This document initially presents an introduction to the global scenario in which nursing research is set today. Next, the main nursing research priorities are described in accordance with the agendas of international health and nursing organizations on different continents, as well as the characteristics of nursing research in Latin America until the end of the XXth century, based on studies and publications in which the main thematic tendencies are identified. Finally, the author reflects on the priority definition process in nursing knowledge production, with a view to attending the need for foundations of the subject area as well as public health needs.

DESCRIPTORS: Latin American; nursing; nursing research; trends; education, nursing; public health

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Se expone el contexto general donde se desarrolla hoy la investigación. Se describen las prioridades de investigación que se han propuesto desde las agendas de organismos internacionales de salud y de enfermería en diferentes continentes, las características de la investigación de enfermería en América Latina hasta finales del Siglo XX fundamentada en estudios y publicaciones donde se identifican las tendencias temáticas y, finalmente, se presentan algunas reflexiones acerca del proceso de definición de prioridades en la producción de conocimientos de enfermería, de tal forma que respondan tanto a la necesidad de fundamentar la disciplina, como a las necesidades en salud de la población.

DESCRIPTORES: América Latina; enfermería; investigación en enfermería; tendencias; educación en enfermería; salud pública

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O artigo aborda o contexto geral em que desenvolve-se hoje a pesquisa em enfermagem. Descreve as prioridades de pesquisa propostas pelas agendas dos organismos internacionais de saúde e da enfermagem em diferentes continentes, as características da pesquisa de enfermagem na América Latina até o final do século XX, fundamentada em estudos e publicações onde são identificadas as tendências temáticas e, finalmente, apresenta algumas reflexões do processo de definição de prioridades na produção do conhecimento da enfermagem, de tal maneira que responda tanto às necessidades de fundamentação das disciplinas, como às necessidades de saúde das populações.

DESCRIPTORES: América Latina; enfermagem; pesquisa em enfermagem; tendências; educação em enfermagem; saúde pública

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INTRODUCTION

The determinants of health, disease and quality of life in today’s world are framed in the globalization process, the growing influence of global events over local ones. Economically, we are undergoing the restructuring of productive processes as well as changes in market dynamics, deep financial weakness in all economic sectors and a clear imbalance in employment. As a consequence, poverty, unemployment and informal employment are expanding and labor reforms are being attempted, which may have a deep impact on working conditions and on the future prospect for elderly populations. Socially, the strength of several social movements -ecologists, feminists and homosexuals to name a few – is re-shaping traditional relationships among actors and questioning old values and practices. Culturally, changes are evident by the shifting structure and functions of the family, the globalization of needs, the rise in competitiveness and isolation, the loss of solidarity and the revival of certain mystic and religious trends.

Alongside these changes, we are witnessing an accelerated demographic transition towards an ageing population and a heterogeneous and complex epidemiological landscape where new and old endemic diseases and the rising prevalence of chronic and degenerative ones demand complex answers from health services. At the same time, scientific and technological developments in the fields of molecular biology, genetics and biotechnology, among others, are continuously transforming the basis of medical diagnosis and treatment.

On the other hand, dramatic changes in time and space generated by the evolution of communications and information technology have brought about a new dimension to work processes and to the dynamics of social and family lives.

One important dimension of globalization is the gradual generalization of ideas and values such as human rights, sustainable social development, gender equity, the respect for ethnic and cultural diversity and environmental protection. Paradoxically, these ideas have flourished in a world with increasing environmental deterioration, where inequalities are present in every scenario, impoverishment is epidemic, unemployment tends to become a chronic evil, starvation still claims thousands of lives and violence, terrorism and social insecurity seem to be hallmarks of the time.

The main strategic resources in this process are knowledge, information and technology. However, the unprecedented growth of human knowledge has also increased the gap between those who have access to it and those who do not, generating new inequalities within and among nations in the planet. At the World Conference on Science\(^{1}\) it was acknowledged that most of its derived benefits are unevenly distributed due to the structural asymmetries that exist among countries, regions, social groups and genders. While scientific knowledge has become a determining factor in the generation of wealth, its distribution has become progressively more asymmetric.

