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Part I

What is research, and why should it be used?
Every year or so, the folk who deal with TV licensing try to persuade me (‘the occupier’) to buy a TV licence. However, the small library of leaflets that I have acquired from them, detailing my options for procuring a license, accompanied by threats about what fate awaits me if I continue to decline one, does not answer this question: as I do not have a TV, why do I need a TV license, and what benefits would owning one bring me? (Getting a TV is now out of the question, because my correspondence with TV licensing is such fun, and they occasionally call by personally to see how I’m doing with getting my license. I’d miss them if I had a TV, and the license to go with it.)

The moral of the story of my TV non-license is: if you are being asked to do something, you usually want to know why you should do it. So, it makes sense to start by thinking about why it might be a good idea to use research, before getting into the practicalities of doing so.

The benefits of using research

The reasons that are put forward for using research in practice are usually related to it being beneficial for patients (Department of Health, 2008; Gifford et al., 2007). This seems like a good reason, but it begs the question of how healthcare professionals using research is beneficial to patients. Basing care on good evidence should logically improve care and, as Chapter 2 will discuss, information which is generated from research is often considered to be a good source of evidence, so using it should improve care. However, for research to be useful, it has to be of good enough quality to merit use, and relevant to what it is being used for. Using research whose conclusions and recommendations are dangerously wrong will not be beneficial. Equally, if research is applied in the wrong context, it will not necessarily be helpful.
A very good piece of research about assessing pain in children aged four to seven might not be particularly useful to transfer to assessing pain in a two-year old. Saying that using research can improve patient care is true, but only if it is reasonable quality research, and used in the right place, for the right thing.

The benefits which using research brings to patients are often seen in terms of people having access to the best type of treatment or care. However, using research, where appropriate, can also be beneficial to individuals other than the person receiving care. Giving the most effective drug to a person with Chronic Obstructive Pulmonary Disease might improve their quality of life, and also mean that their family enjoys a better quality of life. In addition, they might be admitted to hospital less frequently, and other patients therefore have to wait less time for admission. They might require less additional drugs and General Practitioner consultations, freeing up resources for others. The counterargument to this is that if research shows a very expensive treatment to be the best option, it is distressing for people to whom this is not available because of the cost, or brings benefit to some individuals but reduces the resources available for others. Debates about justice in healthcare provision are a lot more complex than just whether or not research should be used, but using research can sometimes be beneficial for individuals, and society as a whole. It therefore makes sense to at least consider what the research says when making decisions.

Using research has the potential to improve job satisfaction: knowing that we are using what have been found to be the best approaches to care can improve the level of satisfaction we have in our work. Research may also show the most effective way of working, and even when this means taking time to learn to do something in a different way, it may be more efficient in the long term and make our working lives easier.

One of the benefits of using research, or perhaps being seen to use research, may have nothing to do with individual patients or personal job satisfaction, but be linked with a profession as a whole being viewed in a more positive light. If an occupational group can successfully claim that it’s work is based on a significant research element, their claim to professionalism may be greater (Webber, 2009). Whether this is a useful claim, and whether it should be a strong driver to use research in everyday practice, is debatable. It might not seem a terribly good reason to go around looking for research to use on a busy shift when the status of the profession is not, at that precise moment, your number one concern. However, it can be a powerful incentive for some members of occupational groups and may be one of the corporate drivers for using research in practice.

The main benefits of using research, then, are the benefits to individuals and, by association, to society as a whole; increased job satisfaction for staff; and a profession which uses research to inform its practice having a better standing. If this is the case, it might seem strange that research is consistently reported to be underused in practice (Björkström and Hamrin, 2001;
Bonner and Sando, 2008; Brenner, 2005; Chau et al., 2008; Gerrish and Clayton, 2004; Hutchinson and Johnston, 2004; Karlsson and Tornquist, 2007; Kuuppelomaki and Tuomi, 2005; Morris-Docker et al., 2004; Scott et al., 2008; Sitzia, 2002; Thompson et al., 2006). However, there are plenty of things that make using research difficult, and many reasons why it is not always the number one priority for practitioners, even when it is on their ‘desirable’ list.

The challenges involved in using research

Notwithstanding the benefits of using research, getting around to finding research about a practice issue, checking it’s quality and making any necessary changes in practice because of it often falls off the end of an ever-expanding ‘to do’ list. This is partly because of time constraints and more pressing or obvious priorities (Bonner and Sando, 2008; Brenner, 2005; Chau et al., 2008; Gerrish and Clayton, 2004; Hutchinson and Johnston, 2004; Karlsson and Tornquist, 2007; Thompson et al., 2006), because finding information can seem difficult, and the language of research appears complex and confusing (Clifford et al., 2001; Burton 2004; Hutchinson and Johnston, 2004; Hart et al., 2008). One aspect of this book, perhaps the main one, is to make reading research less complex for those who are trying to decide whether or not to use it in practice.

Finding information is often the first challenge in using research. You might have had the experience of doing a search and drawing a complete blank, when you knew that there must be information out there on your chosen subject. Alternatively, you may have done what seemed a perfectly sensible search and got a whole list of things that you really could not see as being anything to do with your request, or may have been presented with so much information that you felt you could never even begin to look at it all. Chapter 3 aims to make searching for information make more sense, and to explain why when you ask for ‘children and pain’, you can get 4760 articles, most of which seem only very vaguely related to your search, with the 27 on pain in children lost somewhere in the pile.

