implementation of evidence based practice have been identified, as for example:

1. The growing complexity of science and technology makes it impossible for any nurse to read, recall, and act effectively on the volume of clinically relevant scientific literature,
Not only is the volume of the scientific literature a big problem, but the knowledge form is a big problem as well. The research literature, often written in a foreign (English) and scientific language is seldom directly suitable for practice application.

In many health care settings of today, doing things the way that they’ve always been done is still a prevailing practice. Although no longer acceptable, this practice persists, due to a variety of reasons and barriers. The barriers most frequently identified by staff nurses are insufficient time on the job to implement new ideas and lack of time to read research.

The purpose of my presentation is to present examples on how we in Sweden try to ease the "translation" of scientific knowledge into nursing practice, but also the other way around, how issues and problems in nursing practice inspire and direct nursing research. The focus of my presentation will be on the following three aspects:

1. The Swedish Society of Nursing (SSF) initiative of a popular science magazine - The Nursing Magazine
2. Clinical lectureships in nursing - joint appointments
3. Seminars in Nursing for students, teachers and clinical supervisors

1) The Swedish Society of Nursing (SSF) is the professional society that brings registered nurses together on professional issues. The society constitutes an arena and meeting place for clinical, educational, scientific and ethical discussions and decisions, and the Nursing Magazine is the Swedish Society of Nursing’s popular science magazine. The magazine, 5 years of age comes in 6 issues/year and is distributed free of charge to the approximately 85 000 nurses who are members of the Swedish Society of Nursing. The purpose of the Nursing Magazine is to stimulate professional development by disseminating results of research and development for all nurses regardless of specialty. The articles and reports are written by journalists and cover current nursing research and nursing issues, portray successful and inspiring nurses, and provide examples of innovative work environments and organizations. The Nursing Magazine also contains information on the Swedish Nurses’ Association and its activities. All articles are presented in an esthetical, fresh and accessible graphic form and language. Examples will be shown at the Congress. Chief Editor of the Nursing Magazine is a journalist, Rolf Månsson, and the magazine also has a qualified editorial board composed of nurses with extensive experiences in research, clinical practice and education.

The content of Nursing Magazine is increasingly being used in nursing education at both graduate and undergraduate level, it is often a topic for discussion in the practice setting, and it is gaining esteem among other health professionals and the public. By now it is no longer a problem to get some of the expenses for the Magazine covered by advertisement. Thus, today it is very much easier for nurses and other health care professionals to keep updated with the evidence based nursing knowledge and to be inspired by innovative nurses and health care delivery models.
2) The second example is experiences from my own practice of having a joint appointment as a senior lecturer at the Department of Nursing, Umeå University and clinical lecturer at Axlagarden’s Hospice, Sweden.

“Joint appointments” became popular internationally in the 1980’s – as a mean to bridge the gap between theory and practice. There is great variation in the title related to a joint appointment, like for example: clinical nurse researcher, lecturer practitioner; link-lecturer; clinical developmental nurse; senior clinical lecturer or nurse researcher in (a defined clinical area like) palliative care. The content of the role appear as varied as the title, but is mainly related to 4 areas: information exchange with staff; teaching and supervision in practice; initiating, supervising and doing research; and, supporting specialist and advanced practice. I consider myself as one of the few lucky nurses who have a joint appointment. In most nursing departments in Sweden the establishment of joint appointments has a high priority and the number is increasing, but there are obstacles to overcome. Universities in Sweden are under governance by the state whereas most health care facilities are under governance by the county or local community. Thus, creating joint appointments, quite common for physicians, is still in the making for nurses, and discussions are ongoing about the role, type and content connected to such a position. My role at the hospice occupies 30 % of a full time position and is mainly related to supporting the staff in developing palliative care nursing but also quality assurance.

It has been a big challenge for me as a clinical lecturer to form a partnership between the two worlds of the “general and theoretical” and the “life world and unique”. That is, being an effective researcher and publish in important journals with a high impact factor (the general and theoretical) and not killing the initiative, need and desire of clinical nurses to write in everyday language with little attention to scientific standards like doing literature reviews and methodological rigor (the life world and unique).

Looking back at my experiences with a joint position I will argue that these positions help bridge the gap between theory and practice. A joint position helps me to keep my feet at the ground, thus when teaching at the university I am able to combine up to date clinical practice with up to date evidence based knowledge and my research is inspired by issues and problems encountered in the clinical setting. The nurses at the hospice have gained improved cooperation with the department of Nursing and the University, they often come to the nursing department to teach, they are gaining hands on support and supervision in relation to initiating and implementing improvements in clinical practice and an increasing number of the hospice nurses are active consumers and initiators of research. Below is a description of some of the research and developmental studies that have been initiated and carried out by clinical staff, mostly nurses at the hospice in the last 8 years.

- To understand and describe the influence of environment in palliative care;
- The effect of Acupuncture for patients in a hospice suffering from xerostomia.
- Palliative sedation - an ethical dilemma
- Symptoms and alleviation of symptoms in the last days of life as experienced by significant others at a hospice
- Significant others’ experiences of the quality of care at a hospice
- Does burn-out exist in a hospice in Northern Sweden? - A seven year longitudinal study
- Experiences of being a hospice volunteer
- Primary nursing and its effect on nursing documentation at a hospice
- The experiences of patients and significant others of participating in art therapy in a hospice
- The enigma of documenting nursing care according to the hospice philosophy
- Hospice care – experiences from the interprofessional team

3) Lastly, I will just mention a new idea initiated by the head of our department Professor PO Sandman namely, “Seminars in Nursing” for students, teachers, senior lecturers and clinical supervisors. The intention of these seminars is to create a platform where students, nurses, teachers and senior lecturers can meet and discuss phenomena and theories related to nursing as a mean to bridge the gap between theory and practice and to increase the esteem of the nursing profession. These seminars are taking place for one hour each month, and at each seminar, one of the senior lecturers at the department present a case story about a patient and/or family and then show how the research she or he is working with have relevance for and can be applied in relation to the case. This is then followed by a discussion by the participants. It is too early to evaluate the effect of this initiative, it takes some time to build up a good reputation of such an endeavor, but our goal is that the students and clinical nurses will come to appreciate and prioritize participation in the seminars.

We still have a long way to go before we can say that the main part of our nursing practice is based on evidence based knowledge, but hopefully the three examples presented here can be of inspiration for you as Slovenian nurses in your attempt to provide good nursing care to the patients and families you care for.

References