Nevertheless, science and technology are potential sources of social redemption if they are put to the service of human development and its supporting values and they should be shared with solidarity for the benefit of all people. This is especially true for the field of health and life care, where better use of scientific knowledge can lead to significant improvements in the health and well-being of mankind.

It is precisely because we are involved in a situation of growing interdependency, where our future and that of the following generations is closely tied to the preservation of life systems on the planet, that science must be at the service of mankind and must contribute to provide people with a deeper understanding of nature and society, a better quality of life, and a healthy and sustainable environment.

Nursing holds a prominent responsibility in the care of people’s lives and health. Thus, prioritizing research to lay the foundations for good practices and training the new generations are imperative for this century. As Hildegard Peplau has said, the question for nursing today is not about what it does; it is about what it knows and how it applies this knowledge\(^{2}\).

SOURCES

On describing the situation in non-Latin American countries, I found it extremely helpful to exchange data with Rita Allinger of George Mason University. Sources also include some considerations presented in previous dissertations, documents from Pan-American Colloquia, articles on the state of the art and analyses of the generation of knowledge in different institutional and geographic scenarios.
RESEARCH PRIORITIES IN NURSING OUTSIDE OF LATIN AMERICA

The first two priorities set the stage for nurse scientists in multiple countries to identify the major health care problems in their geographical areas which nursing could influence and help to change. These major health care problems became the focal point for the nursing research priorities. The objective was to produce knowledge through research which could be used to change health care by guiding practice\(^3\).

Current research priorities in Africa focus on epidemiological studies related to prevention and care of HIV-AIDS and the impact of this disease on children’s health. They also include matters related to life style, home care, alternative medicine and self-care. Other priorities include the cultural, political and economic factors that influence the health of elderly populations, occupational health, women’s health and the impact of war on health. In some Asian countries, like Korea, research has been centered on health services. Thailand appears to be mainly oriented towards clinical nursing research, nursing education and management\(^4\).

Data from some European countries refer to health promotion, geriatric care, health care models and health-disease models. Nurses in Great Britain have identified, among others, the following priorities: Patient perspectives on care; the functions of people who provide informal care; nursing interventions; access to health services and the role of the nurse; living with chronic diseases and nursing technology\(^5\).

RESEARCH PRIORITIES IN NURSING ACCORDING TO SOME INTERNATIONAL ORGANIZATIONS

In 1997, The World Health Organization\(^6\) established a list of priorities for nursing research which, among others, include:
- The effects of health system reforms
- The supply and demand of work force
- Working conditions
- Care delegation
- The health-disease process in vulnerable populations
- Ethics
- Cultural aspects of care
- Home care
- Occupational health
- Infection control

According to the Pan American Health Organization, current research priorities for the health sector are\(^7\):
- The relationship between health and sustainable development. For example, the identification of inequities in health and their contributing economic, ethnic or gender factors
- The effects of health policies on access to services, coverage and quality. The evaluation of organizational mechanisms and funding in health care, within the frameworks of reform processes in the health sector
- Evaluation of interventions for the promotion and protection of health in different populations
- Epidemiology of transmissible and non-transmissible diseases and evaluation of strategies for their prevention and control
- Environmental problems and their consequences on human health. Evaluation of risks and mechanisms for prevention and control

CHARACTERISTICS OF NURSING RESEARCH IN LATIN AMERICA

Until the 1960’s, research was centered on the image, role and functions of nursing as a profession\(^8\). The most significant changes appeared at the end of that decade, when studies on nursing care were performed from a perspective that emphasized disease processes and focused on biomedical diagnosis and treatment. Other researchers emphasized educational aspects and yet others performed research aimed at the evaluation of health services and health care programs\(^9\).

