Nurses want to provide the best quality care they can, but what this means is not always clear. Deciding about quality requires judgement and finding the research evidence to underpin such a judgement can be difficult. Evidence from the medical literature shows that the judgement of experts about how to summarise up to date research evidence can be seriously flawed. Nor is there consensus about how best to assess the effectiveness of nursing care. When clinical practice raises questions about the impact of a form of care on patients or clients, then a randomised controlled trial (RCT) is a very useful way of providing robust answers. Some nurses, however, feel uncomfortable with the whole idea of RCTs in nursing. They argue that such an approach reduces the experience of health care into little bits which do not adequately represent the whole, and that this method is not appropriate in evaluating nursing care. In her ground breaking study, Cullum shows clearly that nursing both asks questions about the effectiveness of different forms of care and answers them with RCTs. The wealth of trials that she found has implications both for the Cochrane Collaboration and for the idea of evidence based nursing.

The Cochrane Collaboration is "an international endeavour in which people from many different countries systematically find, appraise, and review available evidence from RCTs and other sources of reliable evidence" and is relevant to all forms of health care. The Collaboration's main product is the Cochrane Library, an unrivalled resource of systematic reviews, controlled trials, and other important evidence. However, nursing has not hitherto had the profile it deserves in the Cochrane Library. Although many of the reviews and trials may be relevant to nursing, a search for all words starting with "nurs" in version 3.0 uncovers only 21 of the 141 complete reviews; the proportion of controlled trials with this term is even smaller (about 1%). In the future, this should change, as Cullum's work encourages other nurses to identify trials, to undertake systematic reviews of these or of other study designs, and to feed them into the Collaboration.

Their work will be made much easier if those reporting primary nursing research make reference in the title and abstract to the research design used, and if those indexing such research in electronic databases also make reference to the methods used in their keywords. Future reviews of nursing interventions should search beyond Medline to other databases, such as CINAHL and PsyclIT.

This study can also help those nurses and other healthcare professionals trying to use valid and appropriate evidence to inform their practice and so contribute to the development of evidence based nursing alongside the much discussed evidence based medicine. Cullum's paper shows how time consuming the search for evidence can be, but this need not be a counsel of despair. Three things are needed. Firstly, nurses need ready access to evidence in their places of work. Secondly, they need to develop skills in searching for evidence and appraising what they find. Thirdly, they need organisational and individual support to help them act on research findings, for even those most committed to this approach will find barriers along the way. These barriers can be overcome, but it will take time. One way forward may be through audit, which can use and help develop evidence based clinical guidelines.

In conclusion, this important and timely paper highlights some of the issues that both practitioners and researchers will need to consider. The role of RCTs and other types of research design in evaluating all aspects of nursing care must be considered as must the need to review systematically the current state of knowledge. Nurses need far better access to resources such as the Cochrane Library and other electronic databases. The core culture change required, however, is that nurses be much more questioning of the value of the care they provide, a change that could help reconcile the divide between caring and technical skills. This change in culture needs, of course, to go beyond nursing to other healthcare professions. That way, new practices should not be implemented without proper evaluation and we can concentrate on providing care of known benefit to patients.

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