

GUEST EDITORIAL – Professor Glenn Gardner RN, PhD, Chair in Clinical Nursing, Royal Brisbane and Women's Hospital and Queensland University of Technology, Australia.

Email: glenn.gardner@health.qld.gov.au

NEW PERSPECTIVES ON OLD DEBATES: RE-ENGINEERING THE THEORY PRACTICE GAP

Nursing can be slow to recognise change and the need for change. An example of this is our ongoing interest in the so called theory practice gap. The nursing literature continues to discuss and debate this concept whilst all around us in the practice environment the context is dramatically changing. In this editorial I am going to explore this theory practice gap and propose a re-framing of this old notion and suggest a scenario whereby theorists and clinicians have a meeting point that transcends the erstwhile theory practice gap.

Without doubt the volume of research output has increased over the past ten years. The focus has been enhanced in terms of our enthusiastic response to the evidence based practice agenda: the language of research and evidence is becoming part of the lexicon of nurse clinicians, managers and executives. This is progress. Nursing research increasingly *matters* in the world of health care practice. It matters to nurse clinicians and is starting to attract the attention of health service managers, health bureaucrats and other health disciplines. Furthermore, our discipline's presence, albeit small to date, in the list of successful national competitive grants is testament to this. Given such progress can we at last say that the much discussed theory practice gap in nursing has closed?

Well, yes ... but, maybe no. Maybe the so called *gap* has just morphed into something different, something that is in accord with contemporary developments in research and practice in nursing. In fact, in the environment of health care we rarely hear talk of the research practice gap. Research conversation is dominated by the language and intent of evidence based practice, which by definition, is a *gap-closer*.

If nurses are asking about and appraising research evidence for practice, they have leapt over the theory practice gap and have moved to improving the uptake of research in nursing practice. This is progress. The evidence based practice movement has focused our research agenda toward issues of direct clinical significance; in short, nursing has responded to the imperatives of confirming clinical efficacy in the practice we deliver.

But before we get too comfortable in the certainty that contemporary nursing has solved the problem that has bedevilled our discipline for the past 30 years, we need to think about the discipline's body of knowledge and the 'state of health' of nursing interventions. After all, efficacy studies need material or interventions to test.

I think we all agree that the evidence available to inform nursing practice is scant. Whilst the same might be claimed for medicine, the discipline of medicine is backed or supported by robust basic bioscience research that develops new knowledge to inform what the media then headlines as a 'medical breakthrough' in a particular field. This medical breakthrough is subsequently worked on and developed to produce a medical intervention that can be tested through clinical research and ultimately contribute to patient treatment options. This is referred to as translational research activity.

Thus the aim of translational research is to develop and convert the exciting and novel findings made in fundamental, or basic, laboratory research, into a testable entity or hypotheses for evaluation in clinical trials. This translational research by the way is beginning to attract serious funding from state and national competitive funding bodies. This raises questions of: Where do nursing interventions come from? What are nursing's novel and exciting research findings? To answer, we need to turn to the research that is not designed to test an intervention, **but the research that is conducted from the position of intellectual curiosity**, the 'why...'; 'what if...'; and 'how do...' questions.

While many of us have generated efficacy studies in response to direct questions on clinical effectiveness, others have generated studies in response to different imperatives or triggers such as patients' experiences of health, illness and health care. We have also leapt into the research space by questioning factors that influence the context, environment or culture of nursing practice; we have responded with research promising solutions to complex topics such as chronic pain, dementia, palliative care, grief and suffering, treatment compliance, the intersection of acute and chronic illness, the discord of technology, care of older people, and so on. These are some of the big issues of nursing that require deep and sustained inquiry and often are not immediately amenable to quantification, causation or comparison. Often this branch of inquiry will draw upon the difficult and multifarious methods of qualitative research to examine, explore and theorise these complex terrains of human experience, health, illness and health care.

It is these studies that produce nursing's novel and exciting research findings. But all too often the findings from this body of research remain at the level of an interesting read. The work excites us and usually elicits the *phenomenological nod* in that we recognise the truth,

value and relevance of the findings. But as a discipline we are struggling to make the outcomes of this body of research mean something in clinical practice. If we are to mature as a discipline we must respond to the need for change and develop a strategy and a language that can link our theoretical/exploratory research to the clinical context. To achieve this we need to re-frame our thinking and consider this branch of inquiry as the *basic* research of nursing. That is, nursing's equivalent to the laboratory research that informs and drives the development of medical interventions. This move transforms what was previously a theory practice gap into a communication gap. Bridging this communication gap is the role of translational research.

Researchers, working with qualitative methodologies or large scale epidemiological explorations, and nurse clinicians, who directly interact with patients, speak very different languages. Translational research provides a much needed bridge of communication between these highly specialised theorists and clinicians in nursing. Translational research can ensure that the findings from exploratory and theoretical nursing research arrive at the clinical context in a useable format.

The translational process involves identifying current significant research projects and taking the knowledge and learning from these studies and applying it to the patient/community level. This is no small task. Specific

strategies need to be devised to make seamless and effortless the translation of findings from theoretical research into practice interventions. The responsibility for this rests with both theoretical and clinical researchers. Nurse researchers, who are engaged in basic research need to develop links with clinicians and clinical researchers to collaborate on extending the findings from their research to develop, polish and test interventions that are both useable and theoretically based.

Conversely, clinicians and clinical researchers need to develop links with qualitative and population researchers to build the repertoire of interventions that can improve nursing effectiveness and the health and well being of patients in specific fields of health care. The meeting point for these two groups, the mechanism that will provide a common language, is translational research.

In a practice profession such as nursing, translational research is central to the research strategy of the discipline. The way forward to bridging the communication gap between theoreticians and clinicians in nursing is to establish truly collaborative research programs involving teams that include basic researchers, clinicians and clinical researchers who are all working on different points of a trajectory strategically and holistically designed to develop, translate, test and evaluate theoretically based nursing interventions.