

Translating Inquiry Into Clinical Practice: Opportunities and Barriers for Oncology Nursing

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The need to move research results from the literature into practice settings, colloquially known as “bench to bedside,” is rife with potentialities and barriers.

Translating results from the literature into practice is one of the pressing issues for oncology nursing. As our scientists, researchers, and evidence-based practitioners continue to conduct multiple forms of inquiry including research, evidence-based practice (EBP), and quality improvement (QI) studies, the corpus of literature is increasing markedly. However, burgeoning studies and increased dissemination do not necessarily provide a clear path to the translation of this work into clinical settings. The need to move research results from the literature into practice settings, colloquially known as “bench to bedside,” is rife with potentialities and barriers. Although there is much need for translation of research to bedside, for many reasons, this has been a difficult journey in nursing to move from knowledge development and empirical testing to translation into practice (Titler, 2018). To move this work forward, it is important to consider the steps necessary for implementing practice changes.

One challenge to translational research and uptake into practice settings is that there are multiple conceptual and operational, colloquial, and

hybridized terms for EBP, QI, research translation, and translational research. There has been little focus on harmonizing the terms to describe distinctive or differing aspects of inquiry. In addition, the lack of clarity about which of these forms of inquiry should contribute to practice changes and the types, quantity, and levels of evidence that may be deemed sufficient for making a change in a particular environment are not clear. For example, nursing research spans multiple levels, including basic research at the molecular level, descriptive studies, multiple levels of intervention development and testing, and evidence synthesis via meta-analysis. Analytic methods may include quantitative, qualitative, or hybrid methodologies. Typically, QI and EBP methodologies use quantitative analysis to examine the process of care delivery or for implementing a new practice standard within an organization and/or larger entity such as across hospital settings. The scope of inquiry of EBP and QI pertinent to oncology nursing may be nursing specific or disciplinary agnostic across patient and healthcare settings. Adding to the complexity, the level of approach may be local, systemwide, or national/international.

To reap the benefits of translating multiple forms of evidence into oncology nursing practice, we need a strategy for integrating current forms of inquiry in addition to planning for design of future studies so that translation is considered as part of the development of EBP, QI, and nursing research. One question that needs discussion is how to bring together the

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various entities and perspectives to catalyze the translation of multiple forms of inquiry into practice. What foci are the most significant and feasible and potentially have the largest impact for oncology nursing? To lead at this juncture will require different skills, knowledge, and team composition. A beginning question is who within nursing is going to lead the translational work and how could the process include a broad array of practicing clinical nurses and nurses with advanced degrees to guide the process of knowledge translation? How do we engage health systems to embrace this work, during a period of heightened stress and workplace turnover?

For oncology nursing, identifying emerging and significant issues as well as less novel yet vexing issues that warrant further attention by concerned patients, families, and clinicians needs additional discussion. How will different groups within oncology nursing design and implement the next steps? Educational pathways for translational research within nursing are not clear. The work of doctor of nursing practice scholars generally focuses on advanced practice nursing, and PhD-educated nurse scientists who may have narrow focus across multiple areas of oncology nursing will need to join with practicing oncology nurses to have conversations about priorities for research translation. Or, is there need for different educational background?

Oncology nursing has the history of building one of the strongest research foundations in nursing. From this vantage point, a focus on translational inquiry can be developed to move forward the measurable impact on oncology nursing practice. What are your views about the future of nursing research and EBP? How do we bridge these seemingly disparate areas to integrate and synthesize next-generation research and EBP? Should the Oncology Nursing Society journals consider highlighting research and EBP/QI translation? These issues will need focused attention and integration of multiple constituents including patients and families. And finally, what is the venue of choice for the dissemination of research and EBP, and what is the next step for oncology nursing?



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