

88

*units, do you see any problems in funding the kinds of research your nursing staff is interested in?*

MM: Medical research is probably always going to get the top attention; but Congress, in the 1960s, for example, elected to do something about the apnea syndrome, so there is some funding there for research in this area regardless of who conducts the research. However, you must have a decent proposal. I did get some seed money, which is nothing in terms of a real budget, but at least it's enough to get us off the ground. We plan to apply for substantial research funds, but you must have a real good thing going before you have a chance to succeed.

*ANS: You mentioned earlier that nurses are not coming into the hospital with a working knowledge of the scientific bases of professional practice. Do you see any change in this trend?*

MM: Yes, to the degree that you can attract and maintain a baccalaureate and higher degree level staff. Their preparatory program emphasized the knowledge and skills required for scientific research. In 1968 only three percent of the registered nurse staff here held baccalaureate degrees. In 1977 that percentage had increased to 42 percent. I believe trends such as this augur well for the potential of clinical nursing research in teaching centers.

Research should be in the minds and in the blueprints of the directors. The whole concept of research must be supported. Directors aren't qualified, in my opinion, for a position in a teaching center unless this is a priority interest. Otherwise, how can we accomplish what

we should in terms of our professional mission? But it takes time and it costs money in terms of salaries, and that's very hard to get at this point. When you establish your priorities and take the time to develop a staff of individuals who have the education and also an interest in clinical research, then you can develop a meaningful nursing research program.

**Carol A. Deets, R.N., Ed.D., Associate Professor, School of Nursing, Indiana University, Indianapolis, Indiana:**

*ANS: What can individual nurses do to promote the development of theory and research in nursing?*

CD: First, I would like to consider theory separate from research and discuss the nurse's role by levels of preparation. I'm talking in terms of the average practitioner for each of these levels, because there are always outstanding people in each group who can exceed what would normally be expected for that group. One of the greatest things staff nurses, both baccalaureate and master's prepared, can do to promote the development of research is to be tolerant and supportive of their peers and of other nurses doing this kind of work. It is extremely frustrating to go into an area to conduct a study and find that my worst enemy is the nurse. Often, staff nurses simply don't take the time to try to understand. If they would just let us sit down and talk with them, we could help these nurses understand why research has long-term benefits for them. In addition, some of the staff nurses, especially master's-prepared nurses, can collaborate with others who are directing research projects.

Very few doctorally prepared nurses have outstanding research skills. They have a great deal of knowledge that they can bring to a research situation, and they have some experience since they have conducted at least one independent study. But often they are not well-prepared researchers. With practice and experience they may evolve into good researchers, but it's just like any other area—you need to practice whatever it is you plan to excel in. Therefore, master's-prepared nurses and many doctorally prepared nurses can certainly be knowledgeable participants in research. They can be expected to be very knowledgeable consumers of research and should have means by which they can provide input to research projects. It is from questions being asked of the researcher that many times an "aha" arises from which the researcher can develop a meaningful study. The baccalaureate nurse is primarily a consumer of the written product and hopefully the implementer of the results once it is well established through replication that the research findings are valid. All nurses can certainly be supportive, understanding and facilitating of those who are interested in conducting research.

In terms of theory, I'm just not sure. As an individual I'm still groping as to what theory really is. For example, we do our baccalaureate students a very great disservice in claiming to teach "theory-based" practice, when that "theory" is really "knowledge and content." Practicing nurses complete their educational preparation with an inadequate concept of theory, much less how to make judgments about the quality of a theory. I'm not convinced that the master's-prepared person is in much better shape.

I'm sure it depends on the master's program and the persons the students interact with as well as their own capabilities.

Theory is a very difficult area in which to talk about development. First, you don't have the concrete rules and regulations that you have in research. The "doing" of theory development is a very abstract, complex, cognitive behavior. In other disciplines there are very few people who become "theorists." It's unrealistic for us to expect nursing to develop a large number of theories or theorists when this is not the norm in other disciplines. I would love our staff nurses to have some idea about what a theory is, which theories are useful in nursing, and how to use a theory in planning nursing interventions. Staff nurses would have the knowledge and capabilities to do these things if content about theory were taught that way. This type of preparation is true for many master's-prepared people, and they can probably help a great deal in the critiquing and expansion of a theory.

*ANS: Are you saying that if one designs research efforts to test theory, practicing nurses working in a setting in which research is being conducted would become aware of whatever that theory is and be able to react to it?*

CD: Not really. Theory development is a complex, cognitive behavior; if somebody can articulate theoretical interrelationships, they're not likely to be pragmatic people like myself who go out and begin testing these relationships. Until somebody, somewhere, can put the theoretical relationships together in a unique way, it's very difficult for me to test them using research methods. I

90

suspect this fits in with my perspective of what I'm doing. That is, I try to do some of the testing of some of the theoretical relationships that other people have articulated. Theories can be developed using several strategies. A theory doesn't have to be produced deductively or inductively but can emerge either way. However, it's a unique individual, at least in nursing today, who can use the deductive mode to develop a theory that's useful in nursing.

*ANS: What is your view of the present nursing literature sometimes referred to as nursing theory?*

CD: A whole group of theories will be developed that will be usable in nursing. Again, let's compare nursing to other disciplines to find out what they plan to do and where they have gotten the fuel to feed their developing disciplines. Most disciplines usually have a whole range of theories, not just one.

One of the things I have observed in my reading is that nurses have a great deal of difficulty distinguishing between "philosophizing" and "theorizing." A great deal of the material that has been written in the name of theory development tends to be more philosophy. I see nothing wrong with developing philosophical statements, and we need them greatly. My concern is that nurses should be able to make the distinction between the two. Philosophy cannot be tested, it's simply a belief system. However, if one can begin to articulate the components of a theory to the point of being able to put these components into operation, then it can be tested.

What I'm seeing in the nursing literature is actually being implemented in reality. For instance, several of the con-

ceptualizations or models—I have trouble calling them theories—are being immediately taken into the classroom and used as a curriculum framework. To my knowledge, a theory does not equal a curriculum framework. To me, this is evidence to support my contention that these writings tend to be philosophically based rather than theory based. This doesn't mean that these frameworks could not evolve into theories. I do tend to use the word "model" to refer to what I see in the nursing literature, primarily because I am not sure what to call them. I reserve the word "theory" for something that at least has some connecting principles that are testable.

**Katherine Kendall, R.N., Ph.D.,** *Chief Nurse, Office for Maternal and Child Health, Bureau of Community Health Services, Health Services Administration, HEW, Rockville, Maryland:*

*ANS: What actions can individual nurses take to facilitate the development of research in nursing?*

KK: Of course, at the Bureau of Community Health Services, we're primarily concerned with service to mothers and children. However, we support multidisciplinary and interdisciplinary research, we encourage nurses to submit projects and proposals for research, we actually support nurses who are investigators and we have a nurse researcher on our Advisory Review Committee. We do not have a large amount of nursing research, and whatever we do support must be directly related to improving service or delivery of care. That's the whole purpose of our training and research monies; most of the money we have is directly for service. We do not grant