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EDITORIAL

Ageism of Knowledge: Outdated Research

A troubling attitude seems to be taking hold in the scientific community. It concerns how far we should go back when searching the literature. Many researchers and reviewers consider research that is more than 5 years old — or even 3 — to be outdated and irrelevant. I have noticed that more reviewers, in their comments on a manuscript, are writing "out-of-date reference list," to refer to lists that contain publications dating back further than 5 years.

Why do I and some of my colleagues find this trend disturbing? It is because the wheel of knowledge is being re-invented. Discoveries are being touted as new even though they have been in the literature for some time. To ignore anything more than 5 years old is, to my mind, to engage in a sort of ageism of knowledge — discarding the old to create an illusion of the new. Knowledge must be rooted in the work of our predecessors and be built on solid foundations. How else can it advance?

Why is ageism of knowledge happening? What is the source of this attitude and practice?

The attitude appears to be more prevalent in the health sciences than in the behavioural sciences and in the humanities. I can immediately conjure up two possible explanations for the growing phenomenon of date-limiting searches, both emanating from advances in technology.

The first relates to advances in medical technology. New medical techniques are transforming medical research and medical practice. Every day sees new discoveries in the diagnosis and treatment of disease — new diagnostic procedures, new drugs, new treatment modalities, new surgical procedures. Good medicine is predicated on the latest, most current knowledge in diagnosis and treatment. Thus it is understandable why medicine may limit some of its searches to the past 3 years.

But wait! Should the same practice be adopted by nurse scholars? Should nursing limit its reviews to the past 5 years? Does previous research have no relevance for the development of nursing science and nursing practice?

The answer to these questions lies in our understanding of the nature of nursing practice.

Nursing is similar to medicine inasmuch as it is concerned with best practices. Some of these best practices rely on new technologies. Most,

however, do not. We do need to keep abreast of the latest best practices in order to provide ethical care. This may provide *some* justification for limiting our searches to the past 5 years.

But nursing by its very nature goes beyond interventions driven by new techniques and technologies. Nursing is a relational profession that requires its practitioners to understand the human condition — the nature and variation in the ways in which individuals, families, and communities respond to illness, injury, and periods of vulnerability. It is true that individual, family, and community responses are shaped by their culture, the social and historical time in which they are born and live, and each individual's personal situation and circumstances. But there are universal and predictable responses to certain events that transcend geography and culture. Every person grieves for the loss of a loved one. All individuals experience fear when faced with a situation that they cannot understand or that threatens their sense of security. This is human nature.

Many philosophers, theologians, sociologists, psychologists, and nurses have devoted themselves to studying how people are affected by illness, death, and suffering. Should we be ignoring this body of scholarship because of the prevailing practice of ignoring anything that is older than 5 years? Must we describe anew the process of grieving and the nature of mourning, even though these areas are well described in the literature, instead of using this knowledge and building on it, discovering the various ways it manifests itself, and re-interpreting these processes in light of new contexts and circumstances? Should we be inventing a new theory of uncertainty about illness without examining Merle Mischel's empirically supported theory even though it is built on 20 years of research? In other words, knowledge about human responses is not and should not be time-bound. The practice of limiting reviews to the past 5 years has far less relevance in nursing than in medicine.

The second possible explanation for the practice of date-limiting literature searches relates to advances in information technology. It is easy to become overwhelmed by the volume of information that is readily available and accessible. Improved search engines have made the tedious process of sifting through reams of literature that much easier. On the other hand, the amount of information yielded by any one search can be daunting. I often find myself exhausted after doing a literature search, sorting through the relevant abstracts even before reading the study. It is difficult to keep abreast of advances made in the past few years, let alone a decade or more.

By putting date limits on what we review, however, we run the risk of recreating what has already been described. My alarm bell always goes off when a student concludes that there is nothing known about a given

phenomenon. I am concerned about the superficial foundational knowledge of some of our scholars.

How do we deal with the vast amount of information that is being produced while familiarizing ourselves with the most current research? True, the scientific community has tried to address the issue with abstracts, summaries, annotated bibliographies, meta-analyses, integrative reviews, and so forth. These practices have without a doubt made past research more accessible and digestible. They are critical in familiarizing scholars and clinicians with a given area of interest. Clinicians in particular do not have the time to analyze and synthesize vast amounts of information. We are going to have to rely on these techniques more and more, and it is incumbent on the scholars who are writing the reviews to develop impeccable scholarship skills. They must go back to the earliest research in the area. They must go back to primary sources. We in turn must scrutinize the reviews and examine the reference lists very carefully to ensure that they are all-encompassing and go back not 5 years, but 10, 20, 30 years and more. We still have to rely on the reviewers for analyzing and synthesizing information.

This is all very well for reviews. Reviews are just one tool available to us. The issue still remains: How do we ensure that we are building knowledge that has the depth necessary for a thorough understanding of a phenomenon?

I have come to the conclusion that there is no fast and easy way to circumscribe the time and energy required to develop in-depth knowledge in a given field of practice. Specialized, in-depth knowledge is acquired through years of study and experience in the skills of inquiry. As researchers and reviewers, we need to consider the nature of the knowledge before deciding whether it is appropriate to limit a search to a given number of years and before pronouncing a literature review outdated. As educators, we need to help our students develop skills of inquiry. We need analyses that include both an in-depth review of the research on a given topic and an understanding of the historical developments. We need to use primary sources instead of relying on secondary sources (we all know what can happen with a poor telephone connection: messages get distorted and re-interpreted as they are passed along). These are the scholarship attitudes, habits, and practices that need to be instilled in all of us.

Thus, we need to carefully consider the practice of limiting our literature reviews to the last 5 years. If we fail to stop and think about what we are doing and why we are doing it, we risk taking nursing science backward instead of forward. We risk re-inventing the wheel, or at best spinning our wheels. We run the risk of unwittingly promoting ageism of knowledge, and in so doing planting trees with very shallow roots.

A "best before" date may apply to food purchases. Surely it has no place in scholarship.

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