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Editor : Kumari Lakshmi Devi, N.Z.R.N ; R.M.

Nursing Research

By Margaretta Craig

*Recommendations to the Trained Nurses Association of India
Regarding Nursing Research*

Ever since I was unable to attend the International Conference on the Planning of Nursing Studies held in France in 1956, I have felt a responsibility to the Trained Nurses Association to present a thoughtful statement of the attitude toward nursing research, it would be wise for our Association to consider taking.

At intervals this subject has cropped up in the discussions of the Council, or in the Florence Nightingale Committee, but always in a brief and fragmentary way. The desire for nursing research and nursing studies behind these remarks has always been a sincere desire for an extension of nursing knowledge that will result in better patient care, better hospitals and schools of nursing, and public health field work. We have realized that many methods and ideas have been brought into Indian nursing ready made from some other country. They were worked but to fit the situation there. Who knows if they are the best for use? So many elements are different. Because some

study shows that so many hours of nursing care are required for adequate nursing of certain kinds of patients thousands of miles away, can we infer our patients of a similar kind need the same number of hours of care? Do not the vast differences in the situation make the findings of others invalid for us until we have studied our situation and validated them?

The desire to conduct nursing studies for the sake of the status of nursing has as far as I have heard, had little influence on our thinking. There has been a vague desire for research, and the Council has suggested certain projects, but so far the group approach has felt unable to undertake the work.

This reluctance is no doubt very wise. Research is not a thing to be entered upon lightly. Nor is it a thing that can be crowded, as an extra, into an already overbusy day. The university is the traditional centre of research. Studies are constantly underway in all our univer-

sity departments where professors are continually, eagerly pursuing new knowledge, and students working on their doctorates and master's programme are engaged in creative individual work, and learning research techniques and methods. I believe that research in nursing in India can not develop until we have at least a master's programme in nursing in one of our Indian universities. Amy Frances Brown in her book *Research in Nursing* recommends the term research be reserved for the description of activities on a master's level or beyond.¹ The quality and volume of research conducted in Indian universities has won them respect. Nursing research is not included, nor can we expect it to be to any extent until there are university programmes on a graduate level and the professors, readers and students such programmes require, are engaged in active work.

While the university was the traditional seat of research, research today is not confined to the universities but tremendous projects, are being conducted by governments and business. Nursing research in the United States has been very closely related to the American Nurses Association. The *American Journal of Nursing* in December 1949 carried an editorial entitled "Research in Nursing" in which it stated that the interest nurses had in research was growing as was indicated by the following facts. In May, 1948, a six point programme for nursing research was an important part of the recommendations nurses put before the National Health Assembly. The *American Journal of Nursing* published its first summary of 43 studies in nursing service and nursing education,² and the *Public Health Nursing Journal* listed studies in that field.³

"The Board of Directors of the American Nurses Association considered the advisability of a professional membership organisation undertaking research. They accepted the premise that it is the prerogative of the nursing profession to determine what its functions should be and that no group could do the job as well as members of the profession itself.

The Board agreed that the Association should secure financial support for the necessary studies, co-ordinate the individual studies, and report, interpret and implement the co-ordinated findings."⁴

In May, 1950, they placed their plan before the House of Delegates outlining the general purpose, scope, cost and administration of "studies of nursing function." The cost had been estimated at one dollar per member per year for a five year period. Since the largest group of nurses were the general duty nurses the first studies were concerned with them.⁵

Two committees were set up to facilitate this work. Their structure is of especial interest to us. The Technical Committee of six was made up of three nurses and three non-nurses. One of these was from the area of social psychology, one applied psychology and one business management. This committee was delegated the power to act in an executive capacity in guiding and planning the programme, and the administrative and research problems. It reviewed proposals for studies submitted by the State Associations and placed recommendations directly before the Board of Directors of the American Nurses Association.⁶

The second committee was an advisory committee for the purpose of gaining support and cooperation from allied groups, and giving advice and help implement the findings. It represented each field of nursing, practical nursing, the American Hospital Association, the Ameri-

1 Amy Frances Brown, *Research in Nursing*, p. 4.

2 *American Journal of Nursing*; September 1949: p. 612-16.

