NURSING RESEARCH:

Can a feminist perspective make any contribution?

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Abstract

As more than 90% of the RSA's nurses are women and as at least 50% of the health care clients are also women, nursing research can definitely benefit by incorporating feminist research approaches. Specific feminist research issues which could be relevant to nursing research include:

* inherent themes in feminist research
* feminist research methodology
* gender stereotypes and nursing research
* gender-based stereotypes of researchers
* potential benefits of incorporating feminist research approaches in nursing research.

Most formal models of nursing, and thus also most nursing research based on these models, ignore gender issues. Thus they ignore part of the social reality of nursing and might provide distorted images of nursing. A feminist approach to nursing research could enhance the reality-based gender issues relevant to nursing specifically, and health care generally, and contribute towards rendering effective health care within a multidisciplinary health care context.

Opsomming

Aangesien meer as 90% van die RSA se verpleegkundiges vrouens is, en aangesien minstens 50% van alle gesondheidsorgkliënte ook vrouens is, kan verpleegnavorsing beslis baat deur feministiese navorsingsbenaderings te benut. (Alhoewel die Engelse woord "gender" in tweetalige woordeboeke as "geslag" in Afrikaans aangedui word, blyk dit aanvaarbaar te wees om die woord "gender" in Afrikaanse akademiese skrywes te gebruik. Dus word "gender" in die Afrikaanse opsomming gebruik). Spesifieke feministiese vraagstukke wat toepaslik op verpleging is, sluit in:

* inherente temas van feministiese navorsing
* feministiese navorsingsmetodologie
* genderstereotipes en verpleegnavorsing
* navorsers se genderstereotipes
* potensiële voordele verbonde aan die benutting van feministiese navorsingsbenaderings in verpleegnavorsing.

Die meeste formele verpleegmodelle, en dus ook die meeste verpleegkundige navorsingsprojekte wat op dié modelle gebaseer is, verontagsaam gendervraagstukke. Dus ignoreer hulle 'n deel van die sosiale werklikheid en van verpleging wat verwronge beelde van verpleging kan voorhou. 'n Feministiese navorsingsbenadering kan die gendervraagstukke wat spesifiek op verpleging, en meer algemeen op gesondheidsorg, van toepassing is, beter toelig en dus bydra tot die verskaffing van meer toepaslike gesondheidsorg binne 'n multidissiplinêre gesondheidsorgverband.

Introduction

This paper will attempt to present a brief overview of what feminist research purports to be and to provide a feminist perspective on nursing research. In doing so this paper will attempt to address the following feminist research issues:

* inherent themes in feminist research
* feminist research methodology
* gender stereotypes and nursing research
* gender-based stereotypes of researchers.

What Is Feminist Research?

Feminist research attempts to develop a science that is for women of every class, race, and culture by assuming a reflective stance, acknowledging and valuing the diversity of women's lives and experiences. Feminist research not only studies women and women's experiences within the societal context, but it also seeks to help women deal with the issues that are revealed as part of the process (Harding in Ford-Gilboe & Campbell 1996:173). The knowledge gained during research, and the research process itself, may serve as vehicles for creating social changes improving the lives of women. Thus both the researchers and the subjects should benefit from feminist research. Feminist research attempts to supply needed knowledge as part of the research process. For example, while conducting research about adolescents' knowledge about contraception, feminist researchers would NOT merely record adolescents' knowledge but also supply knowledge needed to empower adolescents to make informed contraceptive choices. Thus the researchers benefit by obtaining research data, and the respondents benefit from acquiring knowledge to make informed decisions. In this regard

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feminist research approaches approximate those of action research. However, this approach also creates many insurmountable problems for feminist researchers in the health care field. Nurse researchers usually operate on the basis of at best the "invited guest" or at worst the "tolerated nuisance" in the health care situation. Providing information to patients/clients interviewed might not be in the best interest of the health service concerned and thus the researcher might lose the opportunity of conducting the survey in the specific situation.

