

RESEARCH — THE CORNERSTONE OF MODERN NURSING MANAGEMENT

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OPSOMMING

Navorsing is 'n noodsaaklike aktiwiteit in enige beroep. In Suid-Afrika is verpleegnavorsing nog op 'n vroeë stadium van ontwikkeling. Baie verpleegkundiges toon nog geen belangstelling daarin nie, en die rede hiervoor blyk 'n gebrek aan kennis en insig oor die waarde van navorsing vir verpleegpraktyk te wees.

In die meeste werkbeskrywings van geregistreerde verpleegkundiges word daar na navorsing verwys. Daar is egter getoon dat die saalsuster besonder min van haar tyd daaraan bestee.

Vir effektiewe bestuur behoort navorsing die hoeksteen van elkeen van die bestuursprosesse te wees. Voorstelle oor hoe om aan navorsing sy prioriteitsposisie in verpleegbestuur te gee word aan die hand gedoen. Die nodige beleidsbesluite moet geneem word en voorsiening moet vir 'n navorsingsbegroting gemaak word. Die werksklimaat moet navorsing bevorder en geselekteerde verpleegkundiges behoort as navorsers voorberei te word. Verder moet bevindinge op 'n verstaanbare wyse bekend gemaak en in die praktyk toegepas word.

INTRODUCTION

In most professions research is an essential part of the activities of the profession. It not only enables the profession to earn its place in history as a *bona-fide* profession but it enables it to remain dynamic by evaluating past achievement, improving present practice and collecting data on which to base future decisions.

Internationally nursing as a profession has been slow in beginning enquiry into its own subject matter and in building its own methods of research. Fawcett says that the primary purpose of nursing research is to generate and validate the knowledge needed for practice (Chaska :169). It therefore seeks

- new information
- relationships between the information
- problem areas
- answers to problems
- better ways of doing things
- the evaluation of past and present practices.

In South Africa nursing research is still at a relatively early stage of development. This picture needs to change. Great changes are taking place in health care provision; effective decision making is becoming more complex and requires a data base of accurate facts and findings.

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WHAT IS A CORNERSTONE

The title of this article says that research is the cornerstone of nursing management. What is a cornerstone?

Chambers Twentieth Century Dictionary says it is a *stone that unites the two walls of a building at a corner; the principle stone especially the corner of the foundation of a building; the stone by which others are measured*. If the cornerstone is not set right the walls are cracked. Figuratively speaking it is something of great importance.

Knowledge of the value and use of research must pervade every aspect of nursing administration, and must contribute to the effective implementation of every function. Smith says that the present practice of nursing in Britain does not rest on a body of knowledge based on systematic investigation. (Smith: 324) The position in this country is the same. Research is not at present the cornerstone of management.

WHAT DO NURSES IN THE PROFESSION FEEL ABOUT RESEARCH

Clark and Hockey, pioneer researchers in Britain, say that nurses do not naturally embrace research and find it difficult to question the value of procedures that have always existed and the quality of methods that work (Clark: 32).

Many nurses are still apathetic and show no interest in increasing the knowledge base of nursing. They are not able to give a reasoned answer for what they

do. You might ask: Why is this? What is the problem? The following are some of the answers that the author has heard from nurses or has found in the literature:

- I don't have the skills or time for research
- research is a hard, objective and unfeeling exercise while nursing is caring, nurturing and providing support. The two don't go together (Stevenson:44)
- I don't like all these new-fangled ideas; I am here to nurse the patient
- I don't want to see another questionnaire, the sisters are overloaded. The students seem to think we have nothing else to do but to fill in their forms
- I've filled in many questionnaires but I never get any feedback
- research is too time consuming
- its all very well for the university people to look at us from their ivory towers; they don't have to get the work done and cope with staff shortages
- I don't see how you can measure care
- I don't understand the research language and statistical reports
- we've always done it this way. Some of these researchers need to roll up their sleeves and do a bit of work (Trenchard: 62)
- I just don't know what I feel about research. It is like an *extra* activity that you are expected to do and it does not seem relevant to your everyday work (Cang: 454).