3 Editorial "Research in Nursing", *American Journal of Nursing*, December 1949: p. 743-44.

4 Amy Frances Brown, *Research in Nursing*, Philadelphia: W.B. Saunders Co. 1958, p. 12.

5 *Ibid*, p. 13.

6 *American Journal of Nursing*, November 1950, p. 755.

Independence Day Greetings

The only freedom which deserves the name is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it.

John Stuart Mill

can Medical Association, the National Committee for the Improvement of Nursing Service, the National Nursing Accrediting Service, and the Public. The members of the Technical Committee also served on the advisory committee.⁷

The Technical Committee considered only proposals submitted by State Associations which requested funds from the American Nurses Association, and fitted into their "master plan." Many of these proposals were for research projects to be carried on by those who were not nurses.

Contributions through the state associations during the first two years amounted to \$175,000 or about Rs. 7,87,500. In September 1952, the Board of Directors of the American Nurses Association took over the financial support and covered it by increased dues instead of asking the States for the per capita dollar contribution. The scope of the master plan was enlarged to include private duty and industrial nurses and those working in mental hospitals.

By April 1954, "nursing functions" had been studied in eighty hospitals. Research grants had been made to institutions and organizations in thirteen states. Some of the findings were reported by members of the Technical Committee at the National Convention of the Association.⁸

By the end of the original five year programme approximately \$400,000 or about Rupees 18,00,000, was spent. Twenty studies in eighteen states had been completed, and five others were under way.⁹ A new phase in the development of research in nursing was taking place.

The American Nurses' Foundation, Inc. was organized for charitable, scientific, literary and educational purposes. The American Nurses Association gave this new corporation \$100,000 to be used for studies of nursing functions. It was expected that the Foundation would collect funds from the public and charitable organizations. "It was planned that the Foundation would conduct studies, surveys and research; provide scholarships and fellowships, make grants to public and private nonprofit educational institutions, and publish scientific educational and literary works."¹⁰

Miss Clara A. Hardin, the executive secretary of the new Foundation, announced a programme of (1) research in nursing,

7 *American Journal of Nursing*, January 1951, p. 54.

8 Editorial "Research and the A.N.A.," *American Journal of Nursing*, April 1954 : p. 423.

9 Editorial, "It's Time to Take Stock," *American Journal of Nursing*, May 1956 : p. 567.

10 Amy Frances Brown, *Research in Nursing*, Philadelphia : W.B. Saunders Co., 1958, p. 15.

and (2) educational and informational projects. The four broad areas of research approved by the Board as best serving the purpose of the Foundation are "(1) the effect on nursing of changing health needs and changing patterns of care for patients, (2) administrative problems within organizational systems, (3) nursing needs of various types of patients, and nursing in different categories of illness, and (4) the nursing profession."¹¹

There are other contributions toward research made by the American Nurse's Association, too important not to mention, although we can not go into detail. (1) The Research and Statistics Unit which carries out studies, compiles "Facts about Nursing" annually, and develops statistical procedures and questionnaires needed by nurses. (2) Classified lists of studies made were compiled and published. (3) A new magazine devoted to informing members of the results of scientific studies, and stimulating interest in research was established, *Nursing Research*. By the end of the first year it has 11,000 subscribers.¹²

While these adventures of the American Nurses Association seem like a fairy tale from another world, there are things of value we can glean from them for our use in India.

We must keep our standards for research high. Let us not call our work research unless it is true research, which contributes to knowledge in a scholarly way as the result of serious scientific study, and meets the standards held by our Indian Universities. We have Indian nurses capable of developing the ability to do this kind of work if opportunities for study and research experience were made available to them. There are not many such, but the Trained Nurses Association can by interest in, and support of, nursing studies help to find, encourage, and give opportunities to such nurses.

