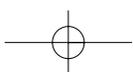
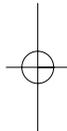
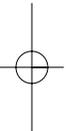
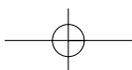
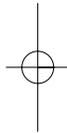
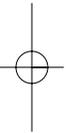
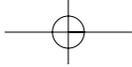


Section 1

Contextual Materials





Introduction to Nursing Research for Evidence-Based Practice

Introduction

This book is about research in nursing, seen principally from the viewpoint of students undertaking pre-registration and post-registration educational programmes. We are both active nurse researchers and are passionate believers in research by nurses for the benefit of the patients and clients we serve. We hope this comes over in the material that follows.

In the following pages, we will try and take you through the various elements of undertaking a piece of research. Even if you don't have to do research yourself as part of your educational course, this book is still for you for three reasons.

First, much of the material we present is *essential*, not just for doing your own research, but for understanding the research of others. Since almost all nursing courses these days require you to critically appraise the research that's already out there, you need an understanding of how to do that. Books and articles which just deal with critical appraisal are fine, as far as they go, but you will certainly have a much better understanding of how to evaluate published research if you have a clear idea of the various elements that go into a research project, the methods used by researchers and the reasoning behind methodological choices they have made. This book will give you that information.

Second, you will almost certainly encounter, during your course or later, the need to undertake some project work, for example developing a new guideline or a new way of organising care. All the information given here will help you to organise and evaluate that project.

Finally, a great deal of nursing clinical practice is investigated by non-nurses, partly because only a few nurses go on to become full-time

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researchers. We want to increase this number, so that nurses are increasingly responsible for evaluating their own practice and get the credit for doing so. Ultimately, we would like you to be in a position to decide that you want to be one of those people; therefore part of the job of this book is to give you a taste of what is involved, including some of its complexities, so that you will want to go on and find out more. We believe that research is essentially a practical skill and is best learned through an apprenticeship system, and so the best piece of advice we can give you is to get hold of someone who has experience of actually doing research, translating research into practice, doing a systematic review and so on, and learn from them.

Then use this book as your workshop guide. If you can't find such an experienced researcher, then we hope this book will be able to tell you some of the things they would have. The book is not heavily referenced (usually only a few per chapter), but each of the references is important and is easily available, either from your library or from the internet. We have made considerable use of web sources to make it easy for you to find the best supporting information.

The scope of nursing research

Until quite recently, nursing research had a reputation for being an introspective pursuit, which was more concerned with investigating its own workforce than undertaking clinical research. Some commentators have suggested that becoming a nurse teacher frequently involved ceasing to have any clinical responsibility for patient care or, indeed, much contact with clinical settings at all. In consequence, nurses wishing to do research had little access to patients or were often out of touch with issues that were important to patients. They did, however, have contact with students, and so ended up developing research interests related to education and the views and experiences of student nurses. Sometimes, it was difficult to see how this research would benefit patients.

We do believe that nursing research is changing for the better, though, and is nowadays much more concerned with patient care, rather than being overly inward looking towards its own profession. Whilst we recognise that it is important for research to be done into such things as the opinions and experiences of nurses or the ways in which nurses are educated, we also think that the eventual point of all nursing research should be the greater good of patients. Therefore, we suggest that the vast bulk of research into such issues as the views of the profession itself should have immediate consequences for patient care. If it doesn't then why do we want nurses doing it, rather than say sociologists or educationalists? Surely, examination of, for example, nurses' opinions of their educational preparation, can be done just as

well by researchers from other disciplines? Given that nurse researchers are a scarce breed, we hope that the growing focus on clinical research, where nurses can make a distinctive contribution, will continue.

That said, many people are largely unaware of the contributions to research that nurses have made already, or the effect that their research has had on care. For example, Professor Mary Jo Dropkin, from the University of Long Island, has written definitive studies of the psychosocial impact of head and neck cancer. Her work is cited by researchers across the whole range of health disciplines and has changed the way we think about head and neck cancer. In the UK, Professor Trudie Chalder, from King's College, London, is a world-recognised expert in fatigue, and developed the leading mode of treatment in this area. Once again, her work is referred to by all the health care professions. When you consider that fatigue is cited as a major symptom in almost all long-term physical conditions, it is easy to see the extent of this nurse's contribution to the potential well-being of patients via her research.

