Asking answerable questions

Nurses have had to deal with many changes in recent years, one of which is the increased expectation that they will keep their practice up to date by reading vast numbers of publications. This expectation and the pressures of maintaining continuing education requirements come alongside ever increasing workloads and diminishing study time.

So what can be done to ease some of the pressure? Evidence-based nursing (EBN) offers at least some of the answers. In a nutshell, the aim of EBN is to make it easier to include current best evidence from research in clinical and healthcare decisions.

**What is EBN?**

EBN is a 5 stage process:

- Information needs from practice are converted into focused, structured questions
- The focused questions are used as a basis for literature searching in order to identify relevant external evidence from research
- The research evidence is critically appraised for validity and generalisability
- The best available evidence is used alongside clinical expertise and the patient's perspective to plan care
- Performance is evaluated through a process of self reflection, audit, or peer assessment.

The purpose of this paper is to work through stage 1: the formulation of structured, focused questions.

The types of information needs that arise regularly from our clinical practice are those questions such as Why do we do it this way? or What's the best way of ...? for which neither you nor your colleagues have a ready answer. If you are able to go to the library, what strategies can you use to find answers to this type of question efficiently? How do you find good quality, relevant research without wading through hundreds of papers?

Framing the question in a way which lends itself to searching while still reflecting the specific patient or service focus is an important stage to get right. That way, when you begin searching for evidence on the topic you have chosen, the volume of research will be manageable.

Issues or questions can arise from many clinical and managerial situations. For example, one question that came from my time working in palliative care related to the development and use of pain diaries for patients with advanced cancer. I realised that I didn't actually know whether completing pain diaries was a useful treatment for the palliative care of patients with cancer. Was time being spent developing something that had previously been shown to be useless or even harmful? After all, it is conceivable that monitoring one's pain in a diary actually heightens one's awareness and experience of pain. I needed to search the literature to find out if there was any existing research. To focus my search I developed the following question: does the use of pain diaries in the palliative care of patients with cancer lead to improved pain control?

A second question arising from my practice in palliative care was one frequently raised by patients: will taking morphine affect my ability to drive?

Generally, there are three elements to questions: the situation, the intervention, and the outcome. In the first example, these are palliative care of patients with cancer, the use of pain diaries, and improved pain control. In the second, they are palliative care of patients with cancer, the use of morphine, and driving safety.

The situation is the patient or problem being addressed. This can be a single patient or group of patients with a particular condition or healthcare problem. In both examples the situation is palliative care of patients with cancer. The situation may also be individuals with similar demographic characteristics. Alternatively, the scope of the situation may be a much wider aspect of healthcare delivery, and be concerned with more managerial aspects of organising services.

Some other examples of situations are:

- A patient with a grade two pressure sore—a single patient
- Patients with hypertension—a group of patients with a particular condition
- Children under the age of 10—a population with similar demographic characteristics
- Primary health care for the elderly—an aspect of healthcare delivery
- Organisation of outpatients—managerial aspects of organising health care.

The intervention is the dimension of health care of interest. In the first example, the question was whether the use of pain diaries to record pain was a useful treatment for the palliative care of patients with cancer. In the second example, the intervention was morphine. Interventions come in many guises and recognising these can help develop a strategy for searching for the evidence. Interventions can be (Richardson et al):

- Therapeutic, for example different wound dressings
- Preventive, for example influenza vaccination
- Diagnostic, for example measurement of blood pressure
- Managerial, for example implementation of a computerised appointments system.

Concerned with health economics, for example the cost effectiveness of managing venous leg ulcers in primary versus secondary care.

Questions frequently asked are whether one treatment or therapy is more effective than another, for example whether “Unna's boot” is better than “four layer bandaging” in the treatment of venous leg ulcers (see Fletcher et al in this issue, p50). Alternatively the question might be is it worth doing bandaging at all? In either case there are two strategies being compared; in the second the alternative is no bandaging. Thus questions which ask about interventions require the incorporation of a “counter intervention”. The counter intervention may be standard treatment or no treatment at all. The first example could be phrased as: does the use of pain diaries in the palliative care of patients with cancer lead to improved pain control compared with not using a diary?

The counter intervention here is “not using a diary” or no treatment. In the driving example the counter intervention is no morphine.

Another example incorporating a counter intervention might be: does the use of a hydrocolloid dressing on a sacral pressure sore lead to greater patient comfort than a gauze dressing?

This question involves the comparison of two treatments: hydrocolloid dressings and gauze dressings. The situation is a patient with a sacral pressure sore and the outcome (the result we are interested in from a clinical and patient perspective) is...
Evidence-Based Nursing provides practising nurses with the best research evidence along with advice from clinical experts regarding how this evidence, combined with patient preferences, can be applied to practice. We hope that Evidence-Based Nursing will make an important contribution to nursing, and ultimately to patient care, by bringing the findings of rigorous research to the attention of nurses, by promoting the critical appraisal of research, and by fostering implementation.

An important step in the practice of evidence-based nursing is the sharing of successful implementation strategies. We therefore welcome submission of manuscripts describing the process and results of the implementation of an evidence-based nursing intervention. Manuscripts should be no longer than 1500 words, including references. All manuscripts will be peer reviewed and submission does not guarantee publication.

We also welcome letters from our readers about Evidence-Based Nursing. We would like to hear about the positive and negative aspects of our journal. Your feedback is most important in assisting us to produce a high quality journal which is useful to the practising nurse. Letters should be no longer than 400 words.

All submitted material should be typewritten, double spaced, and mailed or faxed to Nicky Cullum in the UK editorial office (Centre for Evidence Based Nursing, Department of Health Studies, University of York, Heslington, York YO1 5DG).
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