



Regional Office
for the Eastern Mediterranean

THIRD REGIONAL NURSING SEMINAR
Teheran, 16 - 21 November 1974

Bureau régional
pour la Méditerranée orientale

EM/THRD.REG.NUR.SEM/6
25 October 1974
ENGLISH ONLY

THE USE OF STUDIES FOR PLANNING NURSING POLICY
by H. Marjorie Simpson*
WHO Consultant

"To drown in treacle is just as unpleasant as to drown in mud. People today are in danger of drowning in information, but because they have been taught that information is useful they are more willing to drown than they need be. If they could handle information they would not have to drown at all." 1.

Nurses need to be involved at all levels of policy-making in the health services. Their contribution will be made in accordance with their professional opinion based on their professional education and experience. Salaried nursing officers need to be employed at central, regional and local levels to work with the health service planning authorities. No one can, however, be an expert in all branches of nursing. It is worth discussing how best 'expert' nursing advice can be made readily available at the level at which it is needed, in the place where it is needed, at the time when it is needed. A panel of 'experts' whose services could be called upon for short-term advisory or demonstration work is one possibility. Advisory committees through government or professional associations is an alternative. Centres of excellence could be developed where people could go to learn about particular aspects of nursing. Resource centres could be associated with them for the collection and dissemination of written information and for the organisation of short teaching programmes. People of exceptional talent are always going to be in short supply. The problem is to make their talents as widely and as effectively available as possible.

A reliable information system is an essential background for planning a nursing service. Nurses need to work out what information they need to have collected at each level in order to be able to give soundly based advice. Nursing records at the point of delivery of the service have had less attention than they deserve. Yet they are basic to the systematic provision of care. Decisions have to be taken as to what information should be extracted from these records for transmission for planning purposes to the more distant local,

* Former Principal Nursing Officer

Department of Health and Social Security, London

regional and national planning levels. Planning for personnel is depended on adequate information about the characteristics of staff being available in suitable form at each planning level. What personal history information, what national registers are needed? Information on the volume of work and staff numbers is crucial to health care planning. Nurse planners have to determine their needs and make them known. Their needs may have to be modified in the light of what is practical and routine returns required from a service should be reviewed regularly to make sure that nothing is being asked for that is not being used and that the burden of preparing records is not pressing too heavily on practitioners.

Research should be in progress all the time in the background feeding its findings as they become available to the health service planners and practitioners. Decisions will be taken according to the best knowledge available at the time. What is important is that administrators develop skills in assessing the validity of the information they handle. When decisions have to be taken on incomplete information, they have to keep those decisions under review so that as more precise knowledge becomes available changes in practice can be introduced.

Nurses and Research.

It is not profitable to have amateur research carried out. Planning should therefore include plans to prepare a nucleus of nurse researchers. It will always be a minority of the nursing profession, or indeed of any profession, who undertake research, but the work of that minority is most important for sound development of the service. This means provision for at least some of the profession to graduate and then, for those interested in research, to proceed to post-graduate work, abroad if necessary in the first instance. Experience with skilled teams is required before the researcher is ready to design projects and lead teams.

Nurses skilled in research are especially needed to carry out research into nursing practice. This is the area in which least help can be obtained from researchers from other disciplines. Nurses themselves must identify the problems needing investigation and develop methodologies for use. Often they will choose to do multi-disciplinary studies but nurse leadership is required.

Problems in nursing education and nursing service have much in common with educational and organisational problems related to other groups. More help is therefore available from scientists from a wide range of disciplines. It is not unusual to see research into nursing start in one or other of these areas. The interest of researchers from other disciplines in nursing problems is valuable, both because they contribute effectively to understanding of the problems they investigate and because working with them is excellent experience for would-be nurse researchers. These non-nurse researchers are often most generous with their time and skills and may be willing to guide nurse colleagues in carrying out studies which without help would be beyond their powers.

Many nurses take part in research as part of their normal work. For them some introduction to the techniques of research improves their performance and makes the rather dull work of data collection more interesting. Formal instruction is difficult to arrange, though introductory courses on statistical methods and survey methods may be available through the country's normal education system or it may be possible to organise courses specially for nurses.

The majority of nurses will not be involved in research but any planning of a nursing programme should include plans to make sure that every nurse can read and use research findings. Ideally this skill should be obtained during basic nursing education. If it is not, research appreciation courses can be helpful in introducing nurses to research concepts and methods. Unless this skill is developed, research will be misunderstood and findings misused.

In the early stages of development of a nursing research programme, nursing research discussion groups enable nurse researchers to meet each other, give mutual aid and encouragement and keep each other informed of work in progress. At a later stage nurses will probably wish to join scientific groups for the discussion of theories and methods.

A nursing research interest group is likely to consist of the users of research and the meetings are likely to be devoted to discussion of findings and their use. It is helpful if nurses versed in research methods are prepared to be members of these groups as their guidance is needed in assessment of research reports.

If research is to contribute to the planning of nursing services, funds have to be available. Research is a costly activity. It is wasteful to allow teams to disperse at the end of a project and long-term support for research units is helpful. One of the great difficulties that research in nursing has run into is that much of the work has been done in single projects and there has been too little build-up of sequential studies, each growing out of the findings of its predecessor.

People often ask for an index or bibliography of nursing research. In global terms this is not a practical proposition. Nurses each in their own speciality need to know not only the nursing research in that speciality, but also to be aware of the work which has been done by and for other disciplines. Nurses should be so prepared that they keep, for themselves from their own reading, index cards relating to their work. Research units, reference centres or centres of excellence where they exist can be expected to have information in greater depth.

