

The International Development of Nursing Research

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Omvårdnadsforskning är inte en lokal svensk företeelse. I ett internationellt perspektiv har utan tvekan "nursing research" kommit att få ett visst försprång i USA, Canada och Storbritannien. Lisbeth Hockey framhåller att utvecklingen är beroende av fyra samverkande faktorer: förbättrad utbildning, en ökad medvetenhet om omvårdnadsforskningens betydelse, tillgången på ekonomiska resurser och en strävan mot ökad professionalism inom omvårdnaden.

Lisbeth Hockey är sjuksköterska, fil dr och pionjär inom omvårdnadsforskningen i Storbritannien. Hon var med om att bygga upp Nursing Research Unit vid Edinburgh University, vilken hon förestod under mer än tio år. På senare år har hon flitigt anlitats som gästprofessor bl a av Uppsala universitet.

Introduction

In submitting this article I apologize in advance for the deliberate lack of references. There are two reasons for this omission: in the first place, there is too much relevant material to include it all and I have no basis on which to select; secondly, I was invited to present my own perspective and reference to other writers would have complicated my task unduly by raising immediate problems of definition and interpretation.

In this paper an attempt is made to trace the main factors in the development of nursing research and to identify trends in the type of research with regard to method and subject matter. In conclusion, some speculative comments about the future are advanced. The paper is totally subjective and based

on my own definition of nursing research which is:

'Research into those aspects of health care which are the predominant and appropriate responsibility and concern of nurses.'

It follows, from the above definition, that the subject matter of *nursing* research differs throughout the world and also changes over time. In countries where nurses have responsibility for nursing education, for the organization and management of nursing services, for the preventive health care of different client groups, for rehabilitative care, for the direct clinical care of patients etc., research into all those activities constitutes legitimate nursing research.

Even with a great deal of detailed library search it would be impossible to be precise about the beginning of nursing research anywhere in the world. Although Florence Nightingale is often given credit for pioneering it, our colleagues in the United States would claim an equally early start, as far back as the first decade of the 20th century. Because of such differences I have decided to restrict myself to crude indicators only, to those which, in my view, have contributed to the international development of nursing research from whatever time to the present. My cursory 'survey' touches North America, that is Canada and the United States, Australia, the United Kingdom and some other European countries only; my knowledge of the African and Eastern countries, as well as New Zealand is far too limited.

The main four factors which can be seen to have contributed to the development and growth of nursing research internationally are:

1. Educational opportunities

Opportunities for nursing education proved to be the turning point in terms of a research awakening.

2. Awareness of the potential of nursing research
3. Availability of funding
4. Professionalization of nursing.

They are inter-related factors.

Educational opportunities and research awareness

In the early days of nursing as a respectable occupation and career, as recently as 60 years ago, the autonomous responsibility of nurses in relation to patient care was minimal; there were, of course, exceptions, especially in religious and other private institutions. On the whole, medically qualified personnel took all decisions about patient care; they gave orders which were carried out by nurses. Doctors also supervised the schools of nursing, they did much of the teaching and they were in charge of the organization and management of the nursing services. At that time and in countries where similar arrangements persist, it made and continues to make little sense to speak of nursing research. Although nursing care was provided it was not submitted to detailed study or analysis, it was taken for granted and the nursing profession remained passive for many decades.

Opportunities for nursing education proved to be the turning point in terms of a research awakening. In this context, nursing education is contrasted with training; the former is, or should be, self-directed active learning whereas the latter is the passive absorption of facts on a routine basis. Education provides an opportunity for questioning and criticality, training does not.

It is understandable, therefore, that in countries where nursing education first moved into the higher education sector, like Universities, nursing research was first off the mark. Such countries were Canada and the United States, followed much later by Britain and others. However, although nurses began to ask searching questions about many as-

pects of their activity, they lacked the competence to undertake the research necessary to answer them. The nursing curriculum was slow in its inclusion of research methodology. Members of other academic disciplines which had established themselves much earlier than nursing, came to the aid of nurses and contributed a great deal to the teaching of research methods and statistics. Such disciplines were mainly the social sciences and perhaps epidemiology; these disciplines were also trying to deepen their own knowledge base and, in teaching nurses about research, the teachers tended to use their own fields of interest and theoretical frameworks. Nurses certainly learned to understand the research process but, in order to get appropriate supervision, they had to select an area of study which fitted into their supervisor's framework, a constraint which is still prevalent in many parts of the world. It is probably for this reason that research into nursing as a profession, into nursing education and into the organization of the nursing service, preceded research into clinical nursing practice. Clinical research has its roots in medicine and nurses have been and continue to be conscientious data collectors for their medical colleagues. Nursing, as a clinical activity in its own right, remained unexplored for very much longer and is even now only in its infancy.