We are very fortunate in that nurses have so many good friends in university circles in India. In undertaking any studies we can be sure of guidance and assis-

tance from expert research workers in other disciplines. Especially have such contacts been developed by the two colleges giving nursing courses on a university level. I would suggest that more attention be paid by nurses to research studies being done in India by these other groups. It is an important first step if we are considering doing nursing studies that we learn how to read and understand research reports. Many valuable studies are being made all about us. I would suggest those interested in research inquire what studies are under way in their local areas. I would like to call special attention to the excellent survey of the beggar problem in Delhi made by the students and staff of the Delhi School of Social Work last year. The case histories are full of interest and the method, techniques and findings helpful to nurses. Research reports or articles about studies of this type might be carried in the *Nursing Journal of India* from time to time. True they would not be of as popular a style as most of the *Journal*, but if the Association hopes to develop interest in nursing research, this might be a step in that direction. It is important we develop research attitudes and learn at least something of research techniques before we undertake inter-disciplinary research. We can ask a research worker from another discipline to undertake a study for us, and our nurses can learn from this expert, but we want them to be able to make a vital contribution, not have to be carried all the way. The areas of education, sociology and psychology all have much to offer us. Most of the research in medicine and nutrition is so highly technical it does not seem to be as good a place for nurses to start, but the public health area of these two disciplines often has work of very great interest to us.

Because we are not yet ready to undertake research we should not hesitate to use the scientific method of finding solutions to our own problems. Far too

¹¹ *Ibid.*

¹² *Ibid.*, p. 17.

many situations remain as they are without improvement because no one gives the thought and effort to locate problems and find answers. Far too many decisions are based on feelings and opinions instead of facts and reason. Dr. Brown quotes the analysis of the scientific process into seven elements and sixteen safeguards.¹³ It is a helpful statement to have before us as we think of attacking nursing situations in a scientific way. I quote:

Elements of Scientific Thinking

- a. Purposeful observation
- b. Analysis-synthesis
- c. Selective-recall
- d. Hypotheses
- e. Verification by inference and expansion.
- f. Reasoning by
 1. Method of agreement
 2. Method of difference
 3. Method of residues
 4. Method of concomitant variation
 5. Joint method of agreement and difference
- g. Judgment

Safeguards

1. Must be accurate
2. Must be extensive
3. Must be done under a variety of conditions
4. The essential elements in problematic situation must be selected
5. Dissimilarities as well as similarities must be regarded. Danger of analogy.
6. Exceptions are to be given special attention. Selective interpretation.
7. A wide range of experience is necessary
8. All possible hypotheses must be considered. Fertility of suggestion.
9. Inference must be treated experimentally

10. Only one variable is permitted
11. Data must be cogently arranged
12. Judgment must be passed on the adequacy of the data
13. Judgment must be passed on the pertinency of the data
14. Must be unprejudiced
15. Must be impersonal
16. Must be suspended if the data are inadequate

Nurses are constantly using this scientific method of attacking their work. Sometimes with great care and valuable results. The habit of asking ourselves questions, even embarrassing questions, and finding the answers, is a healthy sign of life.

Social scientists face complex life situations when they attempt research. Situations that can not be put into a test tube in isolated form for study. They see the value of making studies that will make it possible for the workers to function better in their jobs because of the improvements in practice resulting from the findings. This type of research is called action research. It has made valuable contributions to education and nursing. Dr. McManus calls attention to the value of this type of study in her paper read at the National League of Nursing Education in Boston in 1951. It differs from fundamental research in that: (1) It studies things in complex situations instead of investigating a single factor. (2) The research workers are not simply observer but part of the situation. (3) This is a group project rather than just an individual worker's effort and "the patients, the family, the professional team members and the public" all have something to say about the way the hypothesis works. (4) Co-operative planning for simultaneous, systematic investigation by a number of institutions and agencies is possible when making a study of a widespread nursing problem. Findings can be pooled and results shared. It must be always

¹³ *Ibid*, p. 4.

kept in mind that the aim of action research is the improvement of practice through the research process itself.¹⁴

Attempts to get facts about the nursing situation in India in a large way were seriously undertaken when a survey was made of the schools of nursing in mission hospitals,¹⁵ when a committee of nurses collected information about nursing for the Bhole Report (1943-45)¹⁶ when Miss Adranvala and Miss Bischoff made their study, and by the central and state governments and nursing council statistics kept every year. Indian nurses can be proud of these efforts.

There also have been a few research studies done on behalf of India in universities abroad. I list them.

Buchanan, Edith M. "A Study Guide in Nursing Arts for Indian Nursing Students." Doctor of Education Report. New York : Teachers College, Columbia University, 1953.

