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.

SUE McBEAN
Lecturer in Nursing,
University of Ulster

- 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.

S ANGELA M JONES
Acting Public Health Director,
North Thames RHA

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.

RICHARD BAKER
Director, Eli Lilly Clinical Audit Centre

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

the project. The principal method of data collection was a semistructured questionnaire covering 21 aspects of continence care and eight key variables identified from the literature judged as being of central importance in continence care.

The presentation of results occupies four chapters, about half of the report. Each question in the questionnaire has two sets of results; comparing pre-test and post-test results in different types of hospitals and comparing the results for experimental and control groups. This makes for an exceedingly comprehensive, although somewhat indigestible, read, to some extent alleviated by a concluding summary, which is regrettable as the results disclose some very worrying issues.

Of 43 criteria identified within the eight key variables, significant improvements were made for 37(82%) between the pre-test and post-test measurements in the experimental nurse group. The authors conclude that the *Clinical Handbook for Continence Care* provided an effective means of clinical updating for nurses. Most of the nurses also reported that they found it useful and user friendly. This is highly relevant, as the handbook recommended by the authors has the potential to improve continence care. Indeed, it is reasonable to conclude that the real success of the project will depend on the extent to which the readership of the handbook exceeds the readership of the research report.

ASSUMPTA RYAN
Lecturer/Practitioner in Nursing

Quality and Safety in Anaesthesia. J Secker Walker, ed (pp 192; £16.95). London: BMJ Publishing Group, 1994. ISBN 0 7279 0828 6.

The emergence of clinical audit is relatively recent, although individual practitioners often set themselves standards against which they repeatedly measure their activity. Books or articles on pure audit may not seem to be of interest to the practising anaesthetist. The relation between audit and quality and safety of care must be made clear, and this book will help. In *Quality and Safety in Anaesthesia* eleven authors write on different aspects of audit to attempt to show that the process of audit has a key role in assuming the maintained success of anaesthesia.

The reader is taken through a brief history of audit in anaesthesia to illustrate how to produce subjects susceptible to detailed audit. Although there are areas of repetition, audit is shown as forming part of the teaching process and having links with resource management. The definition of "anaesthetic quality" is difficult to measure, but the need for an acceptably high quality in medical audit is clearly

shown. Despite the repetition in the earlier chapters it is fortunate that the reader is moved along from descriptions of audit to links with psychology (unsurprisingly, this time in aviation safety) and methods of performing audits within a department.

The later parts of the book drift further from descriptions of pure audit and deal with safety of equipment. The link between a check on equipment safety and safety measurement and that of anaesthetic audit begins to emerge. If equipment safety can be assured and there is safe and adequate monitoring in anaesthesia, then it would be hoped that the quality of anaesthesia would be high. Anaesthetic audit, as described in this book, is thus shown to perform a useful method of assuming quality.

The final chapter of the book describes the management of an anaesthetic department. Recent changes within the NHS make this a difficult subject; however, the role of audit within management is demonstrated. Audit is often poorly perceived by anaesthetists in training, but its role within the overall practice of anaesthesia is shown by this book. It does not claim to lay down standards of audit but clearly shows that, although embryonic audit is an important tool within anaesthesia and has clear links with resource management, it is often seen as the prerogative of hospital management.

MICHAEL R FERGUSON
Consultant Anaesthetist

Interface Between Research and Practice. B Vaughan, M Edwards (pp 45). London: King's Fund Centre, 1995. ISBN 1-85717-084-9.

Patients deserve care and treatment which have been shown by research to be the best that can be given. However, it is a truism that the results from many research studies are not being used to guide practice. This problem is not confined to nursing. Indeed Proctor stated that: "Clinical research is considered by many doctors as erudite and not likely to involve them directly ... most practitioners are so distanced from clinical research."¹ Therefore, carrying out research alone, although praiseworthy, will not improve the quality of patient care; findings must be implemented. The existence of the Cochrane Collaboration Centre, the York Centre for Reviews and Dissemination, and clinical guidelines all testify that concerns exist about the dichotomy between research and practice.

This timely and topical King's Fund report is another valuable resource in how to deal with this dichotomy. It is based on ongoing work within 30 nursing

development units throughout the United Kingdom. Over recent years members of these units have worked hard to include research evidence into clinical interventions. Based on these local initiatives, this report identifies realistic strategies for bridging the research-practice gap. Although, at 45 pages it is more of a booklet than a book, it is well structured, inexpensive, and well written.

Although the six models described all share the common aim of improving the quality of patient care, they differ in the strategies that must be adopted to achieve this aim. These models are interval evaluation within the nursing development unit team; the researcher as part of the nursing development unit team; use of clinical fellows; unified roles; use of external consultants; and use of external researchers. These are not mutually exclusive, and the strengths and weaknesses of each are discussed, as are the resource implications and the transferability of the models to other disciplines.

The attraction of this publication lies in its pragmatism. Having their foundation in clinical practice, the six models offer realistic and adaptable strategies for multidisciplinary or multidisciplinary research projects. This is a comprehensive, yet "user friendly" guide for those professionals who have research based practice as their goal. Furthermore, it should act as a useful discussion document to take forward the proposals within both local and national research and development strategies.

HUGH McKENNA
Lecturer, University of Ulster at Coleraine

1 Proctor SJ. Why clinical research needs medical audit. *Quality in Health Care* 1993;3:1-2.

DIARY

12 July

London: International Developments in Health Policy: Forces Driving Change – will take place at the Royal College of Physicians. This Conference is planned as a sequel to that held at the Royal College of Physicians in 1994 on Health Care – International Comparisons. At this event, the evolving changes in the primary/secondary care interface, new information technology, the involvement of the pharmaceutical industry and the "technology foresight programme" will be some of the main areas covered. Further information from: Conference Office, Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London NW1 4LE (tel 0171 935 1174; fax 0171 487 5218).