Whose business is research in nursing?

As you can tell from the above, we think it is primarily nurses' business to evaluate and develop our care through research. These days, almost all large-scale research is undertaken in teams, and almost all these teams are multidisciplinary. Nurses need to be equipped to take a full part in these teams. In the past we have been ill equipped to do so, and, given the packed nature of nursing pre-registration education, research often takes a back seat. As we said above, very few clinical nurses go on to be full-time researchers, but all of us are (or should be) research *users*. Being a knowledgeable consumer of research findings is integral to competent practice.

Indeed, the role of the nurse in research ethics is spelled out in the Royal College of Nursing's guidelines on this matter (www.man.ac.uk/rcn/rs/publ/researchethics.pdf). Although much of this document is concerned with issues regarding the conduct of research, it sensibly begins by noting that nurses have as much responsibility as individuals as anyone else when it comes to confronting ethical issues. However, it also notes that nurses have special responsibilities as a result of their professional role. This in turn gives them the responsibility for certain aspects of the lives of those patients and clients in their care. For example, nurses need to be sufficiently knowledgeable about research to help patients make reasonable, informed choices about, for instance, participation in a study run by other members of the clinical team.

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Even in everyday life, away from clinical practice, our role as a nurse may give us a certain amount of authority when we communicate with others about health care matters and health care research. Accordingly, we have a special responsibility to ensure that we know what we are talking about. This implies, in this case, knowledge of research methods.

Which brings us to our final point in this section. Very little of nursing care has been subject to robust clinical research. This is not peculiar to nursing, but, in many cases to an even greater extent, also holds true for allied health professions. Even in medicine, where the move towards evidence-based practice has been strongest, and in which the tradition of clinical research is longest, the amount of intervention based on good quality research has been rated as low as around 5–10%. The fact that so little of the care we give as nurses is currently based on strong research evidence, leaves us, we believe, with two important responsibilities. First, we should be basing our care, as far as possible, on the best available evidence. This implies an ability to search for, appraise and implement that evidence. Appraisal requires a basic understanding of the merits of the studies we read, and knowledge of research methods is essential to that understanding. Second, the knowledge base needs building. In consequence, involvement, at whatever level, in research to build that knowledge base is part of our ethical responsibility as nurses, in just the same way as the use of current best evidence.

Using this book to get involved in nursing research

We want this book to be a practical guide. Part of being practical is being as easy to access as possible. This leaves us with a problem. We have tried to make each chapter as stand-alone as possible, but at the same time we wanted to avoid repetition, so we don't go over every piece of background information necessary in each chapter. This means there will inevitably be some shifting around for you between chapters, and we hope you will dip in and out to follow up things we haven't been able to cover over and over again as they occur in different contexts. To help you do this we are going to avoid giving you the traditional detailed chapter-by-chapter description of what is going to be covered in this book. Instead, at the beginning of each chapter you will find a list of the key points covered in that chapter. By using these key points, you should be able to flip between chapters and get an idea of where relevant areas are covered. Please don't feel you have to read the whole book. It is a tool. Use what you need and leave the rest. Maybe it will be of use later.

Notes on person and gender

We wrote this book together with the idea of a series of conversations with you, the reader, in mind. For that reason, it is written largely in the first person plural, and we often address you directly. Occasionally, we vary this slightly and use the first person singular. This is usually to recount something that has happened to one of us and which has influenced our development as individuals and as researchers. Really, this is just to avoid cumbersome expressions like 'one of the authors (RN)' and so on. We hope this direct style is one you can engage with and will help you get into the spirit of a conversation with us about research.

We have made no definite choice about the use of the personal pronoun, and we refer to he/she pretty much indiscriminately throughout the book. If anything, we tend towards the feminine in describing the work of the researcher, since most nurses (and most nurse researchers) are female.

Good luck with this book and your research.