By the 1980’s the emphasis was centered on pathologies from a medical perspective and in some countries, like Colombia, important epidemiological studies were performed by nurses. Since the beginning of the 1990’s, a shift was observed toward the study of the subjects of care: women’s health, the care of the elderly, children’s health and family health\(^9\).

In Brazil, the formation of a critical mass of nursing researchers through different masters and doctoral courses in the 1980’s and 1990’s gave rise to scientific events, aimed at analyzing the scientific evolution and research priorities\(^10\-17\), achieving editorial quality and knowledge dissemination\(^18\-21\), besides paying attention to the expansion of nursing in research stimulation and graduate program evaluation bodies\(^22\-26\).
During the II Pan American Colloquium on Nursing Research, in Mexico City (October 16-18, 1996) reference terms for nursing research were presented. This work was prepared by a team of professionals from several countries of the region, summoned by the Pan American Health Organization’s Consultants and supported by the Collaborative Center for the Development of Nursing Research Ribeirão Preto (Brazil). Five areas of research were proposed, which for the most part represent those problems commonly encountered in the countries of the region. These areas were: research on the work process of nursing; research on nursing actions related to the promotion, recovery and rehabilitation of health; studies oriented towards the advancement of knowledge specific to nursing practice, nursing technologies and the instruments used for healthcare interventions; and studies on the formation of human resources in nursing.

At the VII Pan American Colloquium, held in October of 2000, we presented the results of a retrospective study on the research projects presented at this event between 1988 and 1998. The 263 research projects reviewed in our study were classified as follows:

<table>
<thead>
<tr>
<th>Topic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>84</td>
<td>31.9</td>
</tr>
<tr>
<td>Human Resources</td>
<td>62</td>
<td>23.6</td>
</tr>
<tr>
<td>Clinical</td>
<td>36</td>
<td>13.7</td>
</tr>
<tr>
<td>Administrative</td>
<td>29</td>
<td>11.0</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>16</td>
<td>6.1</td>
</tr>
<tr>
<td>Scientific Production</td>
<td>15</td>
<td>5.7</td>
</tr>
<tr>
<td>Qualitative Studies</td>
<td>12</td>
<td>4.6</td>
</tr>
<tr>
<td>Ethical/legal aspects</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>History</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>263</td>
<td>100</td>
</tr>
</tbody>
</table>

As the table shows, the most conspicuous topics were those related to public health and human resources. In the field of public health, epidemiological studies represented 19%. These include studies that portray the magnitude of health problems, identify high risk groups and risk factors for some transmissible and non-transmissible diseases, analyze the use of psychoactive substances and tobacco and evaluate occupational health issues in nursing practice. In the field of human resources, 54% of the research projects evaluated were related to professional education in nursing. Clinical research, which represented 36% of the total, was centered on diagnostic and therapeutic procedures and on issues such as the admission, stay and discharge of patients.

The study presented by Do Prado and Lima Gelbcke on the state of the art of nursing research, was based on the LILACS and MEDLINE databases and on surveys performed on key subjects in different regions of the continent. This study grouped research projects in three areas: Nursing as a profession, patient care and the administration of care. The area of nursing as a profession included the fundamentals of care in nursing practice, the theoretical and philosophical concepts involved, the technologies, the ethical aspects and the history of nursing. The area of patient care included the process of care in nursing practice, the concept of care in the health-disease process and the determinants of the quality of life, health and disease of individuals and populations. The administration of care as a research area included policies and practices in nursing and health care, the process of work in nursing practice, the management of health and nursing services, and the interplay between information, communication and nursing. According to the authors, the development of a body of knowledge and the topics around which nursing research in Latin America has evolved, show differences and contradictions that are inherent to the evolution of this profession in different countries.

Although many nurses in Latin America have worked on research for several years, there is little evidence of this effort in English language publications.