The feminist research approach seems to correspond with a growing social consciousness in nursing, as the profession begins to recognise the vital role nurses may play in empowering disenfranchised groups (women, the poor, minorities) toward health (Harding in Ford-Gilboe & Campbell 1996:173). This shift in thinking is underscored by the need to consider class, ethnic, and racial differences as relevant to women's experiences and as vital to the process of creating knowledge that fully acknowledges the multiple voices of women. In feminist terms WWW does NOT refer to the World Wide Web, but to "Women Without Words". One of the objectives of all feminist research is to provide voices and words for women, to women and on behalf of women, but always in terms of the women's own perceptions.

As more than 90% of the Republic of South Africa's (RSA's) nurses are women and as at least 50% of all the health care clients are women, feminist research approaches seem to deserve a place in all health care research in the RSA. Nevertheless, this approach acknowledges the importance of recognising that a number of males are also nurses, and that male nurses might experience the same, or even more intense, societal prejudice for being "male nurses". The very term "male nurse" could be regarded as being discriminatory as explained by Cias (in Muff 1982:277) when he wrote: "My biggest objection is to being referred to as a 'male nurse'. I am a nurse. Period... My responsibilities are the same as those of my female counterparts, so simply referring to me as a nurse should suffice". Male nurses may perceive themselves to be marginalised in many health care institutions, to be gender misfits in the nursing profession. "Just as women doctors are given honorary male status, so male nurses are given honorary female status. The gender of nursing rubs off on the males who do it... There is a fairly widely-held stereotype of the male nurse being 'gay' or effeminate" (Mackay 1993:206). These stereotypes not only marginilise the men in nursing but may also deter many men from entering the nursing profession. No research could be traced to support or deny the assumption that male nurses render nursing care differently from their female colleagues. If men and women receive the same education and training, pass the same examinations, are registered on the same registers with the same authority (the South African Nursing Council in the RSA), then it must be assumed that men and women render "nursing care" irrespective of their 'maleness' or 'femaleness'. Ironically, feminist research methodologies could considerably contribute towards emancipating 'male nurses' from their gender stereotypes, as will become evident from the ensuing discussion of a feminist perspective on nursing (including both male and female nurses) research in general. Although this paper does not intend to focus on men in nursing, as that would be the topic of an entire research paper, it merely wishes to acknowledge that men in nursing do experience gender discrepancies which could be identified, and addressed, by means of feminist research approaches. The presence or absence of men in nursing in specific countries could be regarded as being a feminist issue worthy of research in its own right.

Feminist Critique Of Quantitative Research Approaches

Feminist critique of traditional quantitative research include the:

* failure to address questions of interest to women
* biased research designs, including the selection of all male subjects
* exploitive relationships between the researcher and subjects
* improper interpretation and over-generalisation of research findings
* publication of findings in journals accessible only to a select group of professionals and/or academics, and
* the fact that women seldomly benefit directly from quantitative research results.

Feminist research strives to uncover ethnocentric as well as androcentric bias in research findings. A feminist perspective values women as knowers, whose experiences are different from those of men, and emphasises the subjective, contextual, relational meaning of women's everyday experiences as defined by women. The subjectivity of both researcher and those studied is placed firmly on the agenda of feminist research rather than being suspended in favour of anonymity, impersonality, detachment, impartiality and objectivity which are valued in most quantitative research approaches suppressing the personal. "Justification for feminist scholarship rests on a feminist philosophy of science, concerned with making women visible" (Webb 1984:250).

However, feminist research does not limit itself only to qualitative research. There is a place for quantitative research, provided women's issues are addressed and provided women's positions could be improved by the research results.

Inherent Themes In Feminist Research

According to Cook (in Ford-Gilboe & Campbell 1996:174) there are four inherent themes in feminist research:

* reflexivity evident in consciousness raising and the collaboration of researchers
* action orientation to improve the lot of women
* concern with the emotional affective dimension of experience
* focus on the situation of everyday life.

It is important to distinguish between research on women and research for women. Research on women add women's perspectives to any subject discipline but research for women "... explicitly attempts in some way to change the social or political system and enhance the lives of women; it is clearly associated with the emancipatory position espoused by feminist scholars" (Ford-Gilboe & Campbell 1996:177).