Harner, Ruth. "Science for the Hindi Basic School of Nursing in Central India." Master's thesis. Cleveland, Ohio : Frances Payne Bolton School of Nursing, Western Reserve University, 1952.

Hardeman, Katherine. "The Trends in the Aims of the Trained Nurses Association of India, 1926-46." Master's thesis. Cleveland, Ohio : Frances Payne Bolton School of Nursing, Western Reserve University, 1946.

Joseph, Pansy. "Suggested Evaluation Form for Basic Students in Public Health Nursing at the Delhi University College of Nursing, India." Master's thesis. Boulder : University of Colorado, 1954.

Mitchel, Ruth I. "The Preparation of Hindi Speaking Sister Tutors." Master's thesis. Chicago : Department of Education, University of Chicago, 1950.

Peters, M. Lucy. "Tentative Plan for Teaching Tuberculosis in Travancore-Cochin State, India." Master's thesis. Boston : Boston University.

Taylor, Florence. "A Plan for Post-Graduate Course in Nursing Education in India." Master's thesis. Chicago : University of Chicago, 1942.

Desai, Sumitra. "A Plan for the Integration of Public Health Nursing into the Curriculum of a Hospital School of Nursing in India." Master's thesis. Boulder : University of Colorado, 1953.

I would like to recommend to the

Trained Nurses Association the following ways in which it as our national nursing Association could facilitate nursing research in India.

1. It could keep a record of all nursing studies done that relate to India and make such information available to its members. If this project is started now before the number of studies is large, and kept up to date, the results will be much better than if it is left till a large number of studies are done. Anyone starting new research must know what studies have already been made. It would be extremely useful if the abstracts of the studies were also available at the T.N.A.I. Office.

2. If nursing research is to result in better nursing on a large scale the results of the research must be shared with as many nurses as possible in a way that will encourage them to use the findings to improve their work. The *Nursing Journal of India* supplies an excellent means by which such knowledge can be spread, and the lag before implementation takes place be shortened. The purpose of research is to improve nursing.

The *Journal* by reporting progress in implementation of findings as well as research can keep interest alive, and encourage a wider use of the new knowledge made available through studies.

3. The Trained Nurses Association already has a lending library. I would suggest this library build up a small research section for the use of members. Unless books are made available it is not possible for nurses to begin to study and think about projects. Books of this

14 R. Louise McManus, "Action Research," *American Journal of Nursing*, December 1951.

15 Christian Medical Association of India, Burma and Ceylon and the Nurses Auxiliary, *A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India*, Mysore : Wesley Press, 1947.

16 Sir Joseph Bhole, et al., *Report of the Health Survey and Development Committee*, Vol. 4, Delhi, India : Bureau of Publications, 1946.

type are expensive and can not be bought in India. I suggest a basic list which might be ordered for the TNAI library. As funds permit others can be added.*

These books will not be used by the majority of the members of the Trained Nurses Association, but only that group interested in research. The results of any research undertaken should bring benefit to the entire group and therefore I believe the Association is justified in spending money on such a project. It would seem wise to me if when the Council considers these proposals they decide to buy books for a research shelf in the library, that a special item be included in the Association's budget, and the matter voted upon. The purchase may have to extend over two years. Once books are available the members will need to be informed by displays and reports at conference time, and book reviews and articles in the *Journal*.

4. If the Council and the members of the Trained Nurses Association are serious about wishing to have nursing research done in India, I would recommend the establishment of a small committee of about three members. In this pioneer stage it is important that these members be very carefully selected from those with a keen interest in, and some knowledge of research techniques and methods. Serious thought must be given to the persons selected and I would suggest that the Council might recommend the names in the first instance. I believe this Research Committee should be a standing committee of the Council just as the Tuberculosis Committee, Men Nurses Committee, etc., are now. It might seem wiser to some to have it a sub-committee of the Florence Nightingale Committee which is really the education standing committee, but since we may wish to have research projects and studies in public health nursing, nursing administration and clinical nursing etc., as well as education, it seems more logical to me to recommend it be established under the Council with similar regulations to other standing committees. I would suggest these committee members be

from centres where progressive work is being done and from different sections of the country. Their duty should be to stimulate interest in research and advise regarding research projects and nursing studies to be undertaken.

