

Editorial

The question of community nursing research

This issue of *Primary Health Care Research and Development* focuses on a series of papers which were presented at an international symposium in September 2001. The symposium was hosted by **International Conferences In Community Health Care Nursing Research (ICCHNR)**, a UK registered charity (charity no. 1042880) which is presided over by Professor Lisbeth Hockey, OBE and convened by the editors. The purpose of the symposium was to explore the Question of Community Nursing Research, which in fact led us to exploring a multitude of questions ranging from: ‘is community nursing effective in empowering people?’ through to: ‘how can we develop and improve upon the research methodology of community nursing?’ The symposium took place at Queen Mary, London, September 11–12, 2001. This turned out to be a tragic, memorable and highly significant period in the history of mankind and in specific ways for community nurses across the globe.

To set the papers which follow in this issue in context, it important to outline the aims of ICCHNR and to provide some background to the symposium itself.

ICCHNR was established as a UK charity in 1995 following a highly successful international conference in Alberta, Canada in 1993, chaired by Professor Shirley Stinson and Karen Mills. The aims are:

- To demonstrate the value of community health care nursing research for improving the quality of health care
- To advance and share knowledge of community health care nursing practice through research
- To increase personal commitment by community nurses to evidence based practice
- To encourage the appropriate use of research for community nursing
- To promote awareness of the contribution of

community health care nursing to healthy public policies and alliances

- ICCHNR is also committed to supporting community nursing in developing countries, through its international network of nurse researchers, international conferences and fund raising activities.

These aims have been increasingly met through a series of internationally organised conferences, seminars and symposia, the next of which will take place in Reading University, UK in September 2003.*

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The role of the nurse in primary health care has been repeatedly affirmed in national and international policy. What is often less clear is how nurses can demonstrate their contribution to primary health care and what counts as acceptable evidence. Community nurses are frequently faced with the issue that they are asked to provide the answers to questions that have been posed by others. The symposium provided a forum to discuss what community nursing research should contribute to the development of primary health care.

The overall theme of the symposium, therefore, was questions in community health care nursing research. In a culture where the pressure is to provide evidence and solutions, this symposium offered the opportunity to review the questions. The overarching theme of questions was divided into four key areas:

- Questioning design and method
- Questions we should ask about practice

* <http://www.city.ac.uk/barts/icchnr/>

- Questioning the globalisation of community nursing
- Questions that we do not ask

The symposium secured leading thinkers in community nursing research to join with the participants in a discussion that tackled fundamental concerns for community nurses who are involved in research and its utilization in practice. The two-day format allowed the opportunity to develop ideas, challenge traditional thinking and witness a dialogue of ideas. Speakers were asked to present in pairs so that each responded in some dialogical way to the other. Plenty of time was allowed after the presentation of the paired papers providing the opportunity for delegates to actively respond to the discussion.

The papers in this issue represent much, although by no means all, of the major contributions made to the symposium which we believe are relevant, not only to community nurses, but to other disciplines in primary health care. Indeed, simply by reading the messages from Lesley Whyte's editorial it is obvious that in the current context of world instability following the events of September 11th, the scope for inter-professional research and practice at a global level is immense. Primary health care is where the victims of poverty, war, asylum and disease are most likely to first come into contact with the health care agency, but importantly continues to be where all members of our communities can find health promotion, palliative care, minor and chronic illness treatment, therapy and support at all stages of the life cycle. Jean MacIntosh and Elizabeth Anionwu explore some of the critical questions about the way community nursing is practised in an environment of complex human interaction, providing a framework in which all practitioners can reflect on the process and outcome of their work. Questions about the research methods we use to evaluate community nursing work are thoughtfully and critically analysed by Julienne Meyer and Francine Cheater. Again, these highlight important issues across the disciplines as it is clear from these papers that nursing has, historically, drawn on a range

of research methods which cross divides between medical and social science. The nature of community nursing and primary health care is such that no one method can illuminate the complex variations and needs that exist. We have to be prepared to adapt and change to the context of the research question and the population we are working with. This is constantly reflected in the many excellent papers published in this journal. The theme of partnership and empowerment runs through so much of our health policy, both in the UK and internationally. It has almost reached the status of a globalised concept to endorse development work in emerging democracies and economies, international aid work, maternity care, the physician-patient relationship, the nurse-community relationship and inter-agency working. And yet so little is still understood about the meaning and outcomes of the term empowerment in the primary health care context. Julianne Cheek and Michael Traynor provide an excellent critique and response to one of the questions which we frequently do not ask – how do we know when we have ‘empowered’ an individual or community, what are the critical intellectual and practical questions we should embrace and reflect on?

In conclusion, a symposium such as this cannot provide solutions but an opportunity to debate and reflect upon questions as they unfold themselves and challenge us to repeatedly ask ourselves what we are doing in primary health care, why we are doing it and what effect we are having. If we can rise to that challenge, learn from new ideas and experience and remain critical, then this will enable primary health care researchers and professionals to become truly reflective practitioners.

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