Nursing

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Nurses, midwives and health research

Despite the wealth of researchable topics in maternal and child health, it is rare for studies in this field to be carried out by nurse-midwives. This article explores the historical origins of nursing, its educational characteristics and its dominance by women, identifying obstacles to independent research and pointing to ways of overcoming them.

The term “research” often intimidates nurses and midwives in developing countries simply because they have not been exposed to the research process. They look upon research as an esoteric and complex exercise that only physicians can carry out, even though most of the data used by physicians are collected by nurses themselves.

The slow development of nursing and midwifery research, especially in the developing countries, is related to the fact that other disciplines—above all, medicine—were further advanced in the scientific method of inquiry. This may have made nurses and midwives feel inadequately prepared to conduct their own research.

An anomaly

This is an anomaly that unfortunately still exists in African countries, where midwives and nurses are used to collect data while doctors publish the findings. As noted by Ogundeyin (1), nurses do not often know the specific purpose of the data they help collect; 93% of her respondents at Ibadan were not even informed of the reason why they were doing data collection. Even when the midwife is acknowledged as a partner in the research, the fact that she does not participate in writing up the findings makes her role in the research totally subsumed in the medical role. Consequently, such studies promote and project medical knowledge and the role of the medical profession, but contribute nothing to knowledge and growth of midwifery.

In the words of Notter & Spalding (2): “All nurses should be qualified to serve as data collectors and to evaluate research findings and apply these in the practice situation—the findings of research must be put into action.”

This prescription was made more than a decade ago in the USA. Today, the

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challenge to midwifery tutors and administrators in the Third World is to ensure that no midwifery graduate is allowed to begin practising without a demonstrated ability to collect, organize, present and interpret simple research data. The graduates of the midwifery curriculum developed by the Nursing and Midwifery Council of Nigeria should be no exception.

As McGlothlin (3) put it, the concept of a profession conveys the expectation that all professional activities will be subjected to theoretical analysis, and modifications made based on findings from data analysis. The growth of nursing and midwifery as a valid and unique professional discipline depends for the most part on the ability of nurses and midwives to subject their theories of practice to scientific validation, and to publish their findings so that others may share them.

Constraints on participation in research

Some of the factors that affect the participation of Nigerian and other Third World midwives in research activities have their origin in the history of nursing. Others relate to general developments in Third World countries. These constraints are discussed below, along with suggestions for diminishing or eliminating them.

The nurse as “nourisher”

Etymologically, the word “nurse” is derived from the Latin word for “nourish” (4). Historically, it had links with nurturing, caring, comforting and other maternal types of behaviour that are seen by society as essentially mundane, requiring nothing but repeated practice and a warm disposition. According to Smith (5), many individuals still justify the art of nursing entirely in terms of compassion, humanity, ideals of service and a sense of calling. These attributes are appropriate, and the human qualities of the nurse will always be essential for service. However, the clarity of thought and systematic approach required for the conduct of research cannot be achieved through these attributes alone. To participate in research, the modern midwife must possess both humanitarian qualities and a scientific turn of mind.

The influence of Florence Nightingale

It can be said that the science of nursing took its origin from the life and example of Florence Nightingale (6).

Because of her privileged social class, Nightingale received a liberal education that gave her a more comprehensive view of nursing than that of her predecessors. Flynn & Heffron (7) state that Nightingale was greatly influenced by “her Oxford educated father who encouraged her and educated her as equally as the highly educated men of her day. Under his guidance, she was educated

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in classics, languages, literature, natural and social sciences, politics, economics, mathematics and statistics”.

Unfortunately, Nightingale failed to realize that it was her own liberal educational background that enabled her to push
through her many innovations in nursing. Consequently, instead of basing nursing preparatory programmes in institutions of higher learning where nurses would receive the kind of education that her own father had provided for her, she based them in schools of nursing located in hospitals and isolated from liberal education. Students then spent their training period learning skills of practice without developing the innovative and questioning mind that goes with the scientific process.

Nursing as a female profession

A second constraint stemming from the history of nursing is the fact that the profession has over the years been dominated by women. The cultural pattern of women’s subordination to men, once essentially universal, is still very strong in many African countries. The superordinate versus subordinate relationship in society made it easy for physicians — for the most part, men — to assign subservient roles to nurses and midwives. Nurses readily accepted orders from physicians without asking questions. The only evidence of validation required was the physician’s orders. Unfortunately, research cannot be based on carrying out orders blindly, without asking questions. For research, one must be intellectually stimulated and begin to question things. It is the curious and inquiring individual who will notice unusual occurrences and set out to verify and document them through the process known as research.

Hospital-based education

The fact that preparatory nursing and midwifery programmes are given in schools of nursing located in hospitals, rather than in institutions of higher learning, effectively cuts nursing students off from other disciplines. The lack of sharing and exchange in professional ways of thinking has contributed to the isolation of nurses from other professionals. It has likewise sustained the mediocre status that is accorded to nurses and midwives by society, which tends not to understand what goes into the hospital-based education of a nurse.

Discussions of the desirability of a true exchange between nurses and other professionals, such as normally occurs at university, are worrying to some nurses and midwives. They feel that any improvement in the nurse’s academic competence will be to the detriment of her performance. I contend that the reverse is true. Performance is known to be enriched when practice is preceded by a sound knowledge of those scientific principles which, once mastered, can be related to specific skills and which permit new questions to be raised (3). It is only if nurses learn to ask new questions based on practice that research can be built into nursing and midwifery practice.

Lack of graduate programmes in nursing

Universities often earn their reputation through the quality of their graduate programmes and the research activities of their faculty members. It is noteworthy that no university in Nigeria offers a graduate programme in nursing. As a result, no
master's or doctoral dissertations are written with a specific nursing and midwifery focus. In other words, despite the wealth of researchable topics in the area of maternal and child care in developing countries, these are not being investigated or written up from a midwifery perspective. A further consequence is that too few research-oriented midwives are produced to serve as a catalyst for others in practice.

Poor utilization of nursing and midwifery graduates

When graduates are placed in clinical areas, experienced colleagues need to collaborate with them so that research can benefit from a blend of clinical experience and current knowledge. After all, experienced doctors call on younger and more research-oriented doctors as co-authors when they publish papers. Experienced midwives, especially those in community practice, should be encouraged to do likewise and to collaborate with university-prepared nurses in carrying out and publishing midwifery research.

Poor reading habits

Admittedly, there are not enough journals in nursing and midwifery to meet what should be the reading and writing needs of these professionals. The fact still remains that many midwives find it difficult to read for the joy of improving their knowledge and remaining current. But reading is essential to research. No one can carry out research without first reviewing the literature and seeing what others have already investigated and published. Good reading habits need to be developed in midwifery students through class assignments that call for a literature search and the systematic presentation of facts. Moreover, it would be useful for part of the qualifying examination to have an operations research format, instead of asking students merely to write up and present case studies.

References