

Purpose and procedure

The general purpose of *Evidence-Based Nursing* is to select from the health related literature those articles reporting studies and reviews that warrant immediate attention by nurses attempting to keep pace with important advances in their profession. These articles are summarised in “value added” abstracts and commented on by clinical experts. The specific purposes of *Evidence-Based Nursing* are:

- To identify, using predefined criteria, the best quantitative and qualitative original and review articles on the meaning, cause, course, assessment, prevention, treatment, or economics of health problems managed by nurses and on quality assurance
- To summarise this literature in the form of “structured abstracts” that describe the question, methods, results, and evidence-based conclusions of studies in a reproducible and accurate fashion
- To provide brief, highly expert comment on the context of each article, its methods, and clinical applications that its findings warrant
- To disseminate the summaries in a timely fashion to nurses.

The Royal College of Nursing (RCN) Publishing Company and the British Medical Journal (BMJ) Publishing Group publish *Evidence-Based Nursing* under the editorship of Dr Alba DiCenso and Dr Donna Ciliska at McMaster University in Canada and Dr Nicky Cullum at the University of York in the UK. The Health Information Research Unit (HIRU) of the Department of Clinical Epidemiology and Biostatistics at McMaster University hosts the editorial office for the production of the abstracts and commissioning of commentaries. Dr Brian Haynes acts as coordinating editor to ensure that methods and procedures are consistent with other evidence-based journals prepared by HIRU.

Criteria for selection and review of articles for abstracting

All articles in a journal issue are considered for abstracting if they meet these criteria:

BASIC CRITERIA

- Original or review articles
- In English
- Quantitative and qualitative studies
- About topics that are important to the clinical practice of nurses in any setting
- Analysis of each article is consistent with the study question.

QUANTITATIVE STUDIES

Studies of prevention or treatment must meet these additional criteria:

- Random allocation of participants to comparison groups
- Follow up (endpoint assessment) of $\geq 80\%$ of those entering the investigation
- Outcome measure of known or probable clinical importance.

Studies of assessment (screening or diagnosis) must meet these additional criteria:

- Inclusion of a spectrum of participants, some, but not all of whom, have the condition of interest
- Objective diagnostic (“gold”) standard (eg, central venous pressure) or current clinical standard for diagnosis (eg, sphygmomanometer reading for hypertension), preferably with documentation of reproducible criteria for subjectively interpreted diagnostic standard (ie, report of statistically significant measure of agreement beyond chance among observers)
- Each participant must receive both the new test and some form of the diagnostic standard
- Interpretation of diagnostic standard without knowledge of test result
- Interpretation of test without knowledge of diagnostic standard result.

Studies of prognosis must meet these additional criteria:

- Inception cohort (first onset or assembled at a uniform point in the development of a condition or disease) of individuals, all initially free of the outcome of interest
- Follow up of $\geq 80\%$ of participants until the occurrence of a major study endpoint or to the end of the study.

Studies of causation must meet these additional criteria:

- Clearly identified comparison group for those at risk of, or having, the outcome of interest (randomised, quasi-randomised, or non-randomised controlled trial; cohort analytic study with case by case matching or statistical adjustment to create comparable groups; case control study)
- Blinding (masking) of observers of outcome to exposure (criterion assumed to be met if outcome is objective, eg, all cause mortality or self administered psychometric test)
- Blinding of observers of exposure to outcomes for case control studies or blinding of participants to exposure for all other study designs.

Studies of quality assurance or continuing education must meet these additional criteria:

- Random allocation of participants or units to comparison groups
- Follow up of $\geq 80\%$ of participants
- Outcome measure of known or probable clinical importance.

Studies of the economics of healthcare programmes or interventions must meet these additional criteria:

- The economic question must compare alternative courses of action
- Alternative diagnostic or therapeutic services or quality assurance activities must be compared on the basis of both the outcomes produced (effectiveness) and resources consumed (costs)
- Evidence of effectiveness must be from a study (or studies) of real (not hypothetical) patients, which meets the criteria for a treatment, assessment, quality assurance, or a review article

- Results should be presented in terms of the incremental or additional costs and outcomes of one intervention over another
- Where there is uncertainty in the estimates or imprecision in the measurement, a sensitivity analysis should be done.

Clinical prediction guides must meet these additional criteria:

- The guide must be generated in ≥ 1 set of real (not hypothetical) patients (training set)
- The guide must be validated in an independent set of real patients (test set)
- The guide must also meet the above noted criteria for treatment, assessment, prognosis, or causation.

Review articles must meet these additional criteria:

- A clear statement of the clinical topic being reviewed
- A clear description of the sources and methods for identifying articles
- Specification of the inclusion and exclusion criteria for selecting articles for detailed review
- ≥ 1 article in the review must meet the above noted criteria for treatment, assessment, prognosis, causation, quality assurance, or economics of healthcare programmes.