Feminist Research Methodology

The research methodology used by

many feminists approximates that of action research, although other types of research designs are also used by feminists. Action research, though not the topic of discussion of this paper, can be defined as aiming at contributing "... both to practical concerns of people (including people in organisations) and to the goals of social research in a joint collaboration within a mutually acceptable ethical framework" (Zuber-Skerritt 1996:5). Thus action research would seem to be uniquely applicable to both nursing and health care research, and is indeed being used by nurse and feminist researchers in many countries.

Feminist research is more than 'women's studies'. Feminist perspectives will look at the experience of having a hysterectomy from the point of view of women, to document their feelings and needs as they expressed them, and to do this in a language and style of the women concerned. Such a study would aim to be meaningful and useful to women themselves, to others who might have a hysterectomies, and to health workers (Webb 1984:249). Nursing work and nursing research is carried out within the context of medical (patriarchal) domination. In most countries doctors treat patients on an outpatient basis, decide when and where to admit patients. Thus hospitals depend on doctors for referring patients to them. Although many patients choose their doctors, patients hardly ever choose their nurses. This creates problems for nurses wishing to conduct research and requiring the cooperation of patients/clients. "Medical hegemony in the health services results in doctors 'owning' their patients and therefore nurses and others wishing to do research involving patients must obtain permission from the doctor in order to approach patients" (Webb 1984:253). Doctors, and hospital managers, might not view nursing as an autonomous discipline, assuming the paternalistic right to exercise a gate-keeping function, giving their sponsorship and patronage in order to legitimise nursing work and nursing research. Health care managers frequently also control the purse strings, deciding which research projects will be financed. Perhaps, most importantly, health care managers determine which research results can be published where and in what format. One could question who benefits from the censored publication of health care research, the researchers, the patients/clients, the health care system as such, the health care managers, the politicians, or the nurses.

Feminist critique of society and science places its emphasis on the world of women in a male dominated society, which could include the world of nurses as women in a patriarchal medical world. Their lived experiences and histories form the basis of knowledge. Feminist scholarship appears to be enlarging in nursing theory and research in some parts of the world, though not necessarily in the RSA, representing liberal cultural and radical views of women. Central to this radical view is the belief that oppression (due to patriarchy) is fundamental and pervasive. Feminism is attractive and meaningful for nursing as a predominantly female profession. Central to the feminist and critical theory arguments is the foundational place of domination (in gender, social class, work place) and emancipation (Gortner 1993:485-486). "For disciplinary fields must build theories about the substance that intrigues them: for nursing it is the human state during illness and in health, the ecology of human health across the life span. We need prescriptive and descriptive theories" (Gortner 1993:487). In this respect it is of interest to note that female doctors experience difficulties to gain access to predominantly male medical specialisation bastions such as gyneacology and obstetrics, orthopaedics and cardio-thoracic surgery, but in many countries male nurses experience(d) problems to obtain midwifery training and to work in gynaecology wards. (Even the term "male midwife" seems to be a major contradiction of terms which becomes more evident by deleting "mid" and ending with "male wife" - an illustration of the way societal semantics operate to feminise the nursing profession).
Feminist methodology also requires that research publications be meaningful and accessible to as many people, especially women, as possible. Furthermore, research findings should be communicated in such a manner as to stimulate discussion, discourse and further investigations. Feminist research results should neither alienate nor overwhelm audiences.

Gender Stereotypes And Nursing Research

The stereotypes associated with "good" nurses, including the "ministering angel, the cold hand on the hot forehead, the motherly caring person or the lady with the lamp" are diametrically opposed to those of a successful researcher, including cool collectedness, impartiality, mathematical accuracy, statistical reliability or the professional person with a laptop computer or advanced calculator. Embedded in this notion of gender roles, are the archetypally feminine ones for nursing, and the archetypally masculine ones for research. These gender stereotypes would seem to imply that a "good" nurse with archetypical feminine stereotypes, cannot possibly be an equally "good" researcher with archetypical male stereotypes as these two groups of stereotypes would seem to be mutually exclusive. "The health care system is based mainly on scientifically derived evidence, political policies and economic realities, rather than on intuition which characterises many clinical practice actions" (Hicks 1995:1006).

