

Knowledge translation: a challenge in providing nursing care

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Constant transformations in the world resulting from social, political and economic determinants, among others, have caused changes in the lifestyle and consequent health conditions of different populations. These aspects have likewise required areas of health in the domestic and international realm to create specific technologies aimed at providing effective health care. The production of this knowledge has been continuous and rapid, occurring at the same pace as the need emerges to provide health care to the population in different levels and contexts, a fact that has led to it being studied.

Nursing, as a social and humanistic discipline, where its being, knowing and doing is structured within the care process, is interrelated with the phenomena of the experienced world in which the other cohabits and, in light of these transformations, identifies needs to adapt its ways of providing care. This is a condition in which movements are revealed, in the pursuit of specific knowledge through studies and research based on questions raised and the search for answers to phenomena in the practice of nursing. These include the construction of conceptual theoretical models to guide this “doing” process, as well as the appropriation of knowledge from other disciplines to enhance the care given.

Research production occurs par excellence in research groups organized according to thematic pillars or lines of research, based on gaps in health knowledge. These are the core of graduate studies programs in nursing that, in recent decades, have increased significantly at the national level and are determinants for greater scientific production. It is believed that some of these studies are absorbed in practice, but more robust designs are needed to put these results into practice, with consequent benefits for health teams, patients and family members. This, however, among other aspects, are rarely part of the study planning process, which would give a translational perspective to nursing research.

This approach, also found in other disciplines, has caused apprehension among various researchers concerned about the precarious incorporation of research findings in the field of health, since there could be significant changes in social indicators and morbidity and mortality rates by doing so. Knowledge Translation is characterized by putting these results into practice.

Knowledge Translation (KT) is defined as dynamic interactive process that includes synthesis, dissemination, exchange and ethics in knowledge to promote health and provide health services and products more effectively, in order to strengthen the health system⁽¹⁾.

For KT to be a reality in health practices, certain obstacles also need to be overcome, such as: familiarization with knowledge translation, identification of relevant research problems, expansion of the partnership between researchers and users

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of knowledge, development and application of KT models, inclusion of KT in research budgets, quality of clinical research⁽²⁾, accuracy of interventions and reliability of data⁽³⁾.

Interaction between researchers (research nurses) and users (nurses providing care) is a basic characteristic of KT that varies in intensity, complexity and level of engagement, as well as the importance of the context (physical, structural, organizational and social factors)⁽⁴⁾; and users who utilize the knowledge generated by research to make decisions upon which health policies, programs and/or practices will be based⁽¹⁾.

In addition to these fundamental aspects for the action of Knowledge Translation, it is suggested to apply specific models that guide adequate use of research findings in professional practices. One literature review identified 28 different KT models, with the following common elements: identification of the problem and establishment of communication channels between users and researchers, development and selection of the type of research, analysis of the context, carrying out of activities or interventions for knowledge translation and application of the results in practice⁽⁵⁾.

The construction and application of KT templates is another tool that nurses can use to put research results into practice. They guide studies from their conception to the implementation of the findings and determine the role and level of engagement of researchers and users, as well as the scope of the study⁽¹⁾.

As nursing expands its body of knowledge based on elements from nursing practices, it has developed instruments that qualify its care process, such as classifications that seek to diagnose, foresee results and define interventions in the health and disease process. The results of these studies on the phenomena inherent to this knowledge impart a translational character to such research, by inserting the producers (research nurses) and consumers (nurses providing care, patients and family members) into the construction of these studies, thus providing safe care that puts findings into practice.

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