Most of these answers show that there is limited knowledge and insight into the value of research in nursing practice. This is understandable since most nurses have had little or no introduction to the subject in any of their training courses. The picture is not all dark, for some nurses research is fulfilling. They feel

- it is a growth experience
- it helps them to improve their practice
- it helps them to confront problems and issues basic to nursing practice
- they are involved in improving patient care
- it provides them with a data base for decision making
- it enables them to increase productivity and to use staff more effectively.

Such attitudes help to create an environment in which staff enjoy job satisfaction and the ripple effect will be better staff recruitment, greater staff retention and improved patient care.

WHAT IS THE PRESENT SITUATION IN SOUTH AFRICA?

This is a difficult question to answer. One can but point to three indicators.

The inclusion of research activities on job descriptions

In all the job descriptions from the ward sister upwards that have been reviewed there was some reference to research. The following is an example of the research aspect from the job description of a senior nursing service manager:

- evaluates current research in management
- assesses its relevance for nursing management
- considers how existing research findings impact on the research in the nursing department.

The research aspect of the job description for the American counterpart of this person states

- knows current research findings in nursing
- makes sound judgement about the significance of research findings for nursing management
- evaluates current research in management and assesses its relevance for nursing management
- applies research findings to support sound nursing practice
- uses research findings as a data base for making managerial decisions (Role objectives. Nursing Organisation Executive Role, U.S.A.).

The references however give no indication of what is done in research. In most South African job descriptions two aspects found in American job descriptions are missing, namely the application of research findings to support nursing practice and the use of research findings as a data base in decision making.

The time spent on research

In the UNISA observation study on the sisters-in-charge of hospital wards, Brownlee shows that research is the most poorly developed part of her function. Only 1,79% of her time in medical/surgical wards and 2,2% in midwifery units was spent on this activity. She states *In only one instance were any respondents found to be involved in research per se* (Brownlee: 37).

The above percentage of time included the time spent in discussion with the UNISA personnel on the research being done by them. It is difficult to determine how much time should be spent on research, but it should not be something added to an already full work programme. It should be part of every nurse's quest to find answers to problems and to discover new knowledge.

The National Nursing Register

The S.A. Nursing Association has compiled a national nursing register of research done and being done on nursing as a profession and in the field of nursing between 1960 — 1983.

Table 1 gives a summary of research completed and on-going research done and being done by students and independent researchers. Table 2 shows the amount of research already done and on-going in some management and practice aspects.

Table 1 Summary of completed and on-going research.

	Done by students	Independent research	Total
Completed research	214	42	256
On-going research	75	15	90

Table 2 Amount of research completed and on-going in management and some practice aspects.

CATEGORY	COMPLETED	ON-GOING
Health services	19	—
Nursing manpower	44	15
Ethos	16	5
Practice of nursing	13	5
Clinical specialities	25	5
Community health nursing science	18	9

This does not mean that this is a complete list of all the research that has been done; it is a list of studies known to the Association.

LIMITATIONS AND HINDRANCES TO RESEARCH

As has been seen most of the research work is done by students and is not published. Findings that could be useful are therefore not available. The profession still lacks nurses with expertise in research methodology both to implement research and to evaluate the relevance of findings in research that has been completed. At present very little replication of studies has been done to verify findings.

There is still a lack of interest in research activities and a reluctance on the part of some to try out new ideas and to make changes based on research findings. It always seems easier and safer to maintain the status quo. In some instances the continued heavy work load and staff shortages result in staff burn-out and make creative thinking difficult.

All this is an indication that the nursing profession and, in particular, the nurse administrator, still have a long way to go if research is to be the cornerstone of nursing management.

RESEARCH IN THE MANAGEMENT FRAMEWORK.

Within the management framework research has two main branches namely

- research related to clinical practice and
- research related to the management process.

Both these aspects cover a wide area of nursing practice and it is not possible to discuss both. If you can picture a wall being built you will notice that there is a cornerstone for every row of bricks. For effective nursing management research should form the basis for each of the management processes.

Planning

This is a prerequisite for the successful operation of any nursing department, whether it be a nursing unit or a nursing manager's department. In order to make the best use of scarce resources, both human and material, adequate facts and figures are required. A basic research approach to get this type of information is the situational analysis. In planning the new curriculum tutors have been busy with this, but have administrators made an analysis of all the aspects that must be considered and understood if planning is to be sound? Some of these may be the

- legal framework for practice
- government, provincial and hospital policy
- epidemiological profile
- available resources
- illness continuum
- community needs
- philosophy of institution
- philosophy of nursing administration department
- philosophy of nursing
- cultural aspects
- views of population on health
- staff expectations.