QUALITATIVE STUDIES

- Content reflects the phenomenon of interest from the perspective of people experiencing it

- Data collection methods are appropriate for qualitative data
- Analyses are appropriate for qualitative data.

These criteria are subject to modification if, for example, it becomes feasible to apply higher standards that increase the validity and applicability of studies for clinical practice. The objective of *Evidence-Based Nursing* is to abstract only the very best literature, consistent with a reasonable number of articles "making it through the filter."

Articles meeting the criteria set out above are abstracted according to the procedure for more informative abstracts,¹ with the following modifications: abstracts are approximately 400 words in length; and each abstract is reviewed by an expert in the content area covered by the article. This expert writes a commentary in which she compares the study findings to previous research findings, identifies any important methodological problems that affect interpretation of the study results, and offers recommendations for clinical application. The author of the article is given an opportunity to review the abstract and commentary before publication.

In the last issue of each year, we will publish a selected list of articles that passed all criteria but were not abstracted because, in the judgment of the editors, their findings were less applicable to nursing practice.

1 Haynes RB, Mulrow CD, Huth EJ, *et al.* More informative abstracts revisited. *Ann Intern Med* 1990;**113**:69–76.

Journals reviewed for this issue

Acta Obstet Gynecol Scand	Br J Psychol	Image J Nurs Sch	Med Care
Acta Psychiatr Scand	Br J Surg	Int J Geriatr Psychiatry	Med J Aust
Addiction	CMAJ	JAMA	Midwifery
Age Ageing	Can J Cardiol	J Abnorm Child Psychol	N Engl J Med
Am J Cardiol	Can J Contin Med Educ	J Abnorm Psychol	Neonatal Netw
Am J Epidemiol	Can J Gastroenterol	J Adv Nurs	Neurology
Am J Gastroenterol	Can J Infect Dis	J Affect Disord	Nurs Res
Am J Med	Can J Nurs Res	J Am Acad Child Adolesc Psychiatry	Obstet Gynecol
Am J Obstet Gynecol	Can J Psychiatry	J Am Board Fam Pract	Pain
Am J Psychiatry	Can J Public Health	J Am Coll Cardiol	Patient Educ Couns
Am J Public Health	Can J Surg	J Am Coll Surg	Pediatrics
Am J Respir Crit Care Med	Can Respir J	J Am Geriatr Soc	Perspect Cardiol
Am J Surg	Cancer Nurs	J Am Med Informatic Assoc	Psychiatr Serv
Ann Emerg Med	Cancer Prev Control	J Autism Dev Disord	Psychiatry
Ann Intern Med	Chest	J Child Psychol Psychiatry	Interpersonal and
Ann Med	Circulation	J Clin Epidemiol	Biological Processes
Ann Surg	Clin Invest Med	J Clin Exp Neuropsychol	Psychol Aging
ANS Adv Nurs Sci	Clin Nurs Res	J Clin Nurs	Psychol Bull
Appl Nurs Res	Clin Pediatr	J Clin Psychiatry	Psychol Med
Arch Dis Child	Clin Psychol Rev	J Clin Psychopharmacol	Psychological
Arch Fam Med	Cochrane Library	J Consult Clin Psychol	Assessment
Arch Gen Psychiatry	Cognitive Therapy and Research	J Counseling Psychology	Psychopharmacol Bull
Arch Intern Med	Controlled Clin Trials	J Cutan Med Surg	Psychosom Med
Arch Neurol	Crit Care Med	J Epidemiol Community Health	Public Health Nurs
Arch Pediatr Adolesc Med	Diabet Med	J Fam Pract	Quality in Health Care
Arch Surg	Diabetes Care	J Gen Intern Med	Qual Health Res
Arthritis Rheum	Fam Plann Perspect	J Infect Dis	Res Nurs Health
Aust NZ J Psychiatry	Fertil Steril	J Intern Med	Rheumatology
Behav Res Ther	Gastroenterology	J Manipulative Physiol Ther	Schizophr Bull
Birth	Gen Hosp Psychiatry	J Neuropsychiatry Clin Neurosci	Soc Sci Med
Behav Ther	Gut	J Pediatr	Spine
BMJ	Health Educ Behav	J Pediatr Child Health	Stroke
Br J Clin Psychol	Health Psychol	J Pediatr Nurs	Surgery
Br J Gen Pract	Heart	J Pediatr Oncol Nurs	Thorax
Br J Obstet Gynaecol	Heart Lung	J Vasc Surg	West J Nurs Res
Br J Psychiatry	Hypertension	Lancet	