Guest Editorial

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Sharing best practice in health care

At the beginning of each academic year the cry goes up "why do we have to do research? I only want to be a nurse or midwife". As a midwife researcher I used to get quite upset about this and wonder to myself and to my colleagues "how can they not understand the benefits of research?" Being asked to write this editorial has helped me to reflect some more on this question and to reconsider my views.

How did I come to enter the research world?

My first introduction to research was during my Advanced Diploma in Nursing when I was training to become a nurse teacher and I was expected to do a small research project. We learned statistics and I was actually quite good at them so got enthusiastic about the rest of the research process (which nobody ever taught us!). My project compared how much time nurses spent with women being treated with caesium implants for cervical cancer with those who had Wertheim's hysterectomies. My hunch was correct, those having the hysterectomies had more than double the nursing hours. It was not a very well executed research project but it did enable me to go back to the senior nurses on the ward to say that something needed to be done, and, to my surprise, it was. The research had impact on practice.

From that time on, I endeavoured to do research that was relevant to clinical practice as I progressed through Bachelor's, Master's and Doctoral degrees. It was not like that for everyone, however. One of my fellow Master's students wrote a thesis that was hailed by all as being at PhD level. Sadly, few of us could plough our way through the jargon and understand what she was trying to say. Until recent times, this has often been the case with funding bodies requiring publications by means of advertising the research that they have funded. These publications must conform to the journal's format and often carry recommendations for further research, which take precedence over recommendations for practice.

In practice based disciplines such as nursing and midwifery it must surely be wrong to prioritise further research over benefits to practice. Indeed, it often appears as "jobs for the boys" rather than "what does this mean for us". I was delighted to see, after six years away from the UK that research councils are now firmly focused on impact. Who is this study going to benefit and how are they going to benefit are key questions asked. Additionally, researchers bidding for grants are asked to show they pathways they propose to take on the way to creating those impacts. This can only be good news and firmly link good research to professional practice and this to better service for those who need our care.

What does all this have to do with sharing of best practice?

Thinking over the 43 years since I began my nursing education, I shudder as I reflect on our care, which at that time mostly consisted of a series of tasks. Take pressure sores for example. Each ward sister had her own prescription for these, varying from a liberal application of “tinc benz co”, which certainly caused the patients a lot of pain, to rubbing on egg whites, which simply gave us more work to do changing the sheets. There was no best practice. It is through research that we have come to know what the best practice(s) are and we have a NICE guideline on pressure sores. Many of the other tasks we undertook have had similar developments. That is why I advocate research, insist that every nursing and midwifery student must learn to be an active consumer of research and hope that many will come to be researchers in the future.