Much of this information is available but needs to be collected, verified and collated. It should provide the base-line data for all planning.

Organising.

In organising one is creating a structure in which nursing activities can take place. It includes the process of grouping activities, outlining job responsibilities, setting out lines of authority and creating communication channels. There is an awareness of the need to do away with duty sheets containing a list of tasks to be done and to provide staff with proper job descriptions. These should be a list of activities for which particular persons are responsible, based on what research has shown to be relevant.

Not much prominence is given to record keeping in a job description, yet Brownlee's report shows that sisters-in-charge spend 11,19% — 26,39% of their time in recording. Twenty-three

different records, forms and files that have to be completed were identified (Brownlee: 27; 163). An average of three hours in the twelve-hour day period are spent on this activity.

Research questions that come to mind are:

- is this the right amount of time to be spent on record keeping?
- is this the best use of professional expertise?
- is this the position in the wards of the institution where I work?
- is there an allowance in the sister's job description for almost a quarter of her time to be spent on this activity?

Personnel issues

Most administrators acknowledge that personnel issues are complex and require much time and often difficult decision-making. The Couzyn's report in 1965 outlined a number of aspects that need researching. These include:

- *die personeelbesetting in die onderwyshospitale en uitgesoekte nie-onderwyshospitale, waarby die rol van die assistentverpleegster, die hulpverpleegster, die leerlingverpleegster en die hoër verplegingspersoneel, bestudeer moet word ten opsigte van elke dag se verplegingspligte.*
- *Die aanstelling, keuring en werwing van personeel.*
- *Die arbeidsomset. Die aspekte van werkslading, tipe van hospitaal, grade van senioriteit, ens., moet geanaliseer word onder beide leerling en opgeleide verplegingspersoneel en bedankings uit die diens is veral van groot belang.*
- *soos in enige bedryf moet ook in die hospitaal 'n studie gemaak word van die informele en formele organisasie en moet die lynfunksie en staffunksies geken word. Veral groeppvorming, groeppkohesie en groepsontwikkeling moet geken word. Kommunikasie onder personelede is ook van belang.*
- *Ten slotte moet die tipe pasiëntsorg en pasiënte-tevredenheid in die bestaande raamwerk geken word en moet 'n ondersoek ingestel word onder 'n gekeurde groep pasiënte, beide voor en na ontslag. Die geneesheergeneraal in Amerika sê in sy gesondheidsverlag van Februarie 1963; "Too little research is being conducted on the advancement of nursing practice" (Couzyn: 167-169).*

The S.A. Nursing Association's list of priorities for research includes many aspects of personnel management. These include

- * *Die taak van die verpleegadministrateur in personeeladministrasie wat onder andere ook insluit:—*
- *optimale benutting van deeltydse en voltydse personeel*
- *personeevaluering*
- *kommunikasie*
- * *Die effektiwiteit van die implementering van die verpleegproses in die gesondheidsdienste van die RSA asook die effektiwiteit van die verskillende toewysingsmetodes van verpleegkundiges in hospitaalafdelings.*
- * *Die inslag van vakbonde in die verpleegberoep van die Republiek van Suid-Afrika.*

Most research has been done in these areas but it should be obvious that to be effective and to promote professional development much more research will have to be done. Staff burnout, and the effect of the bureaucratic system on job performance and job satisfaction need investigation. The quality of care rendered is dependent on the measure of job satisfaction enjoyed by those who carry out the care.

Leading and directing

All registered nurses, regardless of their seniority, have a leadership and directing function. What type of leadership theory do we subscribe to? Students in nursing administration frequently state that democratic leadership is the best; but is it? This is a decision based on supposition.

Has research established the type of leadership that fits best into the present hierarchical system in a health service? Is it necessary to be a leader in order to direct a nursing service? What is involved in directing a service? The nursing profession can only be improved if our own researchers endeavour to find appropriate answers to these questions. Furthermore, the findings of nurse researchers in America cannot be applied blindly to South African nursing.

Evaluation.

