Are we closer to being a research-based profession?

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Having witnessed many changes in nursing in the past 37 years I have found myself asking if we are any nearer to becoming a research–based profession. In the age of evidence-based practice, the view that research is only for academic nurses and not for the clinical nurse who has neither the time nor inclination to read or engage in research, continues to challenge those of us involved in university-based education.

It is no longer acceptable for nurses who are reluctant to consult nursing research to continue with outdated practices with the excuse that there is a lack of evidence or that it is inaccessible. Journals, systematic reviews and wound care guidelines are available to all — particularly through the internet.

Perhaps what is worse is the irrational fear that some nurses have that a research trial involves the patient being used as a guinea pig or can deny them the option of participation. I find this view strange as surely the benefits already derived from previous research are all too evident. Consider compression bandaging, advanced dressing products and prevention strategies for pressure ulcer development. How would we have developed and tested these strategies without research, and what would wound care be like without them? However, the worrying fact is that we may be even further away from enabling nurses to read or engage in research in the evidence-based climate of today's NHS.

Evidence-based healthcare is about making decisions using the best available evidence. Admittedly the rigour and size of wound healing trials have often fallen behind some of the other areas of medical practice, and the quality of trials in our field have often been criticised.

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Many studies showing the potential benefits of wound care interventions are excluded from systematic reviews as they are not conducted as blinded, randomised controlled trials (RCTs). Undoubtedly RCTs are designed to avoid bias, but not all research questions can — or should — be answered by the RCT.

Patients with wounds are an incredibly heterogeneous population and the number required to demonstrate statistical significance reduces the ability of anyone other than experienced researchers working in specialist units to conduct the required multi-centred RCT. Not only are they complex to perform with a long delay between initiation and dissemination of findings, the subsequent reports are perceived as difficult to read. Systematic reviews can interpret the findings but they do not help foster the culture of 'research-mindedness' in the everyday practitioner. RCTs are also expensive and there is evidence to support the fear that clinical trials will be driven out of the UK due to spiralling costs and lengthy ethical committee procedures.

The implied suggestion is that although other methods of research are able to produce findings that are of clinical significance, they are often considered to be inferior if they do not have statistical significance. This has in part forced researchers to divorce the care of patients with wounds from the context in which they are cared and has also alienated the nurse from developing a broader understanding of the nature of research.

For example, in-depth qualitative interviews provide us with an insight into the real world of the patient that no structured questionnaire can. If we seek to develop the enquiring mind in all nurses we should not discourage those individuals wishing to carry out small research projects. They are still meaningful and essential for the future of the specialty. More importantly we must encourage publication of such work as they may provide a basis for the larger trials in which we currently place all our faith. WUK

See Debate p100–102 and 'The nurse's experience of dressing changes' p13–19

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