Section 1 Introduction

Evidence-based healthcare (EBHC) has been defined as “clinical decision-making that considers the feasibility, appropriateness, meaningfulness and effectiveness of healthcare practices” (p.5) (Jordan et al. 2016). Healthcare practices should be informed by the best available evidence, the context in which the care is delivered, the individual patient, and the professional judgment and expertise of the health professional (Jordan, Z et al. 2016; Jordan, Z. et al. 2018). However, getting evidence into practice is not necessarily straightforward, with a simple estimate of the time it takes from evidence being created to its use in practice being 17 years (Morris, Wooding & Grant 2011). This delay in uptake is often due to a variety of gaps in the movement of research from one stage to another (i.e. from pre-clinical research through to clinical trials). How to bridge the gap between the evidence and the translation (or uptake) of research into clinical practice has been a point of ongoing debate over the years (Lang, Wyer & Haynes 2007; Pearson, Jordan & Munn 2012).

The field of knowledge translation (which we view as a broad term encompassing the movement of research findings and knowledge) has been established to address the facilitation of knowledge through the various phases of creation through to its use (Munn et al. 2018; Pearson, Jordan & Munn 2012). As eloquently stated by Woolf 2008, “translational research means different things to different people, but it seems important to almost everyone” (p.211) (SH. 2008). For some, research translation refers to bench to human research, while for others focused on healthcare delivery and improving population health, translational research refers to human research to policy or practice (Milat & Li 2017; Munn et al. 2018).

In addition to the differences in the interpretation of the definition and application of translational research, there are commonly used terms that are interchangeably applied. Translational research, knowledge translation, knowledge to action, implementation science, knowledge transfer— all of these terms are used to describe processes to address the gap between research knowledge and its application in treatment, policy and practice (Milat & Li 2017). The underlying premise for each of these terms is similar and focused on reducing this gap with the common goal to improve practice and outcomes.

Within JBI, while we acknowledge the importance of the entire translation science movement, we have a particular focus on implementing findings from systematic reviews, trustworthy clinical practice guidelines and other evidence-based resources into policy and practice. When we use the terms implementation science and evidence implementation, we are particularly focusing on strategies and methods to move the results and guidance in these evidence-based resources into policy, practice and action.