Bibliographies are useful but many busy practitioners are daunted if they receive a list of some thirty or so references. They want to know the current state of knowledge. Sometimes it is worthwhile to commission a review of the literature and an assessment of the present position. This is skilled work. Journals such as 'Nursing Research', which provides abstracts of projects, facilitate the dissemination and use of findings.

Nurse Planners then who want to use studies for the planning of nursing policy have first to give some thought to planning for such studies to be available. This may mean planning for the preparation of a small group of nurse researchers and cultivation of friends in other disciplines who will take a continuing interest in particular aspects of nursing, investigating them themselves and helping nurses to do so too. It will mean planning for funds on a long-term basis and developing activities to facilitate the dissemination and use of findings.

Subjects for investigation.

As already pointed out, most of the early studies in nursing have to be descriptive in nature leading to classification and quantification of the phenomena studied and the identification of factors which appear to be associated with each other. Experimental work is handicapped by the absence of clear criteria for assessment of findings.

Small scale work is undoubtedly useful if well executed. It usually relates to a question seen as a problem by the people being studied. It can be carried through reasonably quickly and the results can be fed back for use immediately. It is not safe to generalise the findings beyond the population studied. Many promising starts in nursing research have come to grief because projects were too massive for the resources available. From the planner's point of view, large scale studies from which it is possible to generalise to the total nursing population are the projects

of choice. If they are commissioned, skilled research workers must be employed accustomed to handling large scale work and they must be given massive resources.

Nursing manpower for example is a complex subject. Recruitment, selection, training and attrition of personnel determine the work force available. Career patterns, deployment of staff, division of labour, centralisation of services, automation, equipment, buildings and transport all affect the use of the work force available. Over against this must be set the wide range of services to be provided depending on such factors as the population served, the nature of the diseases prevailing, the terrain and the existing state of medical and nursing knowledge. It is clear that there is going to be no quick answer to the question 'how many nurses are needed?'

Yet studies can contribute to our understanding of the various factors affecting the situation. It is worthwhile to know what staff are doing as a basis for deciding what they should be doing. It is useful in planning recruitment to know the characteristics of the population from which the recruits must be drawn. It may be helpful to know what public opinion is of nursing as a career or to get opinions from potential recruits. Career patterns can be studied retrospectively to see how careers have developed in the existing work force or prospectively by enquiring about peoples' aspirations and expectations. In this way information can be built up about the various aspects of the central question. In the end, however, it will be a policy decision how many nurses to employ or to seek to employ.

Fundamentally, however, what nurses should be studying is nursing. The development of a reliable nursing record system is an important tool of research as well as of practice. In the health maintenance or health attainment stage how effective are the teaching methods used? Are the hygiene and nutrition being taught up to date and influenced by recent research?

REFERENCES

1. Kindersley, D. Ed: (1971). Graphic Sayings. Cambridge.
Kindersley, Skelton.
2. International Council of Nurses, Florence Nightingale
International Foundation (1960) op. cit. P. 25.

to the various categories of care to arrive at a measure of work load. Or Professional judgement may be used to determine which tasks should be carried out by each grade of staff.

What we do know is that professional judgement varies widely. So the search goes on for indicators of effectiveness of care in terms of benefit to patients. Studies fall into four main groups: attempts to arrive at expert opinion or a consensus of opinion, case studies, task studies and consumer satisfaction studies.

It is not comfortable to work in a state of uncertainty questioning traditional ways and trying out new methods. In a research-minded profession the mind is always questioning, the senses are alert for sequences in events which may suggest causal relationship; records are not only kept they are used. The profession is aware of aspects of nursing practice which need investigation and is prepared to act on proven conclusions. Brotherston pointed out that "for most of us it is probably much easier to work round the clock in the routine of patient care than it is to sit in front of a writing pad, for a couple of hours, to work out alternative methods of dealing with our problems and procedures. A tendency to roll quietly down the well-worn track of routine exists in all professions." ² The growth of research-mindedness in the profession and the development of research facilities to study nursing problems means not an easier way of life but a more exciting one with the goal of achieving a better service and of being able to recognise it when we achieve it.

In the increased risk stage, what proportion of the people at risk are inoculated or vaccinated? Does the occupational health nurse use her records to detect hazards of the work or accident-prone individuals? How does the public health nurse use her records to detect vulnerable groups?

In the early detection stage much of the responsibility will fall on the midwife, the public health nurse and the home nurse. Have they developed and tested systems of surveillance? How do they help people to accept the need for treatment of symptoms which are not disabling?

In the clinical stage the whole range of nursing activities needs examination for effectiveness. Nursing equipment has been subjected to far too little research. Communication skills are not well developed.

The rehabilitation stage involves studies of ways to work with individuals and families to help them to cope with residual disabilities. There are services which may have to be provided by the community if handicapped individuals are to remain at home. The problems of the handicapped need detailed study and means of alleviating them have to be tested experimentally. Institutional care of the handicapped presents particular problems in personal relationships. Immense research effort is needed before nurses know how to "assist patients in those activities that contribute to a peaceful death."

The use of studies in the assessment of nursing care and nursing service requires great care and logical thinking.

It is possible to establish norms by study of existing practice. These, however, are norms based on averages which even if weighted to take account of factors proven to affect the situation still say nothing about omissions or superfluous activities. There is value in knowing norms of patient satisfaction for different aspects of care or norms for nursing hours available per patient per day.

These norms can be supplemented by professional judgement as in dependency studies where the nurse in charge of a ward may be asked to make explicit the care she judges each patient needs. Time values can be assigned on the basis of observation