Between the covers of this journal and most others can be found articles reporting research findings. Too often that is where the findings stay—on paper, rather than applied to everyday care and the practice of gerontological nursing. Too often the conduct of research is viewed as an activity of those of us in the academic community rather than that of clinicians, especially nurses at the bedside. I would like to challenge each of those views and propose that research is for everyone.

**TYPES OF RESEARCH**

Research today is often divided into type according to level of translation relative to practice. Translational research 1 (T1) is considered the very first step of moving “bench” research to that which can be used, such as the development of an education-based intervention or a vaccine. T2 research is the testing of these health applications in a move toward evidence-based guidelines. In T3 research, the guidelines are brought into health practice. Finally, in T4 research, changes in practices are taken to the population level (Office of Behavioral and Social Sciences Research, 2010).

**EVERYDAY RESEARCH**

Nurses in practice engage in T1 research-type activities without always knowing it, when they develop interventions and begin to test them. We don’t usually think in research terms, but I argue that these research-type activities are the basis of our practice. Through the traditional nursing process we identify a problem—be it a lack of knowledge in our colleagues or a patient’s anxiety. We develop a hypothesis, that is, an idea of what we think will address the problem. We then design and implement a new intervention, much like conducting an experiment. We collect data and determine whether our hypothesis was correct by evaluating the results. If the intervention (experiment) was a success, that is, if we increased knowledge or reduced a patient’s anxiety, we are more likely to do the same thing over again and to share it with others who are grappling with the same problem. In doing this we are sharing information about the evidence collected about a nursing problem. Each time we repeat the “experiment” we are subjecting it to further “testing” and moving forward toward what looks a lot like T2-type research. While these actions may not meet the requirements of the “rigor” called for in the full-fledged scientific process, they can look very similar.

**EARLY APPLICATION OF RESEARCH FINDINGS**

In the ideal world, T1 research would be followed promptly by T2, T3, and T4 research, and public health would be improved. New knowledge would be quickly transformed into evidence-based practice we could use right away, and our journals would be full of such reports. Instead, most articles report the results of T1 research or small T2 studies. Thus, no firm claim can be made; to do so would be premature. The question then arises: Can this new and emerging knowledge be used in any way, or must we wait for the long and future clinical trials? I propose that it is acceptable to begin to use the results of T1 and T2 research, as long as no risk is involved.

For example, the National Institutes of Health Pain Consortium (2009) recently reported findings of differences in individuals’ responses to opioid agents based on their genes. Some people simply cannot benefit from them. Eventually this information will be useful in evidence-based practice when pain management can be individualized to one’s genetic code. To use this new knowledge in the most appropriate way in the clinical setting, we would perhaps wait until we can determine who responds to the medication and who does not. This might be done with point-of-care testing, such as a glucometer. But that is far into the future and people are in pain today. However, nurses can still use these T1 results today for treating individuals in pain.

Even if the person’s genetic code for opioid response cannot be measured, the awareness of the possible issues can change the way we respond to patients who are not realizing relief with usual or even unusual doses of...
medications. The whole concept of “drug-seeking behavior” may need to be reconsidered.

What of literature with reports of T2 research? Can we make generalizations with such small numbers? Can we apply this with certainty to our practices? The research answer is still “no,” and the quandary is how to use this when we cannot afford to wait (Hall, 2011), when we need answers now, not at the end of complicated and large-scale clinical trials. As with T1 research, I suggest that if you have a clinical problem that needs addressing and someone has developed and tested—a solution, then it may be worth a try, assuming no risk is involved.

MAKING MEANING OUT OF RESEARCH

How can the research reports we read take on more meaning? This can be a bit more complicated. One is challenged to develop basic skills to read and interpret findings and to evaluate the single reports that are most often seen. The reports found in today’s journals do need to be considered in terms of their scientific merit, but this includes their face validity: Do they really make sense in the practical world of nursing practice? We can think carefully about what we read and how it may be applicable to us in practice, and if it is useful, then consider trying it out.

While using evidence-based research to inform practice is ideal, it is not always possible to wait for the completion of T3 and T4 research to provide care. Thus, we go back to T1 and T2 research and what we read in our journals and try to use it to provide and improve care in whatever way possible. Even better, we can get in touch with the author or researchers and discuss the article and your situation in more detail. It may be that you can become a part of other research trials or at the very least, provide feedback to the investigators. Think about the interventions you have developed and tested in practice and that seem to work. They can be put to further testing in more controlled conditions in collaboration with academic research colleagues. We can share these “tricks of the trade” and examine them in a structured way. Research really is for everyone.

REFERENCES


Kathleen Jett, PhD, GNP-BC
Research Consultant
College of Nursing
University of Florida
Gainesville, Florida

The author discloses that she has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
doi:10.3928/00989134-20110603-04