



EDITORIAL

Why do we think so highly of research and keep doing more of it? In an Editorial Comment in the September 2006 issue of *Nursing Ethics* (13: 453–54) Astrid Norberg wrote that ‘there is no proof that evidence-based nursing leads to good quality nursing care.’ Simply to know more is of no use if it does not lead to some action or change. This applies to every aspect of our lives. Even to know important dates in history serves to change things if it enhances culture and human effort, and to know arithmetical tables (for children perhaps the least liked kind of knowledge) can be useful when out shopping. Nursing research should always basically be concerned with discovering and formulating the knowledge necessary for promoting and restoring health, preventing illness and alleviating suffering in some form or another. Its scope can and should be as wide as possible and, increasingly, with a global interest and application. It is surely some vision of the *applications* of research that makes research worth the expense and effort.

Several of the articles in this issue are concerned with decisions made by patients and health care staff about ‘ending’ life. Lars Sandman and his colleagues were concerned about the care given to people who had suffered a stroke. Should their refusals to eat be accepted, and if so, how? Marit Silén and her associates considered similar questions for patients who receive dialysis. Karen Thacker studied the different ways in which nurses with various lengths of experience handle the care of patients nearing the end of their life. These three studies are important for the correct and compassionate care of the patients concerned. They are also important for teaching nurses to handle similar situations. In this sense, they could be called ‘typical’ nursing research, and topics that nurses might be expected to study.

Ada van Bruchem-van de Scheur and associates also studied the end of life of patients, specifically when they want to end their own lives deliberately. The type of questions asked in the three earlier studies highlight the possibility of prolonging life because of technology; the same technology is also required and used not to prolong life. The attitudes among nurses highlighted by this study set the other articles in a different light because they question the whole notion of care for nurses. Indeed, they question nursing itself: what it is in its essence.

The kind of research carried out by this latter group is essential in order to validate the work done by the authors of the three earlier studies. This is where research comes into its own in uncovering what it stands for, so that all care is appropriate and serves humanity – nurses and patients alike. Nursing needs to look at itself and its values and attitudes, and it is perhaps not surprising that this is most marked in the face of the death of the people it claims to help. Maybe no other event or situation in life can so clearly define what nursing is about. In this situation, the ‘evidence-based’ care of nursing becomes truly evidenced.

Although these articles report on the authors’ research findings, the next four articles are specifically concerned with the research process itself.

Phyllis Eide and David Kahn consider the relationship that develops between researchers and participants in qualitative research. Gwen Anderson reports on her findings concerning the preparedness and performance of study co-ordinators, especially the difference between those who have come from within nursing and those with a lay background. Nermin Ersoy and Aslihan Akpınar highlight the practice of testing pregnant women for HIV and the differences in stance to this practice between the women concerned and the health care staff who do the testing in their country, Turkey. Finally, in this series of studies on research itself, Philip Larkin and his colleagues interpret the ethics approval process in an unusual way by putting it under the spotlight of a relational ethical dialogue.

Norma Murphy and Deborah Roberts write about the leadership position of nurses and how this position influences the people around them.

Joan McCarthy and Rick Deady 'reconsider' moral distress among nurses by looking critically at the increasingly vast literature on this subject.

Murat Civaner and Berna Arda tackle a political and social issue: do patients have responsibilities? Which system of health care can most claim to demand responsibilities from patients, and why? Such questions need to be asked and aired to make us all aware of the pros and cons of the various health care systems in order to shape the society we most want to have.

Perhaps the evidence base in care works itself through in a tangential way by asking questions of the systems that govern us, rather than by specifically applying new knowledge to one issue. What is clear is that we need more care and topic-specific research because science and technology constantly change the way in which care is given and why. We also need more uncovering of our attitudes to the things we take for granted: the systems we live in, the forces that guide us, the means we have to change them, and for what purposes.

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Clair Kaplan has been appointed as Book Review Editor. Submissions of book reviews on a broad range of topics related to ethics and health policy, and also suggestions for reviews, can be sent to her directly at: clair.kaplan@yale.edu