I would suggest the committee might be responsible for arranging an article on some research study of interest to nurses for publication in the *Journal* at stated intervals. If the committee is three, I would suggest an article in the *Journal* every four months. That means each member would be responsible for one article a year. She need not write the article herself, but might arrange with whoever is doing the study being reported, to have them write it up, but she should take the responsibility of working with the author and making sure the material is so presented that it will be of interest and value to nurses. Should this plan be agreeable to the Association a definite amount of space in the *Journal* would have to be made available for such work. I would suggest three pages. Whoever is writing the article should know exactly the space available and the number of words desired before she starts to write. These articles should be scientific papers, not popular accounts but of course stated as simply as consistent with the report.

I would also suggest that some interesting research project be presented at the Annual Conference and members be given the opportunity to ask questions.

This committee can also study research needed in the nursing field. All the members of the Association should have the opportunity to suggest studies to the chairman of this committee, and all suggestions should be discussed by the committee and included in their report to Council, although of course not all can be studied. Some suggestions the committee may see are impossible, some can be referred back to the local or state group with advice as to how they can make a scientific investigations, others may be referred to the Council because of their national importance.

When the time seems right for the TNAI to undertake a study, the committee can place the research needed before the Council and get their support for the project before going further. They should make an inclusive report of research needed and the reason the committee recommends a certain project. It is now time to get some non-nurse members on the Research Committee. I would think the nurse members would have consulted experts from the first, but it may be difficult for the kind of people who can help us most to serve as full committee members until a major project is before the committee. I would suggest three non-nurse members from groups who could be specially helpful with the problem selected. These should be people who have experience in research. They should be interested in nursing and of a high caliber. I have in mind such people as Dr. Pires of the Central Institute of Education, or Dr. Gore of the School of Social Work or Dr. Mennon of the Government School of Administration.

There are sources from which funds for research projects could be requested. The most natural place for the Trained Nurses Association to turn would be to the Indian Council for Medical Research. Before a request for funds can be forwarded the project has to be worked out and stated in acceptable form. The exact estimate of funds needed must be ready along with the plan. Many more requests are forwarded than can be granted. It is therefore necessary to be sure the request is for a project of real value and is well presented. This Council grants funds for a year at a time, and the year starts with the government financial year in April. It is important if a request is made that tentative plans be worked out in advance so work can start promptly. The quality and amount of work done influence the chances of future grants. If there is a lag in getting started the progress made in the year covered by the grant is curtailed. It is usual to include the salary of a research assistant in the plan but the director of the project is usually supported by the institution making the study.

Should the project the Trained Nurses Association to consider asking the Government of India to request the assistance of a nurse research worker through one of the international agencies. In such a case the salary of the matching team member would have to be found for an Indian Nurse.

5. The last recommendation I would make would be that the Trained Nurses Association support the implementation of nursing education on a master's level in India. It was the TNAI that first had the vision of a College of Nursing. If research is to progress we must press on to the establishment of a master's course. Tentative plans are already approved by the Nursing Council of India. Full support and requests for implementation by the TNAI will speed the establishment of such courses.

I end with the often quoted statement by C.F. Kellering which over-simplifies the question but brings home a poignant truth.

Research is a high hat word that scares a lot of people. It needn't. It is rather simple. Essentially it is nothing but a state of mind—a friendly welcoming attitude toward change. Going out to look for change instead of waiting for it to come. Research for practical men is an effort to do things better, and not be caught asleep at the switch. The research state of mind can apply to anything. Personal affairs or any kind of business, big or little. It is the problem solving mind as contrasted with the let-well-enough-alone mind. It is the composer mind instead of the fiddler mind; it is the tomorrow mind instead of the yesterday mind.

If the Trained Nurses Association encourages this attitude in all its members it will be making a real contribution to nursing. Is it not that great accumulative result of many many nurses each making a steady persistent effort to do her work in the very best possible way that makes our contribution to the health of India, yes and of the world, a thing of which we can be proud? We need this research attitude. May the TNAI find the best ways of encouraging it.

***Note :** Bibliography and a recommended list of books available from Head Office on request. It was withheld for want of space.—Ed.