# Points of Observation and Interest

## on the ICN Seminar — "Learning to investigate Nursing Problems"

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IN the April issue of the *Journal* Miss T. Khan presented a report that gave an over-all coverage of the Seminar.

I propose to share with you some of my impressions and to touch on my group work participation. It was a very interesting and useful experience which I thoroughly enjoyed.

### First Open Forum

During the first open forum, problems were stated and discussed.

I would like you to know that the problems facing the Nursing Profession to-day in India, are similar to those found in other parts of the world. It was therefore of great benefit to hear the views of people who were also facing problems of a similar nature.

It is only natural that one feels happier when one discovers that one is not alone with their difficulties and that others were in the same situation.

There were many such open forums which were very interesting.

### Consultants and Assistants

Besides the lectures which were given by the Consultants, we gained a great deal by working in small groups. For this purpose the 24 participants were assigned to one of four small groups, each under the direction of a Consultant, who had the help of an Assistant.

I will give you a summary of the lectures given by each Consultant before mentioning some of the problems chosen by the groups.

### Views of Dr. Clare Hardin

Dr. Clare Hardin in introducing the Seminar theme, stated that the Nursing Profession must have problems. If we consider the title of the Seminar, the solution to our problems cannot depend on trial and error methods. She was of the opinion that in two short weeks we were not going to solve our problems, but explore some methods of investigating nursing problems in the hope that these methods would lead us towards appropriate solutions. She stated that all problems had a "cause and effect relationship." That we needed to look at several possible factors which caused our problems. Dr. Hardin stated that, "Searching for clues, gathering evidence, fitting together the pieces, determining what is relevant, discarding that

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which is irrelevant or inconclusive, refusing to draw conclusions on basis of insufficient evidence, are all part of the scholarly or "scientific" approach to the investigation of problems.

Briefly the steps in the scientific procedure are :

1. Indentify the problem : that means, stating it clearly in the form of a question, because we want to find the answer as to why the problem exists. Then we must have an objective and purpose for wanting the answer.
2. Collecting the data.
3. Analysing the data.
4. Formulating the conclusions.
5. Writing the report with recommendations.

Dr. Hardin in her subsequent lectures, stated the necessity of having an understanding of the psycho-social and cultural background of the people with whom we deal.

### Opinion of Dr. Rena Boyle

Doctor Rena Boyle, being a nurse herself, seemed to have a real understanding of the difficulties of the nurse.

Doctor Boyle made it quite clear that research in nursing is a necessity.

Nurses themselves must come to grips with the problems of nursing and that the vital problems of nursing must be solved by nurses.

### Dr. Seal on Statistics

Doctor Kiron Seal gave us the statistical approach to research, and the art of organising statistical data. He also stated some of the misuses of statistics.

One usually thinks of statistics as a very dull subject with a lot of facts and figures.

I was fortunate to be able to attend the I.C.N. Seminar and come to realize how interesting statistics could be. Doctor Seal made his lectures very easily understood and interesting by using data collected from the participants in explaining some important points in statistics.

### Professor Brotherston on Research

Professor Brotherston emphasized "research-mindedness" as a requisite in the health profession. He gave us three definitions of research to show the difference between

"research" and "research-mindedness".

1. Research is the endeavour to discover facts by the scientific study of a subject.

2. Research is a careful search or inquiry.

3. Research is a course of critical investigation.

Research-mindedness, on the other hand, is a readiness to look analytically at the events or working methods with which we are concerned ; a willingness to encourage scientific study or experimentation ; and an ability to accept the proven conclusions and act accordingly.

Professor Brotherston gave us an outline of opportunities for carrying out nursing research in the hospitals, the community and the nursing profession.

He stated that there was no lack of opportunities. Where to begin, and from where to get the people and other resources to do the work, was worth thinking about.

He formulated the underlying ethical principle in research in these words : "Give a full explanation of the plan and its objectives to those whose collaboration you require ; keep in touch with them while the work is going on in order to report progress to them from time to time ; and when all is over, feed back to them the results you have obtained". He said, that "In this way they feel partners in the enterprise and co-operate more effectively. After all, we know from experience that nothing is more boring or annoying than to be expected to provide information, at some considerable trouble, for a purpose which has never been explained, to a person we know nothing about, and to know we shall never know why we were asked or what happened to the data we provided".

### Bias must be Divorced from Research

All four Consultants strongly stressed that, when collecting and analaysing data, even when we feel they are all facts, bias must not be allowed to creep in. Fact finding without bias is essential for any research study.

### Group Work

Working in small groups was an added advantage as the Consultant and Assistant with whom we worked, guided us most ably around the difficult corners of working out methods of stating and investigating our problem, in a scientific way.

In the 1st week there were two periods a day set aside for individual or group work. We began by introducing ourselves and stating our problems.

The problems which are administrative were fully discussed and advice was given by the Consultant.

Eventually we subdivided into yet smaller groups. In our group there were three sub-divisions.

The problems chosen for study were :

**1**. Determining the nursing care time per patient in 24 hours in a medical unit of a General Hospital. (By participants from Philipines, Australia and Israel).

**2**. The village women prefer to pay for the help of untrained midwives during their confinement rather than use the trained midwives who are provided by the Government and whose services are rendered free. (Participants from Burma, Malaya and India).

**3**. To analyse the activities performed by the Ward Sister. (Participants from Iran and India).

We had difficulty in coming to a conclusion on how to state our problems.

### Study must have purpose and Objective

From the lectures and the reading material in the library, we had to work out a plan of how to investigate our problem in a scientific way. We soon realised that just stating a problem for study was not sufficient, we had to find a *purpose* and an *objective*.

Dr. Boyle made these two terms clear to us by stating that "Purpose" is the "Why", and "Objective" the "What" of any study.

More hard thinking was done to find the setting, method and limitations of the study.

### Results

Each group reported daily on the progress they had made. The Consultant then questioned every aspect of the report and further investigation by each group was necessary till a comprehensive practical study plan was worked out, and approved for a scientific investigation of the problem.

These plans were presented on the last evening of the Seminar.

I give in an appendix to this report, the problems on which study will be done by the participants in their own countries, as agreed by them.

### Appreciation

Finally, I wish to express my sincere appreciation and thanks to the Trained Nurses Association for sponsoring me to participate in the Seminar.

### Appendix

Problems accepted by participants to be studied in their own countries.

1. To analyse the activities performed by the Ward Sistor (Iran and India-Method : continuous observation).
2. Determining the nursing time per patient in 24 hours in a medical unit of a General Hospital (Australia, Philippines and Israel. Method : Observation, random sampling).
3. The village women prefer to pay for the help of untrained midwives during their confinement rather than use the trained midwives who are provided by the Government and whose service is rendered free. (Malaya, Ceylon and India. Method : Questionnaire).
4. Why student nurses do not practice in the ward what they are taught in the class room ? (Philippines and India. Method : Questionnaire).
5. To determine why the students leave the school after the preliminary period. (Iran—Method: Questionnaire).
6. To determine what the attitude of the student nurse is towards her patient (Great Britain—Method : Questionnaire).
7. What responsibilities are staff nurses expected to take without additional preparation (New Zealand—Mothod : Questionnaire).
8. What are the factors which prevent, or may prevent, possible candidates from entering the nursing profession ? (Malaya—Method : Questionnaire).
9. Do all present activities of the staff nurses in the Medical and Surgical Wards in the Government General Hospitals, require staff nurse skills ?

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