Decisions about medical procedures and treatments often seem to be largely haphazard and founded on past experience, personal preferences and hunches. According the to the King's Fund 1993 Annual Report, only 15-20% of medical interventions have any scientific research to support them. Thousands of D & C (dilatation and curettage) procedures continue to be conducted annually despite their diagnostic and therapeutic questionability (Hicks 1995:1007). It is not known to what extent D & C procedures continue to be performed because they are mainly performed by men exclusively on women. This is one area where feminist research could help to save many health care dollars if questionable procedures could be performed only under warranted circumstances. Moreover, many female patients could be saved from undergoing such questionable procedure if they could make their own independent informed decisions in spite of their doctors' recommendations. The persistent use of ill founded and untested procedures is likely to be expensive in both financial and human terms. Feminist researchers could also examine the apparent correlation between the number of hysterectomies performed on women and their socio-economic status as well as their membership of prepaid medical aid schemes. However, such feminist researchers might not be able to obtain any sponsors for conducting this research, nor publishers for the research findings.

From a feminist perception, medicalisation of the menopause has resulted in normal female body changes being treated as disease process, instead of altered states of health. Women's knowledge and experiences of their bodies become discounted as they succumb to medical treatments. Feminist researchers should address questions that women want answered. Feminist research should be based on women's experiences, and the validity of women's perceptions as the 'truth' for the women should be recognised (Sigsworth, 1995:896). Such "truths" based on feminist research might differ substantially from the "truths" obtained from

randomised trials of hormone replacement therapy regimes. Therefore, feminist researchers might experience grave problems in publishing their results. Women own and control few publications, television stations, and pharmaceutical firms. Most mass media avenues are controlled financially and/or managerially by men, portraying mostly men's rational, political and economic perceptions frequently at the cost of female experiential views.

Gender-based Stereotypes Of Researchers

The core skills required for research are historically assumed to be those at which males excel, involving scientific and mathematical procedures. As nursing is essentially female in image, origin and number, it is conceivable that a shift towards research mindedness may also represent a shift towards an androgynous or masculine value system and role orientation (Hicks 1995:1008). Males described as good researchers differed from those described as good clinicians because the researchers were perceived to be more successful, ambitious, ruthless and confident (Hicks 1995:1009). The stereotypic assumptions about role appropriate behaviour for each gender are deeply rooted and difficult to negate in any culture. The core skills required for research, such as objectivity, quantification, neutrality and a rigid adherence to protocol are diametrically opposed to nursing practice which emphasises empathy, caring, intuition and improvisation. Viewed from this gender perspective it is not surprising that the research profile of nurse practitioners is low. "Ever since Florence Nightingale, the nurse has been seen as the epitome of saintly, sanitised femininity and in this sense nursing and femaleness offer a mutual embodiment" (Marks 1994). Not only are research skills unlike the nursing stereotype, but they are also new and undeveloped so that they cannot be readily incorporated into the collective professional nursing identity (Hicks 1995:1011). The nurse researchers who succeed in publishing research results, seem to be nurse academics operating from educational institutions, rather than nurse practitioners operating in health care institutions. This schism between researchers and practitioners, as well as the separate worlds of nursing theory and clinical practice, could contribute to the inability of the nursing profession to utilise research results in meaningful ways.

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Theory frames the research questions that in turn refine the theory. However, the results of research conducted by nurses and non-nurses on nurses and on nursing seem to have had relatively little impact on shaping the practice of nursing throughout the world. Maybe the research focussed on issues irrelevant to practising nurses. Nursing theories are in the style of the knowledge claims of other sciences, acceptable within the academic circles, but frequently unsuitable to clinical nursing situations.

