Practice research mythbusters

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You don't have to be an inhabitant of *Avatar*'s 'Pandora' to live in a world where myths are as every bit as prevalent, if not necessarily as interesting. In the world of nursing and health care research many myths have been created over the years that have stifled nurses' interest, constricted their opportunities and damaged their confidence in relation to practice-focused research. So perhaps it is time to take some of these myths out on to the metaphorical mythbusters testing range for an overdue detonation.

Myths are not just imaginary. Although one meaning of 'myth' is something that is fanciful or at least partly untrue, the other element of myths, as Joseph Campbell's work in particular showed (www.jcf.org) is that they are powerful stories that are used to explain deeply held beliefs and social phenomena. Both aspects of myth are relevant here.

In numerous conversations and seminars with nurses and other health and education professionals, from students to CEOs, I have heard many variations of the most tenacious clinical research versions of these myths. Most of the myths serve to explain why nurses, whether in clinical practice, management or education, cannot or should not be actively involved with research.

These myths will not be unfamiliar to many readers: we have no time, no money, no support, no research knowledge or skills, it is too difficult, we won't get permission, it is a bad time just now (for any number of reasons) and many more. In 21st century health care however, nurses simply cannot afford to live and practice by such debilitating understandings of research.

Myth #1: The 'too busy' myth

This is the curare of research myths, the one almost guaranteed to induce research paralysis and it has reached almost cherished status. Busyness has moved far beyond some notion of protestant work ethic to become the 'badge of honor' (Gershuny, 2005) of the modern workplace. Charlton notes that hard work and busyness are not synonymous and that a hallmark of busyness is having to repeatedly multitask across many different jobs, often under an externally imposed deadline (Charlton, 2006).

Does this sound familiar? There is often a high price to pay for allowing such busyness to become the norm in organisations. One cost is that staff are convinced that they could never find the anticipated vast amounts of time needed to engage with research and so imagine that research can never happen until we are 'not busy'. When this time will come in today's health care world is of course, anyone's guess. Kerfoot could not be more succinct here when she challenges: "Could the problem be that we are committed to busyness, but not to innovation and effectiveness? Could it be that we can't reinvent ourselves because we are too busy?" (Kerfoot, 2006, p.168).

Mythbuster:
Of course nurses work hard but we are also smart. We know better than most how to collaborate, involve and share both work and rewards. Don't have responsibility for research fall on the shoulders of only one or two staff, or of course they will be permanently 'too busy'. Share the research responsibility and involvement, not only within the clinical team but with academic colleagues who are often very keen to be involved in clinical research. Many hands don't just make light work, they make the work more achievable and rewarding for all involved.

> "Could the problem be that we are committed to busyness, but not to innovation and effectiveness?"

Make regular time, even an hour a week, available for a particular clinical research project or initiative and make that time as inviolable as other important meeting times. As Thompson et al urge, we need to challenge the energy-sapping 'culture of busyness' and create clinical environments "where the time required to use research in practice is a recognised and valued component of nursing practice" (Thompson et al., 2008, p.546-7).

Myth #2: The 'commonsense' myth

Another popular old chestnut: what do nurses need research for? Nursing is a practical discipline and if we just use our common sense instead of that complex research and 'book learning' all will be well. This myth reaches its zenith in the calls for nursing education to be returned to the training hospitals, TAFES and anywhere other than a university. (see: www.timesonline.co.uk/tol/comment/columnists/minette_marrin/article6917254.ece for a typical example). A kindred spirit here is the 'everyone knows that...' myth.

Consider all of the treatments and interventions carried out in the past that at the time seemed perfect commonsense; parents should not be allowed to stay with or visit their child in hospital. Babies don't feel pain. Pressure ulcers can be filled with anything from yogurt to polyfilla. People with intellectual disabilities cannot learn. When people are dying there is 'nothing more we can do'. No doubt you can think of more assumptions that were accepted wisdom until research showed otherwise.

Mythbuster:
This is not an either/or dilemma. Commonsense is a valuable attribute, but insufficient on its own. If the best justification and rationale that nurses can offer for their practices and services is that they seem like a good idea, we are in trouble. Good clinical practice-focused research challenges and questions what we think we know, as well as asking the pertinent questions about what we do not yet know that we need to. This systematic questioning and thinking is not the sole domain of a few research nurses, it is professional lifeblood, for nurses are knowledge workers as well as practical carers.

Myth #3: The 'flavour-of-the-month' myth

Nurses have seen so many fads and fashions emerge then fade away (Darbyshire, 2008) that they could be forgiven for thinking that research will go the same way. It won't. Terminologies may change but the imperative for nurses to question current practices and to improve care and services based on sound information is no fleeting trend. Nurses cannot try to 'ride this one out' by ignoring research and imagining that in a few years time people will have moved on to the next issue.

Mythbuster:
There is no health system in the world where the need for greater effectiveness, improved quality, better knowledge and understanding and a more skilled and knowledgeable health care workforce will suddenly disappear. The need for a stronger research and evidentiary basis for our interventions, policies and services can only increase as the challenges of providing health care become ever more complex and demanding. Being engaged in undertaking, supporting or using research is as much of a professional responsibility as providing quality care.

Myth #4: The 'methodolatory' myth

In mythology, followers have worshipped many graven images and the research world has its own idols. An obsession with research methods and their minutiae and a quasi-religious adherence to a favoured research approach are common characteristics of the methodolatorist. At its most extreme, qualitative and quantitative researchers argue pointlessly about whose method is best.

Nurses interested in and keen to engage with research and a pressing clinical, service or educational agenda are frequently deterred lest their efforts do not meet some notion of a 'gold standard' (Rolfe, 1999) or for fear of committing some fatal methodological faux pas that will render all of their efforts flawed or useless.

Mythbuster:
The 'perfect method' (Chinn, 2002) is pure myth. Research methods and approaches are either suitable and appropriate for the question being asked or they are not. Any method when chosen then needs to be used carefully, thoughtfully, systematically and ethically. There are also good reasons why a blend of different research approaches may be the best approach to explore complex health and nursing issues which rarely have answers that are purely numerical and quantitative *OR* experiential and qualitative.

Clinicians often feel that they lack the knowledge of research and methods necessary to become involved in research and this may indeed be the case for some. This is why collaboration is so important and valuable, as involving colleagues who do have research and methods knowledge and experience strengthens the clinical research project team by bringing in research expertise that complements the current clinical expertise of the clinician members.

Summary

Debilitating myths have constrained nursing research and nurses' research confidence for too long, and some research mythbusting is long overdue. This is not to suggest that research is easy or that anyone can do it with minimal thought and effort, nor is it to suggest that every clinical nurse should be a chief investigator on a million dollar NHMRC study.

However, engaging with research as part of professional nursing practice is both doable and desirable for all nurses. There are many ways that nurses can become research active and involved in either supporting, developing, undertaking or using research in their practice and in the work of their ward, unit or service. Managers and leaders can create the environments where this research expectation is created, supported and rewarded and clinicians must respond.

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