Once you have gathered information, it can be difficult to know whether to act on what you have read. Sometimes what puts people off using research is the thought of wading through papers which are full of polysyllabic words which once bounced around them in the haze of a post-lunch lecture in a warm classroom. However, most healthcare professionals can and probably do understand research well enough to use it: you just may not know the particular terminology as well as you do other terminology. Research terminology can seem very convoluted and complex, but the ideas behind it are not. One of the intentions of this book is to simplify the language which is used in reporting research. For people who have the time to spend hours pouring over articles, or for whom it is their whole job, the complexities of research may be a delight. This book is aimed at people who probably do
not see it that way, or who do not have the time or inclination for that, and who, despite wanting to give the best possible care, do not want to be up until midnight before an early shift trying to understand the sub categories of methodologies. It is aimed at those who want to be able to read research reports, and decide whether or not to use the recommendations from them in practice, but not take a lead role in designing and conducting research studies. To draw a parallel to travel: when I am planning to go somewhere, I like to know where the place I am thinking of going is, what languages are spoken there, whether it is snowy, hot, mountainous, flat, has good beaches or diving options and whether there are any other relevant issues such as civil war that could influence my visit. That is pretty much what I need to know to decide: whether to go or not, how long the flight will be, whether to pack hiking boots, ski jacket, mask and snorkel, beach gear etc. and whether I can get by in my versions of English, Spanish or French. However, I don’t especially feel the need to know the plate tectonics of the location, how the climate has come to be that way or the history behind the languages spoken. My husband usually knows all this, so

a. It would be churlish not to use his knowledge.
b. I am not that interested in the detail, because I do not need to know it to make the decisions I have to make.
c. If I happen to decide to move there, I can find the extra details when (and if) I need them.

Similar points can apply to research: you can probably decide whether or not to use a piece of research without having to know all the ins and outs of why and how it came to be that way. You may just need to know what things mean in terms of what you should do about them, and there are a lot of things that you can find out about in more detail on a ‘need-to-know basis’. Chapters 4–7 give a basic and simplified overview of what to look for in research studies and how to decide if they are any good or not. But they are at my holiday-planning level, not my husband’s.

Perhaps a more difficult decision though is this: if a piece of research seems to be of good quality, should you take the plunge and use it? (Clifford et al., 2001; Sitzia, 2002; Carrion, Woods and Norman, 2004; Hutchinson and Johnston, 2004; Hart et al., 2008) Deciding that a piece of research looks good on paper is one thing, but deciding to use it where you work is another thing altogether. A really good piece of research is also only useful in situations that it is appropriate for, so a challenge in using research effectively is not just deciding whether a study is ‘good’ or not, but thinking about whether your situation is the right time and place to use it. You might work in a medical ward which mostly deals with long-term respiratory problems and be reading some research about people who are hospitalized with
long-term conditions. If this was carried out with people who have long-
term neurological conditions, whether or not it would apply to your work
situation depends on exactly what the research was about. If it was a clini-
cal trial about a new drug for Multiple Sclerosis, the chances are that it is
not relevant to most of the practice in your unit. However, if it is about the
concerns which people with long-term conditions have regarding loss of
independence when they are hospitalized, then it may be very relevant, even
though the medical conditions which the participants have are completely
different.

Once you have decided whether the research is relevant, you still have to
put other things into the melting pot of decision making. Using even the
highest quality research, in the right context, but in isolation from all other
considerations, is rarely a good idea, and Chapters 8 and 9 in particular will
discuss the importance of research being a part, but not the entirety, of deci-
sion making. If you decide that what you have read is applicable to your area
and you really should use it, the hardest part is often yet to come. Doing
whatever you have in theory decided to do and perhaps encouraging oth-
ers to do too is often much more difficult than deciding that it really does
seem a good idea. Using established practice may not be the best option,
but it often feels much safer than risking the uncertainty which attempting
to change practice in order to reflect research findings can create (Scott
et al., 2008). There is always a risk that a new approach will not work, and
changing practice carries a risk, takes time and often presents challenges.
This, along with a lack of time and heavy workloads, can make using research
seem insurmountable (Bonner and Sando, 2008; Brenner, 2005; Chau et al.,
2008; Gerrish and Clayton, 2004; Hutchinson and Johnston, 2004; Karlsson
and Tornquist, 2007; Morris-Docker, 2004; Sitzia, 2002; Thompson et al.,
2006). It may also be difficult to know, practically, how to change your own
or other people’s practice and to have the confidence to do so. For this rea-
son, Chapters 10–11 deal with the practicalities of changing practice in the
light of research findings.

Finally, a point which is often missed is evaluating new practice. If the aim
of using research is primarily to improve healthcare in some way, then you
really need to know if this has been achieved, not just whether something
new is being done. Something which sounds as if it should work may not,
and something which seems to work may actually not be as good as it seems.
Equally, when you are orchestrating a change in practice, it can seem like all
hard work and listening to whingeing, but an evaluation may show benefits
which makes your suffering seem entirely (or at least very slightly) worth-
while. It can also be useful for colleagues, managers and budget holders to
know whether a new approach has had positive outcomes or not, as this may
motivate continued participation or resource investment. It is always impor-
tant to evaluate any new practice, and Chapter 12 deals with this aspect of
using research.
Summary

This book is written for those who want to be able to find research that is relevant to their practice, decide with some confidence whether or not to use it and, if the decision is yes, to do so. It may be useful for undergraduate students, some post graduate students (especially those who are looking at evaluating evidence to use in practice, rather than conducting their own research) and for those not doing any academic study but want to read more about using evidence to inform their practice.

The book is divided into three parts: Chapters 1 and 2 deal with the background of why you might want to use research and what it is; Chapters 3–8 deal with making decisions about the quality of research, deciding where and when to use research and incorporating other types of evidence into clinical decisions; and Chapters 9–12 deal with implementing research in practice or changing practice. Chapters 3–8 begin with an example of a practice situation, and use this throughout the rest of the chapter to illustrate some of the points made. At the end of each chapter in this section a worked example or two are given, to consolidate the points made in the chapter.
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