**THE ESTABLISHMENT OF PRIORITIES FOR SCIENTIFIC AND TECHNICAL PRODUCTION**

During the past two decades, several processes that stimulate nursing research have taken place. These include the development of better graduate programs, the demands imposed by the scientific and technological policies of the region’s countries and ongoing changes in the region’s epidemiological profiles, healthcare systems, service models, and undergraduate programs.

When establishing research priorities in nursing research, efforts should be geared towards the consolidation of the region’s research capacity and towards the generation of knowledge in critical and strategic topics. It is also essential to promote the articulation of nursing services with the academia and to translate the generated knowledge into good practice.

The task of defining research priorities is essentially a social matter that involves the formation of a consensus between the interests and perceptions of different actors in order to identify global problems from a guiding perspective.
framework, to define specific research objectives\(^{30}\).

The actors involved are the government, the financing organizations, the scientific community, service providers and the community.

To establish regional priorities based solely on experts’ opinions does not seem reasonable given the existent heterogeneity in development and needs among different countries and regions. Setting priorities demands frameworks in health and nursing that evaluate the magnitude of social and sanitary problems at the local and global levels, from the actors’ perspectives. It implies the identification of the response capability of nursing care practices, the profession’s developments, the availability of interdisciplinary knowledge, the current research efforts at the local and global levels and the theoretical and methodological developments.

The answer to the question of priorities will vary depending on the perspective or interests of the specific population, profession or discipline.

From the perspective of the population and the health authorities, it is necessary to carry out:

**Epidemiological Studies** to understand the behavior of diseases in their relationship with the consumption of goods and services, the work process, the environment, gender, ethnicity, culture, the life cycle and social class. Also, to understand the behavior of morbidity and mortality, the risk factors and the protective factors involved.

**Studies on the conditions of life and well-being**, which involve the identification of the determinants of life quality and health-disease in population groups. They also involve the study of the health and well-being of children, adolescents, and the elderly and the study of people’s behavior towards health, disease, life, death, sexuality and self-care.

**An evaluation of health policies and health services** to assess their coherence, their pertinence, the possibility of social participation.

**Health promotion**, where the central categories include life, well-being and human development in their ethical, cultural and political dimensions.

**From the perspective of nursing as a profession** there is a need for historical and sociological research, research in the pedagogy of nursing, nursing policies and regulation, the way in which different interests are represented, the job market, the working conditions of nurses and the management of quality care.

**From the perspective of nursing as a discipline** it is necessary to inquire on the ontological, ethical, aesthetic and epistemological foundations of nursing and to develop, implement and validate models and theories. Studies are needed on the context of care, the response to nursing interventions, the nurse-patient relationship and the nursing care process in children, adolescents, adults and the elderly.

**From the perspective of the patient and his/her family**, priorities include the understanding of their life experiences; the meanings and representations they assign to life processes, hospitalization and living with chronic diseases; care in the transitional phases of the human life process and informal caregivers.

**FINAL THOUGHTS**

Research priorities in nursing must take into consideration individual and collective needs in health (clinical and public health), within macro and micro social environments. Studies should focus on the social structure that generates health or disease, without neglecting the presence of the actors’ subjective world. The theoretical frameworks should be inter and transdisciplinary constructions.

North-south approximations through colloquia represent a hope to reduce the scientific and technological gaps in nursing, through the use of networks, multicentric studies and the socialization of knowledge.

Based on the literature review, I have concluded that research in nursing practice has several purposes: a) to increase knowledge in the field, thus laying the basic foundations for the practice of patient care, b) to build up evidence for such practice; c) to contribute to the attention of the population’s need for health, quality of life and well-being, d) to guide efficiency in health and nursing services, ensuring quality and cost-benefit, e) to generate the knowledge that guides educational and regulatory policies in the nursing profession as well as policies of public health.

Finally, nursing research should be ethically responsible and should have a strong commitment to the improvement of life in general and of people’s health in our continent.
REFERENCES