Thus, the educational opportunities for nurses provided a dual impetus as far as the development of nursing research is concerned; it encouraged nurses to acquire constructively critical faculties and it also provided them with the knowledge and skills to explore aspects of their activity scientifically. Enlightened nurse teachers realized that the curriculum they attempted to hand on to their students lacked a tested knowledge base and they began to recognize the need for and the potential of system-

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atic enquiry. If nursing education is to be the responsibility of nurses, responsibility for research must follow. Moreover, nurses who obtained teaching positions in institutions of higher and further education had to accept the research commitment of those institutions. As indicated above, this appeared to be the course of events in North America, more particularly in the United States. It was there, where the first opportunities for nurses to read for the degree of Ph.D. within nursing presented themselves and even now there is no such opportunity in Canada although preparatory negotiations are well under way. Reference to the United States and to Canada in a global sense may be misleading. Both countries are composed of fairly autonomous States and Provinces respectively and the influence of federal government features less prominently. Even within States and Provinces the different Universities have their own rules regarding higher degree requirements. Thus, Ph.D. programmes for nurses are available in just a few of the American Universities and, consequently, nurses in other parts of the North American Continent either gravitate to those Universities or they change their initial nursing research proposal to make it more suitable for acceptance within another discipline's academic base. It is relevant to comment on the structure of Ph.D. degree programmes in the United States because it tends to influence the type of nursing research which is undertaken and also because it is fundamentally different from the British system. American doctoral programmes are course oriented and require success in formal examinations before progression to independent research, in the form of a dissertation, is permitted. The time available for the research is, therefore, somewhat limited. It is because of the rather sophisticated course work that so few Universities in the U.S.A. and none in Canada or Australia have, so far, been able to afford doctoral study opportunities to nurses in Faculties and Schools of Nursing. The type of doctoral research tends to be theoretical rather than practical and is often designed to test the students' ability to perform complex statistical manipulations. Nurses with doctorates obtained in the United States can justifiably claim familiarity with a range of research

approaches and statistical techniques.

The position in Britain is different in that Ph.D. work consists entirely of original research and, although formal University courses may and often are taken, they are not normally compulsory. Some exceptions exist, mainly for those nurses who have not had the opportunity to acquire an academic qualification before being accepted for graduate studies; they are usually required to demonstrate their ability to benefit from academic education and, therefore, have to seek success in course examinations. Such exceptions are, understandably, fairly rare and, as opportunities for British nurses to read for degrees increase, mainly through the Open University systems, it is predictable that the admission of non-graduates to Ph.D. study will be phased out.

It seems to be generally agreed that there are advantages as well as disadvantages in both types of doctoral preparation.

Since further research by nurses and in nursing will depend on the competence and availability of nurses to provide adequate academic supervision for their nursing colleagues, the move of at least some nursing education into academic institutions is a vital first step in the development of nursing research. As far as the non-British European scene is concerned, the Scandinavian countries are clearly in the forefront in the kind of educational achievements which make it possible for nursing research to grow. In some other countries, such as Poland, Austria and Germany a handful of committed pioneers are striving to encourage research by whatever means the national structure of nursing allows. Two major University Schools of Nursing in Israel have made important progress in fostering research activity.

So much for the first two main factors identified as having made an impact on the development of nursing research—educational opportunities and an awareness of the potential of research which should be and often is, an outcome of a good educational system. As far as the beginning of nursing research in Britain is concerned it seems that the research-mindedness and academic curiosity of an extremely small number of nurses preceded the creation of

formal academic educational opportunities, in stimulating systematic scientific enquiry. Therefore, some early research was undertaken outside any academic environment. Research ideas were initiated and pursued because answers to specific questions were needed. It was the demonstrated potential ability of some of the early nurse researchers which gained them acceptance in academic settings and enabled them to pave the way and pioneer academic nursing education and research.

