Editorial

How can we further the development of nursing research?

It goes without saying that there has been a great deal of development in nursing research in recent decades. The phenomenon is worldwide and is reflected in most of the international scientific journals that focus on nursing issues. The authors are from all over the world, and the research reflects both national attempts to improve the knowledge base for nursing care, as well as attempts to try to understand nursing care in an international perspective. The EU-funded study concerning dementia care, RightTimePlaceCare (RTCP) is an example of this with its focus on a crucial challenge in societies worldwide as population grows older, thereby increasing their risk of developing dementia diseases. The RTCP study has generated many publications concerning the dementia care systems in the eight participating countries (1, 2), as well as about the situation and quality of life for those afflicted and their next of kin (3-5). The knowledge derived from the sub-studies helps us to improve dementia care both at the system level and that of the individuals and they are next of kin. The studies by Sermeus and colleagues (6) are another example of nursing research revealing the impact staffing levels on the standard and quality of care. Cross-national studies are a challenge and the findings have to be interpreted cautiously because of the differences between countries, nevertheless they provide knowledge which can improve nurse-patient practice, composition and training of staff, and the healthcare and social service system, at a level beyond what a local or even national study can achieve. Despite the challenges posed by this kind of research, we need to take the next step and consider how and why we include the chosen countries in these studies. It often seems that the countries included are more similar than different, and that the concentration is on countries within Europe rather than crossing continents, for instance. This may cause the studies to fail to inform us about differences that could bring deeper and broader knowledge to nursing care and in particular a deeper understanding of cross-cultural differences which should be considered in daily nursing care. Thus, one step further in developing nursing research would be to select countries that are different and reflect continents rather than countries within continents.

Another area of development could be to consider how research is planned and executed and the kind of knowledge derived from various types of study design. Too often nursing research tends to be scattered across projects, sometimes so small that they cannot generate any knowledge useful for practice, rather than concentrated in research programs that attempt to probe a problem in depth and continue until an understanding is achieved as to how to intervene in order to reach a better outcome than if nature simply had taken its course. For instance, it is well-known that fatigue is a common and devastating problem in cancer treatment, but it is also common in many other diseases such as heart conditions, neurological, rheumatologic diseases, etc. In nursing research, we tend to focus on the individual’s experience of fatigue and neglect physiological and biological mechanisms that may have a great impact. Furthermore, most of the studies are cross-sectional and descriptive, and thus do not present any evidence-based solution for solving the problem in terms of interventions that help patients to manage fatigue. A broader and sustained approach is needed in order to obtain a usable intervention to alleviate the problem. A research program with a broader perspective may be helpful.

Constructing a research program means moving between different designs and using available methods to solve the problem. Looking at research from the perspective of certain designs it can be seen to deliver knowledge that is merely concerned with discovering, for instance rela-
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tionships, expected or unexpected, people’s lived experience of a phenomenon such as fatigue or contracting cancer, the prevalence of the problem under investigation, or so on. These designs are usually cross-sectional, qualitative or quantitative, epidemiological, for instance establishing the fact that low socio-economic status is detrimental to recovery, successful treatment, and also to increases the risk of developing diseases. These designs fail to explain how to intervene in order to obtain a better outcome than if nature simply took its course. The researcher may be able to suggest how to intervene, but has not yet delivered findings which establish that if health professionals deal with the problem in this way it will certainly mean a successful outcome, better than that with ordinary nursing care. The knowledge derived from these studies is needed in order to gain an understanding of the problem and related mechanisms and is a preliminary stage in developing an intervention study to test a means of intervening and its outcome. However, having looked at the type of studies published in the nursing literature the predominant approach is descriptive, qualitative or quantitative, mainly cross-sectional studies. Thus, most of them belong to the stage of discovery (7-10). If this truly reflects what is going on in nursing research it indicates that we are failing to take the next step of moving into interventions that will inform nursing care how to deal with a problem; that is, the stage of evaluation.

The evaluation stage is about establishing the outcome, effect, and efficiency of a specific intervention, for instance, the provision of psychosocial support to patients undergoing treatment for cancer. This step is a prerequisite for an intervention to be implemented in clinical practice, the stage of implementation. Working with a research program means moving between the stages of discovery, evaluation, and implementation, not in a linear fashion, but back and forth depending on the questions that arise as the research is carried out.

Perhaps the most demanding stage is that of evaluation; developing an intervention study in healthcare is complex as it both has to be tested in real life and the outcome of it is to become established. It was very helpful when the UK Medical Research Council published guidance on how to develop, set up, and carry out intervention studies in the complex situation in which healthcare took place (11). The guidance builds on a process that may appear linear but should be seen as moving back and forth between the different parts. There is a movement between developing the intervention setting up piloting and feasibility studies and once these two stages have provided satisfactory results, the research can move on into evaluating the intervention. As soon as the results of the intervention provide knowledge that is stable and, show that the intervention tested is better than the practice already in place the next phase is that of implementing the intervention in routine practice. These stages may seem obvious and easy, but there is quite a lot of complexity within and between the stages. The MRC guidance was developed into a curriculum within the European Academy of Nursing Science and has been taught in the summer school for some years. That in turn led to a book put together by Richards and Hallberg which is to be published in spring 2015. The book entitled Complex interventions in health: An overview of research methods (12) follows the MRC guidance but expands it and goes into greater depth about the process. The book contains more than 30 chapters and authors from all over the world have contributed to it. To my knowledge, this is the first attempt to cover the challenge of setting up and evaluating interventions within healthcare. The book also tries to move forward research methodology and bring in aspects as how to compile the literature already available, irrespective of design, and in particular how to compile various designs to develop a preliminary theory for interventions. The challenge of combining qualitative and quantitative methods in testing feasibility and the piloting before setting up the final intervention study to be evaluated is also covered, thereby confronting the old idea that these approaches cannot be mixed. Variation in terms of design is addressed in order to expand on the old idea that the blind randomized controlled study is the only way forward. The final section presents different approaches to the implementation of new knowledge and to research-
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References