

Evidence for What Purpose?

Evidence is everywhere—it engulfs us, and we often blindly value it, in and of itself. Evidence establishes need, confirms feasibility, refutes or supports hypotheses, abstracts events or experience, or distinguishes outcomes. We proudly scrutinize, analyze, merge, and reanalyze data sets to construct evidence. We simultaneously prepare to generate yet more data. Our language is data, and evidence is ever more sophisticated. We speak, too, of evidence-based practice as the well-established but still rather new metric of quality in practice. Nevertheless, do we really stop to think about the larger purpose of all that evidence? As a nurse with one figurative foot firmly in inquiry and research and the other solidly in clinical practice, I think about it all the time. Of course, we all tacitly consider impact and dissemination in relation to the quality of each research project. The influence of evidence, as research findings, is the measure we use to judge the quality of that evidence and the investigators who produce it. Presentations and publications are the proxy measure of quality evidence. They calibrate an investigator's strength of impact and scope of dissemination.

Are impact and dissemination truly sufficient to judge the quality of evidence necessary to support the purpose of it and to support the health of an aging society? I believe they are insufficient in the face of the escalating imperative presented specifically to nursing by our aging society. Aging-related concerns arguably pose among the most significant challenges to health and health care in our society. Yet necessary evidence for practice and education lags far behind documented need. While we recognize this as nurses conducting research, we lack a refined sense of the purpose evidence serves. I propose that the purpose of evidence is quality measured as practical usefulness or utility. Utility is a conceptual analog to reliability and validity or to resonance and credibility. The utility of any evidence we aim to generate must rank as highly as the properties of the tools we use to elicit, measure, and categorize the data that support it.

Gauging utility begins with the research question. Any number of questions may be posed about a phenomenon of relevance to nursing and nursing care. Nonetheless, a question may not have strong utility—that character of practical usefulness—despite thoughtful construction. Utility specifies precise impact and suggests particularized dissemination in an “if, then” relationship: “If this question is answered, then...” The *then* might be that a tool necessary to advance translation from epigenetic bench science to clinical biometric and behavioral investigation is developed. The *then* might be that the biographical experience of a condition or illness state is derived inductively to reshape the approach of caregivers who will interact with those whose lived experience is problematic. Utility moves beyond significance. Significance can be argued in relation to the phenomenon alone, although perhaps not compellingly. Utility mandates that efforts in exploration and discovery require particular substantiation for practical usefulness in further research or in practice.

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