Funding

The third influential factor in the growth of any research activity, and nursing is no exception, is the availability of funding. It is in this respect where the federal governments of the United States, Canada and to a limited extent also Australia have made a major contribution. Federal research grants have been and continue to be awarded to able nurse researchers in those countries. The requirements of 'ability' and 'established competence' are important in this context. It is only those nurses who have already undertaken some research and who have almost certainly attained Ph.D. status, who can expect to receive more funding. Trusts and Foundations, other important funding sources, tend to follow a similar strategy. It is, of course, understandable that funding agencies prefer to make a 'safe' investment in competent researchers. However, given that the best way of learning about research is to be involved in research activity, learning opportunities remain sparse and the established network of known researchers perpetuates a vicious circle. It is true, of course, that one can learn research by being harnessed with someone who is competent, but it is neither easy nor ethically defensible for grantholders to allow their underlings to learn from their own mistakes just for the sake of lessons to be learned!

The British Government Health Departments recognized the need to create opportunities for nurses to acquire research skills and established fellowships designed specifically for training purposes, some 15 years ago. Both, the Department of Health and Social Security which has the responsibility for the health service in England and Wales

and the Scottish Home and Health Department which controls the Scottish health service, award annual fellowships to nurses who seem to have research potential as well as a specific interest generated by their current nursing involvement at the time of application. Successful nurses are attached to established University Departments, mostly Departments of Nursing, where they can pursue their own question under guidance but not under the constraints of an employment situation. It is normally possible for them to study for Master's or Doctoral degrees; In Scotland particularly, the emphasis of the fellowship award is on research training rather than outcome in terms of research findings. Naturally, it is hoped that the results of even such immature research may have some usefulness for the profession apart from being of undoubted benefit to the fortunate 'fellow'. Some of the studies which have been completed within the fellowship schemes have proved to be of surprisingly high standard and of considerable actual and potential use.

It may be fair to state that a reasonable number of nurses in the U.K. now have at least some research experience and also some knowledge in 'grantsmanship' to enable them to obtain further financial support. Britain has a well established machinery for government funding of research and nurses should now be in a position to compete for funds on equal terms with other disciplines; in any event, they are expected to do just that and there has been some success. The British government has identified priorities as far as resources for health care and research are concerned; they are primary care, care of the elderly and mentally ill and health teaching. Good proposals in those areas may have preference but it is important to note that good proposals in a non-priority area may also be supported whereas poor proposals in priority areas will not. It is easy to see that nurses play an important role in all the priority areas and there are many fertile fields for nursing research. Other major funding sources for nursing research in Britain are local health authorities, such as health regions or districts, voluntary Trusts and Foundations and, to a more limited extent, industry.

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Professionalization of nursing

The professionalization of nursing, with its inherent implications of professional, scientific, legal and moral accountability, has contributed to the development of nursing research everywhere. One of the hallmarks of a profession has been identified as a defensible body of knowledge created and added to by the profession itself. This condition presupposes research and professional national nurses' organizations are supporting research and are attempting to create a congenial framework for nurse researchers in the interest of professionalism and the dissemination of knowledge. Professional organizations have taken many initiatives in mounting national and international nursing research conferences which give nurse researchers a suitable platform for the serious discussion of research. Such conferences play a vital role in the exchange of scientific information and its potential utilization.

Apart from the pursuit of research in an attempt to attain professional status, it has become increasingly necessary for nurses to defend their activity legally which is, of course, some evidence of the recognition of nursing as a mature profession. Society, in many parts of the Western world appears to be more ready than ever before, to complain about medical and nursing care. Some complaints have reached the legal arena and nurses have been held to account. In such a situation it is demanded from the nurse defendant to be able to testify that the latest available authentic knowledge has been applied in the care of the respective patient. Convention, routine and other such defences are less likely to be accepted.

Lastly, but not least importantly, nurses are beginning to be more individually critical of some methods of health care delivery on moral grounds and are searching for scientific evidence to give them the necessary backing.

