Advancing Science and Improving Outcomes

Four years into the publication of Research in Gerontological Nursing (RGN), it is a good time to reflect on and celebrate its accomplishments, think about its future, and take a broad, if brief, look at the discipline. RGN's Editor Emerita, Kathleen C. Buckwalter, PhD, RN, FAAN, and the team at SLACK Incorporated can be credited with having the vision to see the need for the journal, as well as the courage to launch a new scientific niche journal amid a global financial downturn and rapid changes in the publishing world. In these 4 short years, the journal has disseminated cutting-edge papers on topics such as late-life depression, new technologies for long-term care, health and disease-related biomarkers, innovative approaches to recruiting homebound older adults, and grief and sleep interventions for caregivers of people with dementia. The launch of RGN will be remembered as a pinnacle event supporting the growth of gerontological nursing research.

As Dr. Buckwalter leaves her editing post, she adds the achievements of this journal to a long list of stellar contributions to gerontological nursing that are important, far reaching, and forged to benefit the greater good, rather than to cast a light on herself. And so I begin my own tenure as Editor knowing the journal is on solid footing and that, as the saying goes, I have big shoes to fill. In doing this, I am fortunate to have the support of our exceptionally qualified and esteemed Editorial Board members.

Students tell me I often teach through stories. While I might call such stories "case examples," I do believe single cases can spotlight important problems and catalyze discovery, innovation, and change. Let me share one actual case, that of Mr. Richard Petersen (name used with permission), a retired milkman who loved people and dogs. At age 80, he was experiencing late-stage dementia. Due to his aggression and wandering, he was briefly transferred from his nursing home of residence to a hospital and then placed under emergency detention and transferred by police to a hospital that specialized in dementia care. He was not permitted to stay there because of reimbursement issues and was then transferred to a general psychiatric ward. His family said they found him tied to a wheelchair, quite cold, with no jacket and no shoes. "Nobody wants our dad," said one of his daughters. "He's just lying there, rotting," said another. Shortly after this, he was transferred to a fourth hospital in severe respiratory distress, where he died a few hours later of pneumonia.

No one deserves this "treatment" from the health care system, and no one should die under these circumstances. We are left to wonder if Mr. Petersen's behaviors were signs of delirium superimposed on dementia and caused by his developing pneumonia. I offer this sad case of Mr. Peterson to underscore the important gerontological nursing research that is needed and to highlight what RGN can do to promote and disseminate this research.

Albert Einstein said, "You cannot solve problems with the same level of consciousness that was used to create them" (Rowe & Schulmann, 2007, p. 383). What in our current consciousness about gerontological research needs to change if we are to tackle the problems that face our patients and clinical practice? Where are the opportunities for changing the status quo? For my own part, I have seldom experienced a state of having it all figured out. We need to apply fresh thinking to understand and solve practice problems. We need to question and critically analyze our own perspectives and clinical practices. Good researchers, after all, are always pushing themselves and expanding their thinking, not buttoning it up.

We need clear, accurate descriptions of phenomena, such as dementia behaviors, to develop effective interventions. The mechanisms by which a specific problem occurs and may be ameliorated must be understood to develop...
 effective interventions. The potential for nursing practice to impact patient outcomes may be masked when examined through cross-sectional designs and statistics based on group means, and may be better elucidated through examining the trajectory of health and illness phenomena. Qualitative and quantitative descriptive research helps us understand the phenomenon of interest, underlying mechanisms that may be operating, and factors influencing the phenomenon. It is in these descriptive studies, the kind that we are committed to publishing in RGN, that we can do exceedingly important work that will advance science and make our intervention studies more targeted and effective.

The scope of gerontological nursing is great and ranges from caring for small, simple problems to finding solutions to large, highly complex problems. In the former case, simple interventions or changes in daily self-management can sometimes have a big impact on outcomes. Research on simple fixes to common problems facing older adults is needed, as simple fixes often have the advantage of being less costly and noninvasive, as well as easily implemented and replicated.

However, we also need big, bold ideas and big fixes for some critical problems, such as the breakdown in care and care delivery systems that the Petersen family faced. Older adults are highly diverse, and the needs of this growing and ever-changing demographic are often not adequately understood nor met when viewed through a single lens. We need to understand the contextual factors that influence individuals, families, and health systems. Solving complex problems is often best accomplished through an integrated, interdisciplinary, and inter-institutional approach focused on tackling a particular problem, rather than advancing the interests of a specific discipline. Fortunately, in recent years, we have seen enormous growth in research partnerships that have led to the development and testing of an array of innovative biobehavioral and technological breakthroughs.

I also wonder if Mr. Petersen's health care providers were familiar with the gerontological nursing research on effective alternatives to restraints, communication techniques, and nonpharmacological comfort interventions for those with dementia. We need more and better translational research aimed at moving new research discoveries more quickly and effectively into actual point-of-care applications. Translational research, decision support tools, and information technologies have the potential to drive major advances in applied disciplines such as gerontological nursing.

As a discipline of gerontological care providers, are we equipped to advance the science of gerontology in a big way? I think we have the skills and can contribute a unique perspective on the strengths and health care needs of older adults. Let us wrestle with the needed small fixes and big fixes. We have an opportunity to develop more evidence-based and largely nonpharmacological solutions to problems faced by older adults. It is only by conducting more systematic programs of gerontological nursing research that move from bench research to clinical trials and point-of-care translation research that we will be able to tell more stories about how our research made people like Mr. Petersen better and gave them a different and happier ending.

RGN remains steadfast in its commitment to publishing an array of rigorous, significant, and innovative research and scholarly work that aims to improve the wellness and quality of care delivered to older adults. As Editor, it is my hope that readers and authors will consider RGN the place to find and publish the cutting-edge and high-quality intervention studies we desperately need. The liberal page allowances for intervention studies allow more space for description of interventions tested in clinical trials. More detailed description of interventions, long advocated by RGN Editorial Board member Vicki S. Conn, PhD, RN, FAAN, is needed to apply new knowledge in practice, refine theories, and inform future research (Conn & Groves, 2011).

We encourage you to introduce RGN to those who may not yet be familiar with it. We also encourage you to personally subscribe to RGN and to seek institutional and library subscriptions to the journal. As has been the history at RGN, we continue to welcome suggestions and input from our readers.

REFERENCES

Christine R. Kovach, PhD, RN, FAAN
Editor
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