Strategies to improve the relevance of research and theorising to practice include the development of action research methodologies that directly involve practitioners in identifying problems and in attempting to solve them. Practitioners need to develop skills of reflecting challenge and refining theory by validating it within a practice setting. Attention must be paid to the authority and autonomy of practising nurses if they are to be able to both collectively and individually evolve their practice" (Garbett 1995:74-75). It is precisely one of the major aims of feminism to empower women, thus if feminist scholars could assist practising nurses to become more powerful, they might also be better able to make a meaningful contribution to nursing research - acceptable in academic circles and applicable to clinical situations. Nursing care plans could serve to further illustrate the apparent discrepancy between nursing academics' and nursing practitioners' perceptions of clinical nursing functions. Nursing care plans provide the academics with high visibility of nursing actions. However, the actions described are not necessarily undertaken in precisely the way that they are written, but rather that like science in general, they provide an object for external 'referees' , including managers and other disciplines, to examine or to audit (Cash 1997:138). Nurse practitioners often regard nursing care plans as adding to their burden of administrative work without necessarily enhancing patient care at all. Nursing care plans provide substance for auditors, but it needs to be remembered that only the written nursing care plans are audited whilst the real patient care is seldomly, if ever, monitored directly. Thus, in a way such auditing evaluates nurses' abilities to write rather than their actual nursing care provided to patients/clients. This situation can force nurses to spend more and more time writing up nursing care plans and less and less time spent directly with the patients/clients. Whilst auditing is an accepted practice in all financial (traditionally male-dominated) institutions, its enforcement in nursing care (predominantly female caring) situations could be questioned. Nurses do not work with daily profits and losses in numerical terms, but with human health and sickness and suffering and pain. Nurses might indeed claim that those aspects of their daily work which make their jobs worthwhile are the ones that remain unrecorded, especially where direct patient/client support is concerned.

Feminists continue to emphasise that formal models of nursing ignore the issue of gender, and thereby provide a distorted image of nursing's social reality (Cash 1997:137).

Nursing research implies a move away from the familiar and traditional role of carer to the alien one of scientific investigator. Nurse researchers face numerous problems. Perhaps because nurse researchers need to assume more masculine stereotypes than their colleagues practising in the clinical field, researchers are often viewed with discredit by their colleagues. Even when nurses do conduct research, nurses undervalue the results of nursing research. Nurses rated articles as inferior when they believed them to have been written by nurses. "Overall ... nurses have a fairly negative view of the products of their own research labours which may operate as a significant deterrent to using or undertaking research at any level" (Hicks 1995:1007). Nurse practitioners might not have ready access to the published research results, or if they have the more precise, scientific language and statistics of research reports, might be incomprehensible to nurse practitioners thinking mostly in terms of qualitative, caring and often intuitive language. Feminist researchers would at least be aware of such potential discrepancies between nurse researchers and nurse practitioners and thus strive to publish the results in terms acceptable to the nurse practitioners as well. Even nurse

researchers doing qualitative research may publish reports totally unintelligible to practitioners, often attempting to impress other researchers rather than sharing worthwhile research findings with nurse practitioners.

Many aspects of nursing cannot be researched by means of quantitative approaches. However, an apparent over-reliance on qualitative research methodologies could contribute towards discrediting many nursing research efforts by other health care professionals, as well as by many nurses. Bart suggested that nursing research typically employed methodologies of a qualitative type which were undervalued both by the health care professionals, including many nurse practitioners, and by doctors. The emphasis within the centres for reviewing and disseminating health research is on randomised controlled trials and other experimental research approaches. Qualitative techniques are appropriate for many nursing scenarios, but they are often implicitly dismissed as having low status by many research reviewers. Gender stereotypes are reflected in research language in that qualitative research is described as soft and feminine, implying weakness and unreliability, whilst quantitative research is classified as hard and masculine, implying strength and confidence (Bart in Webb 1984:249).

