

# The Dissemination of Research Findings and Translation into Practice

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J Nurs Sci 2011;29(2): 8-11

## Abstract:

A big problem in health care today is the research-practice gap, often caused by the failure to disseminate new knowledge from research and translate this into practice. Only a small percentage of research findings get translated into practice, due to three reasons: research results may not be disseminated at all, the findings are not disseminated to the right audiences, or the results are disseminated but are then not translated into practice. These problems occur in medicine, nursing and other health disciplines in many countries. Today there is a movement around the world to try to overcome these problems, and the terminology of this movement includes knowledge translation, evidence-based nursing, or evidence-based practice. This paper discusses some of the issues related to the dissemination of research findings into nursing and midwifery practice, and provides some strategies to help improve our sharing of new knowledge and innovations, so that patients are afforded the best care, and health care and nursing practices are based on timely knowledge derived from research.

**Keywords:** evidence-based practice, evidence-based nursing, dissemination of research findings, research dissemination strategies

In this paper my aim is to discuss some issues in the dissemination of research findings and to encourage our Journal's readers to think about how they might communicate their findings better in the future and encourage their translation into practice.

Every year around the world millions of dollars are spent in health research projects. Unfortunately there is evidence over decades, in both high- and low-income countries, that health interventions that have been shown to be cost-effective by quality research have failed to be implemented into practice<sup>1</sup>. Consequently, there is now emphasis on translating research findings into practice and providing care that is based on good quality evidence. This takes skill, effort and innovation. A new set of language has been developed to explain this phenomenon, including 'knowledge translation', 'translational medicine', 'evidence-based practice', and 'evidence-based nursing'.

The new discipline of translational medicine has evolved in recent years as doctors make efforts to use research findings more in practice. The reason for this is growing recognition within the medical community of the need to bridge the gaps between scientific discovery, innovation, technology, and health care<sup>2</sup>. The same thing is happening in nursing. I have sure many of you have heard of evidence-based practice or evidence-based nursing, which I wrote about in my last Editorial in this Journal<sup>3</sup>. A number of organizations have evolved to help us to bridge the research-practice gap, such as The Joanna Briggs Institute (JBI) and the Cochrane Collaboration. Their Internet websites can give you good background information. There are many centres for JBI globally, including Thailand. Additionally there are at least two journals that publish only articles focusing on evidence-based nursing: Evidence-Based Nursing and

Worldviews on Evidence-Based Nursing, and of course there are many other journals that publish evidence-based practice or evidence-based nursing or health care articles, but the standard of these varies considerably. Institutions too are trying to translate evidence into practice with the use of policies, protocols, assessment tools and other instruments that have been developed using both quantitative and qualitative research evidence.

One major problem is that it can take many years for research findings to be noticed and then utilized in practice (if at all). Most journals for example would not accept manuscripts where the research results are over five years old, and it might be over a year before a manuscript is published. It might then take another year or two before the article is read by people who set about translating the findings into education and practice, say in a clinical protocol. Disseminating information through textbooks may take several years longer. So you can see that it is vital that research results are disseminated as quickly as possible if we want health care to be based on contemporary findings.

When we research we need to think about why we are doing a particular piece of research, for surely the aim is to improve health. It is so critical that we share research findings appropriately to our audiences in nursing and midwifery and help to translate findings into practice. I believe there are three categories of problems with the non-use of quality evidence in practice, that we need to think about for our own research practice:

- The research results have not been disseminated.
- The results have been disseminated but have not reached the intended audience(s).
- The results have reached the intended audience(s), but have not been translated into practice.

Examples of each of these problems are discussed later in this paper.

Research funding, our accountability as researchers and ethics

Nursing's share of research grants are still relatively small compared to medicine in many countries. I believe this share will remain small if nurses continue to fail to disseminate their research findings and take positive steps to translate findings into practice. In these times of economic recession,

the number of research grants that we can apply for are reduced. Nurses often struggle to get good-sized grants, but sometimes the problem lies within their behavior as researchers. Although there is acknowledgement that their publications are increasing, nurse researchers still do not publish widely, and so have a low track record of publication. This significantly reduces their ability to win research grants. Another problem is that they might want to engage in research that has been undertaken before and as a result their findings add nothing new to science on topics of importance. Sometimes it is better not to engage in new projects but to take a look at the research that has already been published. Undertaking systematic reviews on published research is one way to make findings more accessible to clinicians and researchers, and these can form a basis to develop new clinical protocols and policies for practice. Moreover, research supervisors in universities can be reassured that one or two systematic reviews are sufficient research for a master student to engage in as their thesis work, instead of engaging in what some might call a 'real' project. The work is complex, a legitimate form of research, needs rigor, teaches a systematic approach to knowledge acquisition and translating findings for use by others, and can have a direct linkage to developing knowledge for translation into practice.

These days funding bodies clearly need to see that research has outcomes that benefit population health, so we need not only to think about the types of research we engage in, but how we share our innovative results. We need to develop a plan of research that includes the dissemination of results to our intended audience(s), at the outset of the project, and not at the end.

We also need to think of the ethics in research: we have an accountability and duty of care as researchers to our practice, to science, to the public, and to funding bodies to engage in rigorous research. Research does not end in data analysis and report writing: sharing the innovation should always be a critical part of the process. It is unethical if we engage in research, and then do not appropriately disseminate the findings in a timely fashion. Take a look at the high-achieving nursing and medical researchers you know; you will find that their success in gaining significant research funds is often directly related to their hard work in getting results published and shared,

and they do this in collaboration with well-chosen colleagues.

