Research and Evidence-based Care: It Takes a Village

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As the momentum to provide evidence-based care gathers speed, so does the need for reliable study data to answer clinical practice questions that have yet to be satisfactorily answered. Try as some study researchers and authors might, there are no short cuts. Publications that do not meet the basic criteria of a well-designed study — no matter which design is used — will not make the cut for inclusion in evidence-based guidelines. All the authors’/researchers’ hard work will eventually be forgotten. Similarly, if the work is published in a nonindexed journal, it will not surface when using standard literature searching strategies. And that is a shame. The work may not have been perfect (it never is!) but it still took a great deal of time and effort. In a nutshell, these concerns define the mission of OWM: the authors, Editorial board members (reviewers), and editorial staff try to add a few small pieces to the big evidence puzzle each month by adhering to guidelines for scientific literature, offering solid research from which practice guidelines can be sculpted.

The three feature articles in this issue of OWM are perfect examples. Two studies shed a little more light on the treatment of venous leg ulcers (VLUs). In one, researchers from Iran randomly assigned 90 outpatients with VLUs to three methods of care: compression bandage and standard nonadherent dressings without (control) or with high-frequency ultrasound (HFU) or noncontact low-frequency ultrasound (NCLFU).¹ In the other,² 70 patients visiting an outpatient clinic in Poland were randomly assigned to various methods of compression therapy. The results of both studies provide some answers for what constitutes best (ie, evidence-based) practice for VLU care; they also raise new questions. As you read, ask yourself, if you have used ultrasound, compression stockings, short-stretch bandages, or intermittent compression in your practice, do these results surprise you, or do they confirm what you have seen?

The third original research study³ is unique in that every healthcare practitioner who cares for acutely ill and/or immobile patients will recognize the clinical situations tested in a laboratory setting — ie, how many underpads and linen layers are placed between the bed and the patient? One? Two? More than two? How about the patient with incontinence at high risk for developing pressure ulcers placed on a low-air-loss surface? In this study, researchers in the United States tested the effect of a variety of linen combinations on two factors that may affect pressure ulcer risk: skin temperature and humidity. Even though studies such as this can be conducted only in a controlled laboratory environment, the observations are compelling enough to make clinicians reconsider routine practices until future research suggests otherwise.

Two chronic wound conditions and three important clinical practice questions were examined using three different methods; all reflect the recent heightening of awareness of research methodology. All three studies published this month make mention of the level of evidence of comparative efforts. More and more, authors are critiquing previous studies for sample size, blinding, the inclusion of a “control,” and other parameters that provide shape a “believable,” reproducible study. This not only bodes well for the future of evidence-based care, but also for the quality of research conducted. No study is conducted in a vacuum, especially those performed among humans with all their confounding factors. But authors who acknowledge problems with existing literature along with the limits of their own endeavors and findings make valuable contributions, albeit sometimes in very small increments, to the body of literature.

In addition to informing your current practice, three more pieces of evidence to help guide future research and practice were added to the indexed literature this month. We invite you to read and comment and, perhaps, be incentivized to add your own efforts to our list of publications. It takes more than a village. It takes a global effort and the effort is working!

References

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