Managers appear to marginalise research as a desirable but non-essential activity to be developed only when it does not constitute a drain on resources. Even when resources are available, nursing research has to compete with all other fields of health care research to obtain some funds. The emphasis on the qualitative and the caring aspects of nursing research might be disadvantageous in such competitive fields. For example, if health care managers have to allocate funds to conduct research on a drug promising to cure AIDS (Auto Immune Deficiency Syndrome) or on research striving to measure nurses' levels of job satisfaction, the former weighs much heavier. Not only could a drug which cures AIDS save much human suffering and many human lives, but the sales of such a drug on a world wide scale could earn the sponsors a future fortune. On the other hand the proposed nursing research has no prospect of earning any future incomes nor of reducing human suffering. Nurse researchers who adopt "caring" as a central organising framework of nursing research help to perpetuate the continuing socialisation of nurses into primarily female "caring" stereotypes, rather than into those of scientific investigators (Mulhall 1995:579).

One of the criticisms directed at nursing research throughout the world relates to the fact that much nursing research is directed at nurses rather than at nursing. This will become evident by examining the titles of publications in nursing research publications as well as the titles of masters' and doctoral students registered at universities. Research on nurses does not necessarily contribute towards the science of nursing. In the same way that research on the job satisfaction of physicists will not contribute new facts to the field of physics, knowledge about the job satisfaction of nurses will not contribute anything towards nursing science as such. Viewed from a feminist perspective, nursing research might overemphasise nurses at the expense of nursing because it is easier to obtain permission from paternalistic health care managers to study nurses than patients. Doctors do not "own" nurses in the same way that they own patients, thus individual doctors' permission need not be sought to conduct research on nurses, but would be a prerequisite for conducting most research involving patients. The publication of research results involving nurses, cannot threaten the safety, security or status of doctors nor of health care managers to the same extent that unfavourable or questionable research results about patients might threaten these powerful paternalistic persons. Even if and when nursing research involves patients, it is usually limited to studying the patients' satisfaction with nursing care, rather than with health care. Thus nursing research, conducted mostly by female nurse academics alienated from their caring roles, is limited to studying predominantly female nurses' issues. Such research results can only have a very limited impact on health care management and make little or no contribution towards the science of nursing.

Another feminist perspective on the overemphasis on nurses in nursing research could be the emphasis on social science contents in many undergraduate nursing courses. It is congruent with the feminine archetypes that women and nurses should be interested in, and might be able to enhance their caring abilities, by studying sociology, psychology, anthropology, philosophy and other social sciences. Any person can gain by acquiring such knowledge, but research seems to be lacking which substantiates that nurses with such social science qualifications are indeed better practitioners than those without them. One result seems to be that many nurse researchers chose to engage in anthropological, sociological or psychological studies about nurses, rather than investigating nursing as such. Although such studies contribute towards knowledge about nurses, the science of nursing does not necessarily benefit thereby. Indeed a British investigation classified nursing research as "possessing much rhetoric and containing little substance" (Smith in Keogh 1997:305). To what extent this accusation could be associated with nurse researchers' training in the social sciences could not be established.

Perhaps the emphasis on social science content in nursing curricula need to be scientifically evaluated, and possibly future nursing curricula need to be balanced with content from the natural sciences such as physics, chemistry, physiology, pathology, pharmacology, statistics and mathematics. However, the latter approach would clash with the archetypical caring female nurse who might not possess the archetypical male abilities to master mathematics, physics and chemistry. Feminist researchers should be sensitive to gender stereotypes influencing nursing practitioners and researchers, as well as those influencing health care managers.

Potential Benefits Of Incorporating Feminist Research Approaches In Nursing Research

Although Florence Nightingale never portrayed herself as a feminist, and although she did not support the fight for women to vote, claiming that there were more urgent matters to attend to, in a way she was a feminist researcher because she challenged traditions and managed to improve the situation for the sick and wounded soldiers through her research publications. Florence Nightingale's research, and especially the publication of her statistics, managed to awake the world to the need for effective nursing care, and for formal nursing education, initially in British ruled areas, later throughout the world. However, if Florence Nightingale had concentrated purely on the "caring" aspects of nursing the sick and wounded soldiers at Scutari during the Crimean War, nothing might have changed in the rest of the world. Had she shared her research findings only with nurses, the policy-makers of that time would not have known about nor acted upon the statistics, indicating a reduction in the death rates at Scutari from 42% to 2,2% within six months of her arrival at Scutari.

