

Publish and be damned

In September 2005 I visited Brazil for the third time; the second was in 2000. The welcome was as warm as ever and I was greatly impressed by what I saw. The civic environment is improving. The channelling and landscaping of Sao Paulo's two rivers have made a huge difference to one's first impressions of the city. Once the planted trees have grown to maturity the areas around the riverbanks will be beautiful, and wildlife will return. A slight reduction in traffic volume is also noticeable, although perhaps not at the 'Rush Hour'! I learned that this is due to restrictions placed on the use of private cars for a specified day each week. I understand that this is not a popular move for people who have to cross the city to work, but the change was noticeable before I received the explanation.

These civic improvements are part of the wider environmental aspects of the Public Health, but equally impressive was the work that I observed being carried out by Public Health Nurses in the Family Health Programme teams. Their work includes initiatives to reduce HIV/AIDS infections; contact tracing in the poorest districts where patients and their families are affected by Tuberculosis; monitoring of the incidence of Leprosy and Sexually Transmitted Diseases; Maternal and Child Health Programmes that are attempting to lower maternal and infant mortality. At the same time, nursing staff are actively engaged in the development and maintenance of nursing information systems to keep track of disease prevalence, workload and staffing.

This is the routine or 'bread and butter' of public health work as advocated in numerous publications by the World Health Organization since the Alma Ata Conference in 1978. The work is not dramatic. Often it takes an outsider to come in and appreciate how much is going on at the 'grass roots' of community life. Sometimes, as post-graduate students pointed out to me, the work can be dispiriting when the people's poverty and problems appear to be intractable and overwhelming. These are occasions when we have to take pride and pleasure in small achievements for, like the trees along Sao Paulo's riverbanks, it can take a generation for health improvements to grow and flourish.

Why then, when they have *so much* to teach the rest of the world about their work at home, are so many nursing staff in Brazil dreaming of going to the West? Of course, travel is a wonderful learning experience. I have been privileged to visit many countries myself and I would never say that nurses should not travel. But, frequently, the nurses that I spoke to seemed to think that there were lessons to be learned that they did not already know. Sometimes, Brazilian nurses appear to be afflicted by a collective sense of under-achievement. Come to the West by all means, but come prepared to tell *us* of the work that *you* are doing, and of the successes that *you* achieve.

The language barrier is one of the difficulties that many Brazilian nurses face. This prevents them from publishing in western journals accounts of what they are doing in practice. The situation is not helped by university administrations urging these same Portuguese-speaking nurses to publish only in the top 32 nursing journals that qualify for the global ranking by Impact Factor. Thirty-two journals worldwide is a ridiculously small number for a profession the size of nursing. For non-English speakers to try to achieve this goal is frequently extremely difficult, if not impossible. This adds to feelings of personal and collective failure.

The situation makes me so *frustrated*; for there is so much that the West could learn from *you*! For example, Brazilian Public Health Nursing is based on a geographical approach that was taken away from United Kingdom (UK) community nursing staff (midwives, health visitors and district nurses) in 1973, during the first of many subsequent National Health Service reorganisations. Because of medical politics, they now work with the caseloads of general medical practitioners (GPs); a development that has steadily reduced the amount of primary preventive health care carried out by nurses in favour of secondary and tertiary prevention. UK community nursing staff no longer identify with the individuals who make up the populations of discrete geographical areas. Instead, they work with those patients who register with a GP's 'list'. People not registered are frequently not known! This can exclude some of the poorest,

such as the homeless, migrants and the addicted. One consequence is that it is virtually impossible to identify a population denominator for relatively small geographical areas; making rigorous local epidemiological research much harder to carry out. Brazilian Public Health Nurses were amazed when I told them that this is the way that UK community nurses have to practise.

I edit a journal (International Nursing Review, INR) for the International Council of Nurses. INR does not have an Impact Factor. When I mention this to many nurses, they lose interest in publishing in this journal. Instead they continue to set their sights on the 32 Impact Factor journals, which indicate status and prestige. But what does this mean for the health of nations? How will nurses' accounts of painstaking, careful, day-to-day work, reach their colleagues in numerous countries who are also trying to keep faith with the principles of low cost, accessible and effective primary health care?

I am a Health Visitor (the UK equivalent of a Public Health Nurse) and inevitably I identify with this speciality. However, I do not exclude the rest of nursing from my observations. Equally good work is going on in Brazilian health care institutions that deserves to be better known in the West, where there are many specialist and generalist journals whose editors would be interested in publishing accounts of Brazilian nursing care.

The virtual invisibility of Brazilian nursing outside Brazil is a tragedy. It is not good for nurses; it is even worse for health care. A global community of nurses, dedicated to improving health indicators *and* standards of care delivery, should use every means to communicate freely with each other. If the exclusive strategies of publication in a few select journals are allowed to dominate the dissemination of good practice, then it will be the people's health that will suffer most.

Jane Robinson, FRCN, MA, PhD
Emeritus Professor