Trends in the type of nursing research

Having attempted to trace the main factors believed to be important in the development of nursing research it is relevant to identify trends in the type of research and its theoretical perspectives. The emphasis here is on the British scene merely because of my greater familiarity with it.

As alluded to earlier, nurses began to pursue research within the social sciences framework and, therefore, their foci of study were the personnel involved in nursing, students of nursing, career choices of qualified nurses, attrition, work patterns and similar topics rather than nursing care itself. Most early studies were descriptive in design for two main reasons. First, it was important to obtain factual information about the status quo and to establish trends and relationships; second, experimentation within the chosen subject areas tended to be too complex and possibly also inappropriate. Exception can be seen in the field of nursing education where experimental training schemes and other educational activities were systematically studied in relation to structure, process and outcomes. Theoretical frameworks from the social sciences were predominantly chosen because a large proportion of the small total number of nurse graduates had a social science graduate qualification, such as sociology or psychology. However, nursing science has an important component of biological as well as physical sciences which are gradually coming within the academic research interest and competence of nurses. In this respect, North America seems to be well in advance of Britain which can again be attributed to the different basic preparation of American nurses with their much earlier creation of baccalaureate degrees in nursing rather than in one of the sciences underlying nursing.

Not only have descriptive studies taken the predominance over experimental ones and continue to do so, deductive studies have similarly outnumbered inductive ones. It is only relatively recent that nurses began to appreciate the potential benefits of inductive research, of the need to create new theory rather than continue to test existing theories only. Qualitative research in nursing does not have the same scientific acclaim as quantitative research

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at present, but it is likely that its reputation will improve as this mode of investigation becomes better established and perfected.

Another important development in nursing research is collaborative work with other disciplines. Although there is little doubt that a great deal of research relevant to nursing is and should be a sole nursing concern, there is an increasing need to recognize the interdisciplinary nature of health care in which nursing has merely a part, albeit an important one. Major interdisciplinary research, in which nurses play a role in parallel with members of other disciplines, is increasing and this trend must be seen as a major step in the direction of sound progress.

Nursing is a global term and includes many aspects of activity as well as many specialties within the clinical nursing scene. With the proliferation of specialties, research within them, is increasing and specialist groups to pursue say cancer nursing, stoma therapy, pressure area care, terminal care etc. are increasing accordingly. These groups aim to establish and increase the knowledge underlying their specialism thereby encouraging and pursuing research.

The future

The future of nursing research is promising. Nurse researchers in all the countries mentioned have begun to be recognized by scientists in other disciplines as being capable of undertaking good quality research, research awareness within the nursing profession is increasing rapidly, nursing education has adopted a stronger research perspective and financial backing for research is no longer totally outside the grasp of nurses. Collaborative efforts between disciplines and between nations are also important predictors of success. As an example of

the latter, the development and success of the Work Group of European nurse researchers in which Swedish nurses have played a dominant role, augurs well for the possibility of a truly research based nursing profession within Europe. Nonetheless, there is no room for complacency and much remains to be done in defending and extending the scientific foundation of nursing. Research, as an interest and a skill, needs to be encouraged much more actively and many more possibilities for nurses to pursue scientific investigation must be created. It is encouraging that within the last eleven years, six Nursing Research Units have been created in Britain. It is not only the nursing profession itself but also the other health professions as well as national and local government agencies who have to assume responsibility for the further development of nursing research.

Another important and urgent need is the communication of nursing research through appropriate channels. As already mentioned, conferences provide such a channel but there tend to be limits on the number or type of participants. Attendance at conferences is costly and many nurses find it difficult to obtain the necessary financial support. Scientific and professional journals which are accessible to anyone, form crucial media for the transmission of new knowledge and it is only through research that new knowledge can be created. Nurses need to be helped and encouraged to add to the scientific literature.

It is reasonable to speculate that agencies with a responsibility for the health care of society will become increasingly aware of the potential contribution of nursing research as completed projects are drawn to their attention. It is important for health care providers as well as health care facilitators to see the inextricable linkage between patient care and research.

It is no longer possible to entrust nurses with more and more decision making in nursing education, in the organization and management of nursing services and in the direct clinical care of patients without facilitating the creation of knowledge which should inform professional decisions.