Nightingale had the ability to codify her observations in a systematic way that made them useful to others. She relied on statistics to draw the attention of the

media, and thus of the world, to the lack of hospital, medical and sanitation facilities. The problems of the nurses and the patients were portrayed, but the social consequences of these problems, preventing the British Army from ascertaining its true fighting strength at any time, were emphasised (Palmer 1977:88). Thus Florence Nightingale, a woman, did research and compiled reports proclaiming the benefits of enhanced medical and nursing services for the soldiers (men) and ultimately for the British Empire.

What is distinctively 'feminist' is that it constitutes a way of being in the world which challenges tradition (a viewpoint uniquely applicable to incorporating the study of 'male nurses'). Thus, feminist research offers the nurse an opportunity to investigate nursing in a different way than that traditionally sanctioned by paternalistic health care policy makers and managers. "By adopting a sharing, nonhierarchical approach to research into aspects of nursing, nurses could potentially give better care by having a greater understanding of patients' feelings, problems and needs (Sigsworth, 1995:898).

Viewed from a gender perspective one could question whether Florence Nightingale's research would have had the same impact if the major beneficiaries had been women rather than soldiers, and ultimately the British Empire. Nursing might be entering an era of equal significance to that of Scutari, namely the world-wide change to primary health care, from primarily curative health care services. However, nurses need to do appropriate research to substantiate their claims to be major role-players in providing world-wide primary health care services otherwise this opportunity might be lost forever, and nurses might once more become subsidiary health care providers in the primary health care field. Nurses could enhance their research credibility by collaborating with other health care workers in conducting multidisciplinary health care research - especially applicable to primary health care aspects. This would require a willingness to accept and incorporate different research strategies, approaches and emphases from the different health care professions. Such collaborative health care research would contribute towards delivering more effective, efficient and compassionate health care meeting the various communities' real health care needs. However, nurse researchers need to continue researching unique nursing aspects, but should ideally enhance co-operation amongst different universities and health care institutions to enhance the credibility and applicability of the nursing research results.

Conclusion

Not all health care and/or nursing research need be, nor should be, qualitative nor action research, but all research can approach the social reality of the health care situation more closely by acknowledging gender issues rather than by ignoring them.

According to McCormack (in Webb 1984:256) feminist research "... changes the awareness of all concerned - the investigators who carry out the research, the participants in it, those who read it, and those who eventually communicate it to wide audiences - by demonstrating, as far as possible, that sexual equality is not simply the absence of sexual inequality as we have known it, but a positive and viable state, one that is worthy of the risks required".

Although the historical relationship between feminism and nursing could, at best be described as an "uneasy alliance", feminism has much to offer nursing in understanding our professional history within the context of an oppressive male-dominated health care system, and in moving beyond this to create an environment that appreciates individual differences and empowers all people in a culture of equality. Reverby stated "nursing and feminism have much to gain by growing together, and even more to lose by failng to try. Feminist critique may provide the vehicle for developing a knowledge base for nursing that reflects this stance" (Ford-Gilboe & Campbell 1996:182). Apparently, humanistic action research, supported by feminist research approaches, can help to produce a more relevant and realistic and viable future for nursing research than is currently the case (Johnson 1997:23). More than a decade ago Clay (1987:113) proclaimed that "... nursing is a profession complementary to medicine: intrinsically different, but of equal value... nursing is developing, perhaps for the first time since Miss Nightingale, a sense of its own goals and priorities which may not be the same as medicine's... Our newly rediscovered pride in the skills needed to help the patient feel better is surely linked with the recognition that the scientific, unemotional logical male world of medicine is only part of the story". Feminist research offers women, and nurses, a vehicle for finding their words and making their voices heard in patriarchal male-dominated societies and the health care services, but these voices could be so much louder if they could be joined by those of feminist researchers and feminist movements outside the nursing profession. This long overdue collaboration between nurses and feminist movements could benefit both groups of women, the health care services specifically and society generally.

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