# **Editorial**





Paul Fulbrook, joint editor

Lynne Harrison, joint editor

### **EVIDENCE-BASED PRACTICE**

The need to develop evidence-based practice is something that is being promoted throughout the nursing and medical world. However, there is often very little evidence available to inform nursing practice and much of what does exist may not be relevant to human caring. One of the reasons for this is that, traditionally, nursing has followed the medical model of theory generation, based on positivist philosophy and using quantitative methods. More recently, as nursing has begun to develop its own knowledge base, there has been a distinct movement towards interpretive approaches to theory generation, employing qualitative methodologies, such as phenomenology. However, some critics have suggested that as a consequence of this shift, nurse researchers have been guilty of 'throwing the baby out with the bath water', resulting in a negligent use of quantitative research approaches, and warning that in ignoring experimental research nurses run the risk of overlooking some areas of knowledge.

However, many people are also concerned about the marginalisation of qualitative research, and its classification as 'low level' evidence. In response, rather than defending the need for qualitative approaches to have equal standing with its quantitative counterparts, there have been calls for nursing to participate more actively in systematic reviews. However, while systematic reviews have a place in informing practice, they do not encompass the full range of different types of knowledge that nurses use.

What is important is not the type of research approach used, but the relevance of the research methodology and methods used to address the nursing practice question. Indeed, recognition that fundamentally different types of problems require different methods has been helpful in liberating nursing from the early constraint of a positivist straightjacket. It is important for us to acknowledge this in the critical care setting, where decision-making is complex, where nurses draw upon a broad range of sources of knowledge to inform their decisions, and where decision-making is related to critical care nurses' experience.

What we are trying to achieve with CONNECT is the promotion of critical care nursing practice. In this respect, we recognise that there are many different 'ways of knowing' and the 'evidence' that nurses use in everyday practice comes from many sources. So, what you will not see in this journal are lots of 'heavyweight' research articles. We will continue to publish research, but it is only one part of a much larger story. What we want to encourage is the publication of nurses' experiences and practice development initiatives that we can all learn from. After all, the theme of this journal is communication. In the first two issues, we published Kate MacDonald's story. Her vivid account taught us many lessons. And in the last issue, Birte Baktoft told us all about how her unit manages prone ventilation. In many ways, these articles enable us to learn more from each other than we can by reading research papers. So, let's hear from you. Tell us about your experience, tell us about your practice – SHARE YOUR KNOWLEDGE!

Paul Fulbrook and Lynne Harrison

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