



Paul Fulbrook - joint editor



Lynne Harrison - joint editor



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### Research for practice

Paul Fulbrook, editor

Increasingly, critical care nurses are expected by both their employers and their professional bodies to participate in research that leads to improvements in clinical practice. Whilst research is an admirable goal this raises three issues.

The first issue is education. It must be remembered that most nurses have not been adequately educated to be researchers, and therefore it is an unrealistic expectation that they can research. Furthermore, under-graduate nursing curricula barely equip nurses to be competent in evidence-based practice let alone research.

The second issue is about career pathways. Only a few people enter the nursing profession with a vision to become a researcher, whereas most enter the profession because they want to work in clinical practice in a 'hands on' role. Furthermore, the traditional career path of a researcher tends to take the researcher out of clinical practice, which is where most nurses want to be. This is not to say that critical care nurses are opposed to research, rather it is that they do not see it as their role. This is especially the case in many modern healthcare settings where nurses claim to be overworked and understaffed. For many nurses the challenge of achieving evidence-based practice is more than they are able to cope with.

In some critical care units research has been accorded high priority with those who can afford it employing nurses in dedicated research positions. However, whilst this is laudable it is often the case that nurses who are employed in such roles are often engaged primarily in subject recruitment and data collection for medical clinical trials. Thus it is arguable that their role is less of a *nurse* researcher than it is a research *assistant* for physicians. In the ideal world all critical care units would be funded so that nurses were able to undertake *nursing* research. However, if it was the case that nursing researchers were funded as part of the clinical team we would still be left with the problem of education. Furthermore the clinical career trajectory for nurses tends to place more value on education and administration.

The third issue is the lack of a clear focus for nursing research in critical care. Whilst the body of evidence is growing daily it seems that its direction is uncoordinated. By examining the trends in critical care nursing research over the last three decades we can see that there are some definite themes that have been researched strongly. For example, the research around family needs in the 1970s. However, there is little evidence that critical care nurse researchers have developed a strategic approach that enables them to research the clinical problems that our critically ill patients and their families present with. This is an area where I believe professional bodies, such as national critical care nursing associations, have a vital role to play. What our medical colleagues have done very well, which nurses have as yet failed to do, is to identify clear research priorities at a national and international level. If nurses did this then the body of evidence around key topics would grow substantially. As it is, with an uncoordinated approach, what little funds are available for nursing research are spread thinly over a wide range of topics. Thus in many areas of practice our body of evidence is weak.

The way forward is a difficult one, which as always is related to funding. However, until *nurse* educators are able to prepare nurses to research, until

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*nurse* managers are able to develop career pathways for nurses to research, and until *nursing* associations help to direct and fund research priorities critical care nursing will continue to have a relatively weak evidence-base. Our future is in our own hands - the italics in the previous sentence emphasise this. If we value research, it's up to us to bring about change.

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