Strasser *et al* say that evaluative research are studies done to measure any part of the operating effectiveness of an organisation or department (Strasser:71) and may measure the quality of care, the utilisation of the service or

staff morale. There is an urgent need to develop standards against which to measure the entire spectrum of care from the simple action of getting a patient up into a chair to sophisticated interventions such as take place in an intensive care unit.

WHAT IS THE SOLUTION

How can research be given a priority place in nurse management? The following are some suggestions.

- * It is time to stop talking about making research the cornerstone of management and to **start** making it the cornerstone.
- * The required policy decisions must be made on
 - procedure to be followed in initiating research
 - procedure to ensure the protection of patients and staff
 - procedure for the documentation and implementation of results.
- * Research is expensive, it needs time, effort, staff, finance and material resources.

It is so easy to say there is no money. If no provision is made on the budget proper research will never begin. It may be necessary to persist with memoranda and motivations for several years before the proposals are accepted. In the meantime *mini-research* projects can be undertaken without additional costs being involved.

Trenchard says *Cutting back on fact finding and planning exercises is a short sighted policy which will be detrimental to the well-being of patients, clients and staff. In the longer term, it does not make sense in financial terms* (Trenchard: 62).

It is time to make provision in the budget for research.

- * Every institution should have a research committee. It can begin with part-time staff until a full time nurse researcher is needed or can be appointed. This committee should be responsible for
 - establishing research needs
 - formulating research questions
 - establishing priorities
 - conducting inservice training programmes to provide staff with knowledge on the research process, the areas of need within the institution, the evaluation of and suggestions for the utilisation of research findings

— decoding research reports so that everyone can understand the findings.

Field states that *if clinical research is to be successful in improving nursing practice, it must be made available to the large number of nurses who are in practice. Factually, many nurses will not know what a chi-square is, much less a linear regression, or an analysis of covariance therefore the meaningfulness of research to them will be very limited* (Clark:119).

- * A favourable work climate must be created. The nurse administrator must have a positive attitude towards research. She should refuse to maintain the status quo, and should be committed to the promotion of growth. She should expect staff to participate and should herself set an example.
- * Nurses must be selected and prepared for research. Stevenson says honesty does not come easily to nurses because they have been socialised to comply, to be tactful and to be indirect in communication. They therefore find it difficult to tell someone that she has an aptitude for research (10:45).

Who is a good research person? It is the person with an enquiring mind and an adventurous spirit; probably that person who as a student gave the matron *grey hairs*, broke many of the residence rules and was always *up to something*. This person usually has an above average intelligence. Not all of us will be researchers but every nurse can develop an enquiring mind and question what she is doing.

- * The findings of existing research must be put into practice. More research is being done, but the knowledge is not being transferred to the practical setting. Ways of implementing findings on a trial basis must be found. A word of caution — too rapid change has the opposite effect, it increases resistance. Be prepared to take a risk and if it should fail determine what was learnt from the situation and what pitfalls could be avoided in future.
- * The nurse administrator must be committed and innovative. Make sure that everyone knows about projects that are to be implemented. The

nursing service manager is going to relinquish some of her routine administration tasks connected with student training. Isn't this a good time to make a commitment to developing an on-going research programme?

- * The time has come for the profession to consider starting a research journal. There is a need for some publication other than "Curationis" where research findings can be published and made available to everyone. Research is an expensive activity and the information needs to be shared. Findings will be lost if they are not communicated. Research must be replicated and unified; a body of theory must be built up.

In the meantime nurses can read, for example, the *Journal of Advanced Nursing*. It presents some of the best international research and other articles on a wide spectrum of subjects. *Nursing Research*, the oldest American research journal, is also recommended.

- * Collaboration with the departments of nursing in universities is necessary. These departments have expertise and access to a wide range of literature. Co-operation with a nursing department promotes
 - team work
 - security for nurses new to research
 - the use of individual talents
 - the pooling of ideas. This enables the best method to be followed and promotes mutual understanding and improves practice (Marriner:381).

CONCLUSION

Finally, research must be promoted if the profession is to grow and to cope with the one constant factor — change.

- What** must be done — research
- Where** must it be done — wherever nurses practise
- Who** must do it — nurse researchers and all of us
- How** must it be done — in co-operation with university departments of nursing science, and a research committee
- When** must it be done — as a planned on-going activity
- Why** must it be done — to develop nursing theory to form the basis of successful management and practice.

In other words research must be the cornerstone of nursing management.

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