

Editorial

STARTING NOW: THE POWER OF RESEARCH STORIES

By Cindy L. Munro, PhD, RN, ANP, and Aluko A. Hope, MD, MSCE



In her keynote address at the 2022 National Teaching Institute Supersession,^{1,2} President-elect Amanda Bettencourt spoke about the power of stories in shaping our experiences as nurses and in sharing our experiences with others. She described a difficult clinical situation she encountered and the transformative power of her manager's encouragement in retrospectively processing the situation, with her manager asking, "If you could change anything, what would it be?" After reflecting on that question, she identified and worked toward policy changes in her unit that improved care. Bettencourt closed her address with a call to action that we serve as advocates for "doing the next right thing," capturing the urgency of advocacy in her 2023 President's theme, "Starting Now."

As editors of the *American Journal of Critical Care* (AJCC), we believe in the power of research to improve clinical practice. Clinical research centers on improving the care environment to empower nurses to improve patient outcomes. It directly addresses the question Bettencourt's manager asked her. It begins with identifying a problem of importance and frames research questions that contribute to building the direction and evidence for understanding and changing practice.

It is communicated to clinical providers in such a way that they are able to understand and act on the new evidence.

In framing the stories of research, it is imperative to commit to the tenet that research reports are and must always be true stories. Complete integrity is nonnegotiable. The most widely recognized definition of research misconduct includes "fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results."³ Making up data or results (fabrication); manipulating, changing, or omitting data or results in a way that changes the truth of their representation (falsification); and not giving credit where credit is due (plagiarism) are all practices that destroy the validity of research. Scientific and clinical communities demand the whole truth and nothing but the truth, because untrue clinical research reports can have direct negative consequences for patients, providers, and health systems. Conceptualizing research as a powerful story to be told facilitates dissemination, communication, and uptake of research findings.

Bettencourt talked about the structure of a good dramatic story and introduced Freytag's pyramid as a format for understanding the common elements of great dramatic stories. Gustav Freytag was a 19th century playwright whose model of 5 elements of

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dramatic structure for tragic plays was presented in his 1863 book, *Freytag's Technique of the Drama*.⁴ His ideas have continued to influence modern authors, and the 5 elements he described (Introduction, Rising Movement, Climax, Falling Action, and Catastrophe [Resolution]) are condensed into a clear beginning, middle, and end in many genres. Although the beginning-middle-end structure was originally described as a structure for writing fiction, true stories usually also follow the same structure. Because we are so familiar with and have come to expect this structure, presenting stories in this way enhances both understanding and the experience of the audience.

The best research publications progress logically and are engaging to read. The specialized beginning-middle-end format for research papers is more rigid than the structures of dramatic stories and ensures a cogent and predictable presentation. A popular mnemonic for structuring research papers is “IMRAD” (Introduction, Methods, Results, And Discussion). Although this structure is common, journals usually have specific requirements that customize the IMRAD structure to best meet the journal’s objectives. Journal-specific instructions for manuscripts can be found in the journal’s author guidelines. For example, *AJCC* papers usually use a structure that aligns with the headings that are specified in the *AJCC* author guidelines for abstracts of clinical studies: Background, Objectives, Methods, Results, and Conclusions.⁵

The Introduction of the paper usually begins with a description of a problem or issue that is the focus of the research project. It familiarizes the reader with what is already known and explains the significance of the work. The Introduction usually concludes with an explicit statement of the aims of the project and research question. In the *AJCC* instructions, the IMRAD Introduction is broken into 2 distinct sections: the

Background and the Objectives. The Background section has a distinct heading in the abstract, but it is not identified by a heading in the body of the paper. The Methods section of a research report describes what data were gathered and how, as well as how the data were analyzed. The Results section presents the findings of the research. The findings may be conveyed in a variety of methods; text, figures, and graphs are common ways of summarizing the data succinctly. In the Discussion and Conclusion, the authors provide a context for understanding the findings. In the Discussion and Conclusion, authors may compare their work with that of other researchers, comment on the potential significance and clinical implications of the findings, recognize limitations, and propose next steps to extend the work through clinical application or further research. *AJCC* also permits authors to add subheadings to organize content within the major headings where such subheadings improve clarity of the presentation.

The most compelling stories balance completeness with succinctness. This is of particular importance for reports of research. Research papers must present adequate and appropriate details to ensure that readers understand the background, methods, and findings sufficiently to judge and apply the work. However, they must also be concise so that readers are not burdened with extraneous material that distracts from the main ideas and findings. Most journals encourage succinctness with limitations on article length and format. *AJCC*’s author guidelines state that research articles are limited to no more than 3000 words (with a preference for no more than 3 tables and 3 figures), whereas brief reports have a 1200-word limit (with only 1 table and 1 figure permitted).⁵ Editorial processes and the peer review process are designed not only to judge the quality and importance of submitted manuscripts but also to assist authors in improving readability and balancing completeness and succinctness.

Bettencourt’s call to action has direct relevance to clinical research and to dissemination of research findings. High-quality research that is communicated effectively is the foundation of doing the next right thing in clinical practice. We encourage clinicians to ask themselves and each other, “If you could change anything to improve patient care, what would it be?”

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“ High-quality research that is communicated effectively is the foundation of doing the next right thing in clinical practice. ”

If there is evidence for what should be done as the next right thing, implement it. If there is no evidence yet, conducting and reporting the research to provide evidence is the next right thing!

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