between a commitment to primary nursing and pressurised reality. The comparison and criticism of three tools for auditing organisation of care is documented. Although some criticisms of the original classification system of Bowman and colleagues are cited, it survives, they argue, as by far the most useful tool currently published for classifying primary nursing activity.

The brevity of this booklet is frustrating. Although the tool looks eminently sensible it would be hard to imagine nursing advisors making use of it without further validation. The report's reference list infers that Bowman and Thompson have not further researched the tool. Despite being a 1995 publication, there is surprisingly only one reference cited after 1993.

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- 1 Bowman GS, Thompson DR, Webster RA. The development of a classification system for nurses' work methods. *Int J Nurs Stud* 1991; 28:175-87.
- 2 Bowman GS, Meddis R, Thompson DR. An item analysis of a classification system for nurses' work methods. *Journal of Clinical Nursing* 1993; 2:75-80.

How to do it: vol 1, 3rd ed. Edited by Deborah Reece (pp 272; £12.95). London: BMJ Publishing Group, 1995. ISBN 0 7279 08480.

It is a common wish to do things well or better. It is satisfying to undertake something in a new area and feel confident. So I read this book with interest and expectation. It covers a wide range of topics under the headings of management, employment, and counselling and it is worthwhile speculating how quality in health care could be improved by following the book's advice.

In the management section I was particularly impressed with the chapter on "Being a dictator." This has clear advice on how to use a dictating machine and a secretary. These are skills that all doctors need to streamline the work load and, therefore, improve the accuracy and timeliness of correspondence.

The practical chapter on "Sign post your hospital" must have a major impact for patients. It seems a small thing, but there is nothing worse than wandering around the corridors and searching for hospital departments in a state of anxiety and apprehension, to be faced with incomprehensible signs, or worse, no signs at all.

The employment section is full of useful advice. In particular, the idea of job shares for consultants' posts is an important addition. Dissemination of this advice could lead to an increase in the number of consultants, more balanced lives for them, and hence an improvement in the quality of patient care.

The most interesting parts of the book are the chapters on counselling. Doctors are usually compassionate; unfortunately,

they do not all possess the skills necessary to show this compassion. With this in mind, the chapter on "Handling uncertainty, collusion, and denial" is excellent. What a difference to patients it would make if all doctors read the examples and became skilled in the ways described. Also, the section on "Broadening your mind about death", given our pluralistic society, should be compulsory reading for every final year medical student. If this were so, some unintentional distress caused to the bereaved would certainly be prevented. This book should be available in every hospital library and postgraduate centre. Reading it could only improve the quality of patient care, both directly and indirectly.

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Research Methods and Audit in General Practice. 2nd ed. David Armstrong, John Clare (pp 218; £25.00). Oxford: Oxford Medical Publications, 1995. ISBN 019 262454 7.

It is generally assumed that general practitioners are less likely to initiate research than doctors working in other disciplines. There are probably various explanations, including pressure of work, professional priorities, and the general practitioner's preoccupation with each patient rather than groups of patients with the same disease. Nevertheless, research publications by general practitioners and other researchers working in primary health care are steadily increasing. There may be many potential general practice researchers who have encountered difficulties in taking their first step into a research project because of the lack of sources of advice or support.

The aim of *Research Methods and Audit in General Practice* is to provide sufficient practical guidance for potential researchers to complete and publish a project. Thus, an enormous range of issues is covered, from identifying questions for research, study design, and data analysis to a chapter introducing the computer programme Epi Info. Nevertheless, it is impossible to cover every subject in detail in a book of this size – for example, the use of statistics is compressed into a single chapter.

The book is particularly strong on qualitative research methods, but there are no references to further reading. This would have been helpful to guide further studies of statistics or the epidemiology of study design as these were not discussed in any depth. The brief chapter on audit could perhaps have been omitted, although given the present importance of clinical audit, discussion of the relation between research and audit is certainly appropriate.

Although the authors have included so much, the book remains not only comprehensible but also enjoyable to

read. I managed to finish the book in spare moments in a single week thanks to the clarity of the text. Each chapter is supplemented by exercises and questions for the reader, important devices which encourage careful thought about the topics. The book is successfully aimed at the beginner, so would be of value to general practitioners beginning research, general practice trainees who are undertaking projects, or junior researchers working in general practice.

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An Evaluation of Nursing Developments in Continence Care. K Williams, B Roe, F Sindhu (pp 190) Oxford: Centre for Practice Development and Research, National Institute for Nursing, 1995. ISBN 1-898537-07-0.

At a time when the mastery of technical skills is becoming increasingly valued in nursing, this report is a grim reminder of the inadequacies of the profession in managing a core nursing issue and a very sobering read.

About three million people in the United Kingdom have urinary incontinence, a profoundly distressing problem which may severely affect their physical, psychological, and social wellbeing. Among older people urinary incontinence is a more complex issue with a multifactorial aetiology and it therefore poses a great challenge to nursing in terms of assessment and management.

The National Institute for Nursing is to be commended on its research for this report in this very neglected aspect of nursing. *An Evaluation of Nursing Developments in Continence Care* is exactly what this report sets out to achieve. Divided into eight sections reflecting the different stages of the research process, the report provides a comprehensive and critical review of research published between 1983 and 1993, with an accompanying table of a brief overview of prevalence studies.

As well as the literature review, the research had three distinct objectives: firstly, to prepare research based guidelines for nursing practice in the form of a clinical handbook for continence care; secondly, to assess the acceptability of the clinical handbook to practitioners; and, thirdly, to evaluate the dissemination of research guidelines for continence care. The project used a static group comparison design involving a pre-test, post-test, and follow up approach. The study involved two groups of nurses: an experimental group who received the intervention, which comprised a focus group and the use of the *Clinical Handbook for Continence Care* (Roe and Williams 1994), and the control group who did not receive the intervention. Although a potential population of 433 qualified nurses were invited to participate in the study, 54% attended the first session, of whom 29% actually completed