Journal publications and conference presentations

Every year I give several workshops on publication for nurses in a number of countries, including Thailand. Many of my audience members need help to write their publications. They have engaged in the 'blood, sweat and tears' of research projects either as practicing nurses or as graduate students but several years may have elapsed before they try to write a publication. Some have had rejection notices from journals and have been discouraged by the process. If they do get to publish their work some time later, their research findings may be too dated to be translated into practice.

Nurses and midwives often engage in scholarly and rigorous activities that are aimed at improving practice and health care, but writing for publication is not an easy or traditional part of nursing practice<sup>4</sup>. For example when trying to turn a master or doctoral thesis or a lengthy research report into a publication(s) it is important to recognize that the writing styles are much different for these pieces of scholarly work. For example, you simply cannot take a chapter of your thesis and expect that you can get it published as a journal article. First choose the appropriate journal for your audience, read the journal guidelines for authors, and read several articles in that journal before you start writing so you understand the format and the quality of depth of writing. You will find that the writing style and content needed is quite different in the journals and you have to adapt the way you have done writing previously.

Each year I also attend a number of international conferences and observe that, while nurses and midwives are good at speaking to small and large groups of colleagues, the majority fail to turn their conference papers into publications, severely limiting the dissemination of all that good work. My view is that they are going about this in a back-to-front fashion. For example, it is much more productive to write your publication first, then develop your paper or poster for presentation. I teach my graduate students to do this, and they have found that they can speak directly to the audience from their Powerpoint presentation or poster, because they are so familiar with the work having written one or two articles on

their findings. Nurses might also be mistaken in thinking that, if they have published their research in a journal, they cannot present this material at a conference, or vice versus. Unless the conference organizers have produced your whole paper in the conference proceedings, then this is clearly not the case and you will not breach copyright by later publishing the work in a journal or some other form of work.

Often we lack confidence to share our research findings broadly, partly because of nursing holding itself in low esteem in many countries. Sometimes our training as researchers is at fault. In my experience nursing educators and research supervisors usually do not emphasize the importance of research dissemination beyond thesis production, report writing, or publications if these are required for graduation. Education on the myriad of practical ways to share innovative findings is so important if we are going to try to improve practice and health. Clearly those involved in graduate education need to incorporate content on the value and practice of dissemination of evidence into curricula.

Of course the failure to disseminate and translate research results does not always lie with the researchers or their training. Often in health care or academia there is increasing work pressures due to staff shortages, some organizations may not encourage the translation of findings into practice, or staff may be very unwilling to changes their practices. Clearly good strategies are needed to overcome these problems, as well as good leadership from the top.

Some strategies for disseminating your research findings

A common and popular way is to publish in a journal, but you need very carefully to think about what journal to us. Understanding the needs of your audience is so important. There is no use writing a paper that is heavily philosophical or theoretical, or full of complex statistical data, if the clinicians you want to inform either do not understand your paper, do not read the journal, or cannot access it. Look carefully at the publications they do read, and write articles that are focused for clinicians with clear implications for practice included. In addition to publishing in appropriate journals, you can put research summaries written in simple language with clear implications for practice, in a local newsletter, or on the website of a nursing organization, or on the information system of

a hospital. Remember not to breach copyright by writing exactly the same information, or copying tables or figures in different articles.

These same ideas can be used for groups of consumers who do not understand the heavily technical language of health. You need to decide where consumers access health literature, certainly not in research or professional journals. Health literacy is so important. If you want to bring good health information to consumers then you need plain language material, in either posters, brochures, information sheets, websites or newsletters of various kinds from communities or health care groups. These strategies can be also useful for clinicians.

Many people do not want information in a written form. They may like to hear about it from others, so sometimes, although time-consuming, group discussions, presentations or conferences might be better venues for dissemination. There are lots of different community organizations like senior citizens groups or nursing societies that welcome nurses to speak on health topics. You can also try producing DVDs, videos or audiotapes, which might be costly but more accessible for some. Do not forget that letting the general public know about your research findings can be done through television, daily newspapers and radio, but remember you cannot be too shy about this. Often community radio also welcomes speakers to their various talkback shows. You need to be able to write a good press release for these forms of media, and there is a lot of information about how to do this on the Internet. Keep your information brief, to only one page, and write the information in a simple language form. We can learn such a lot from our medical colleagues about the release of research findings – they are certainly not shy or non-assertive about telling the scientific world and the general public about their research.

Today however, with the rapid growth of technology there are an increasing number of low-cost options available to tell audiences about your research

findings, for example: the social media outlets of Facebook, Twitter, LinkedIn, and flickr; videos and photos on YouTube; blogging on websites; podcasting; and papers and Powerpoint presentations on the Internet. Of course you need to be certain that your audiences are using such technology first.

In conclusion using strategic thinking throughout the dissemination process, and transforming research into practice is a very demanding process. It requires our intelligence, creativity, clinical judgment, knowledge and skills, organizational savvy and endurance if we are committed to making a difference to improving health and health care<sup>5</sup>. Remember that clinicians are becoming more attuned to using clinical protocols, best practice sheets and policies that are based on contemporary research evidence. If you can contribute actively to the development of these, then you are on your way to helping health care be better for all.

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