



Researchers' Scientific Credibility and Knowledge Transfer

A Credibilidade Científica do Investigador e a Transferência do Conhecimento

Credibilidad científica del investigador y transferencia del conocimiento

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Health sciences in general, and nursing in particular, have witnessed a fruitful scientific and technological production movement, which undoubtedly has contributed to improving the care offered to the population at different prevention levels.¹ However, it takes time for the obtained gains, that is, for research results to be introduced in clinical practice, and authors advocate the emergence of a new paradigm that promotes the fast and safe use of these results in decision-making.²

Knowledge transfer to clinical practice is not exactly a recent subject in public and academic discussion about the topic. In the past years, researchers have been faced with complex challenges, from study design to results application, that do not allow appropriation by praxis. The obstacles to the introduction of evidence are heterogeneous and related to methodological and ethical issues, scientific rigor, capacity to carry out projects, funding difficulties, pertinence and utility in the face of needs and health policies, efficacy in communication and dissemination, and lack of a scientific culture oriented toward collaborative work to develop products that promote the insertion of results in the appropriate contexts.¹⁻³

There is consensus that advocating a scientific culture based on good practices implies the need to coordinate the principles of honesty, reliability, impartiality, independence, rigorous communication, diligence, and justice with production and communication in science,³ but urgency in using the results for the common good can be noticed, breaking the relative social isolation that characterizes scientific undertakings.⁴

Proliferation of research activities by both expert researchers and beginners who are at the graduate training level leads to consideration of two central aspects: 1) Do the study design and execution predict, in a timely and rigorous fashion, the benefits for clinical practice and their transfer to it? and 2) After results publication or diffusion, what work has to be done to introduce the new knowledge in the contexts?

In an attempt to find an answer to these questions, we agree that encouragement to publish favors the dialogue between knowledge producers and their peers,⁴ leaving the introduction of the results into praxis, at best, for a second phase.^{1,2,4}

These ideas lead to the inevitable conclusion that science dissemination activities face unusual challenges⁴ in making it possible to materialize the ideal of evidence-based practice, with decision-making grounded in knowledge. Production cannot be locked up in databases or limited by the impact factor of specialized journals. It must be introduced in clinical practice contexts, in which users (health professionals) and final consumers (healthcare service clients) can benefit from it. This is the only way for increases in knowledge to be followed by increases in science literacy among the population.

The present editorial has the objective of encouraging researchers, especially experts, to include aspects regarding the use of their studies and how they are or could be improving care practices in reflections on their scientific credibility.

Ethical, economic, and social challenges faced by science compel scientific credibility to come with social and human benefits. For this reason, thinking about scientific credibility in its different dimensions implies collaborative and strategic work, with the formation of alliances internal to the scientific community and external to it, including the population in general.⁴

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