

GUEST EDITORIAL

Knowing Is Not Enough: We Must Do

Susan McClement and Lesley F. Degner

It is a simple fact that every person will die. What is less of a given is the extent to which those with life-limiting illnesses will receive the type of care encapsulated in the World Health Organization (2002) definition of palliative care:

An approach that improves the quality of life of individuals and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (p. 1)

Though there are many ways of “knowing” in nursing (Silva, Sorrell, & Sorrell, 1995), achievement of the “deliverables” embedded within this definition is contingent, in large measure, upon the generation of a sound body of empirical knowledge to guide practice. A major component of palliative care research is nursing research, the ultimate goal of which is to improve patient care (Ferrell & Grant, 2001). As in all areas of nursing, a solid research base will inform and enhance palliative nursing practice and the appropriate standards to be adhered to within it.

The pioneering nurse researcher Jeanne Quint Benoliel observed that, historically, palliative nursing care depended on “the good will and personal skills of individualized nurses; yet what they offered was invisible, unrecognized, and unrewarded” (Quint, 1967, p. ix). Good will and personal skill still hold currency in the provision of palliative nursing care. It is only in concert with sustained research efforts, however, that the full potential and promise of palliative nursing can be made visible, recognized, and celebrated.

The German dramatist, novelist, poet, and scientist Johann Wolfgang von Goethe (1749–1832) understood well the reciprocal relationship between knowledge and practice. Goethe asserted: “Knowing is not enough; we must apply. Understanding is not enough; we must do. Knowing and understanding in action make for honor. And honor is the heart of wisdom.” (<http://www.p-mmm.com/sayings.htm>) This issue of the Journal contains papers reflective of knowing, understanding, application, and wisdom as regards palliative care research.

The concept analysis paper by Marie Bakitas speaks to the importance of conceptual clarity in conducting empirical work, and the need to both understand and attend to the ways in which historical, legal, bioethical, and clinical influences shape our understanding of concepts and affect our ability to integrate them into programs of palliative care research. The integrative review by Dr. Joan Bottorff and colleagues of methodological issues in researching palliative care nursing practice illuminates our understanding of the ways in which nursing knowledge has been generated, and sensitizes us to the importance of keeping the efficacy of nursing interventions front and centre in the research agenda, particularly in the context of interdisciplinary work. The grounded theory study by Drs. Duggleby and Wright of how palliative care patients live with hope enables us to better understand this dynamic process, and illustrates the coalescence between the facets of knowing, understanding, and application that ideally characterize the research enterprise.

This issue of *CJNR* is augmented by several invited papers. In her Discourse, Dr. Linda Kristjanson speaks to the wisdom and importance of distinguishing between the different types of palliative care that patients and families receive in order to construct contextually appropriate and meaningful research questions. She offers a sound argument against reliance on prognostication as the defining index by which palliative care services are made available, and she challenges us to develop innovative research approaches that will inform the development of models of palliative care nursing for those with diseases other than cancer.

In the Designer's Corner, Dr. Julia Addington-Hall provides readers with a clear statement of the benefits of palliative care research and stresses the need for health-services research, particularly as it relates to funding sustainability for palliative care. She thoughtfully outlines the multitude of ethical considerations and tensions inherent in conducting palliative care research and provides cogent guidance for ways of responding to them. Dr. Addington-Hall reminds us of the need for academics to partner with clinicians and service users in order to ensure research excellence.

In *Translating Research*, Dr. Lesley Degner takes a lesson from the history books to remind us that successful implementation of a change in evidence-based practice must be nested solidly within a theoretical framework that takes into account elements of professional and organizational behavioural change. She provides an overview of four theories that may prove instructive to those seeking to initiate knowledge-translation projects in palliative care settings. The relevance and timeliness of Dr. Degner's contribution is underscored by the brisk evolution of evidence-based practice as a means of improving patient care and

closing the chasm between optimal end-of-life care and that which exists (Rutledge, 2005).

In the Happenings section of the Journal, Dr. Doris Howell outlines several recent initiatives that have the potential to significantly advance research in palliative and end-of-life care. These include the commitment of funds by the Canadian Institutes of Health Research to support interdisciplinary research on a variety of topics salient to end-of-life care, and the establishment of an endowed research Chair in Cancer Nursing at the University Health Network and the University of Toronto's Faculty of Nursing. Dr. Howell has been awarded that prestigious Chair, and as part of her mandate will develop a patient-focused outcomes research program focusing on the effectiveness of health-care delivery and nursing intervention research in symptom assessment and management. Dr. Susan McClement describes the development and future directions of a recently funded interdisciplinary unit in Manitoba dedicated to psychosocial research in end-of-life care for patients with a variety of life-limiting illnesses.

Finally, graduate nursing student Annemarie Hoffmann critiques for us the feature documentary film *The Man Who Learned to Fall*. Her characterization of the vivid and realistic way in which this documentary captures the experiences, challenges, joys, and sorrows of a person living with amyotrophic lateral sclerosis and his family reminds us of the reasons why we strive for excellence in palliative care nursing and research in the first place.

While dying is part of the human condition, dying poorly certainly ought not to be (Chochinov, 2004). Goethe was right: knowing and understanding are not enough; we must do.

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Susan McClement, RN, PhD, is Assistant Professor, Faculty of Nursing, University of Manitoba, Winnipeg, Canada. Lesley F. Degner, RN, PhD, is Professor, Faculty of Nursing, University of Manitoba, and Consultant in Evidence-Based Practice, Health Sciences Centre, Winnipeg.