

Nursing research and the qualification of health care: some considerations

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There has been a significant increase in the number of research groups in Brazil⁽¹⁾, with a subsequent increase in nursing research and the number of publications of scientific journals, as well as the qualification of nursing researchers and journals.

This increase in research and publications has translated into higher bibliometric indexes⁽²⁻³⁾, it being worthwhile to highlight that this movement follows the increase in the number of Brazilian nursing graduate courses. Nevertheless, a question should be asked: what has been the impact of increased production on the quality of health care services?

We purposefully did not state nursing care specifically, as we consider that health research is committed to the protection and improvement of quality of life, and does not focus exclusively on the professional fields in which it is developed, but overcomes the borders of knowledge. Furthermore, we consider the premise that nursing is a social practice inevitably connected to other disciplines and fields of knowledge. In other words, quality nursing does not exist apart from quality health care and from being ethically committed to the lives of people.

We believe it is important to reflect regarding the intrinsic "space" between a given research work and its impact on care, namely the Brazilian National Unified Health System (SUS), because we defend that quality health care is an undeniable right of every citizen, and is not an item of merchandise to be accessed according to one's social and economic position in the production process.

Scientific research is an institution, just as health, language, and even nursing are institutions, among others, with a more apparent or explicit part, accepted in its manifestation in addition to other unspoken, implicit compositions, which are components just the same⁽⁴⁾. From this perspective, society is a tapestry of institutions that fabricate our way of being, loving, and being in life, while it is also fabricated by us, the subjects in the course of its history. It is from this conceptual grounding that we invite our fellow health workers, researchers and faculty to join us and reflect on what we have produced, who we have produced it for, and why have we produced it.

Our implied analysis⁽⁵⁾, a questioning look at the way institutions occur within ourselves, how they construct us and how we place ourselves within them, encourages us to immediately analyze the effects of the invitation to write the present editorial. It certainly filled us with joy, permeated with the idea of our work being acknowledged, but also produced an effect stemming from the affective bonds that cannot be separated from the research process, but that we insist on denying and separating from science: the manifestation of the scientific institution within us.

Research is linked to the production of knowledge, which, on the other hand, is connected to graduate programs within the university and to members of the faculty/research group, who are also education professionals who gather other researchers/workers. In the present globalized capitalist society, we are guided by one premise: there is an inseparable bond between teaching and research.

That premise brings about consequences to both the practice of teaching and the development of research⁽⁶⁾. What evaluation measures should currently be considered to assess the work of the faculty? In general, the measures used are any production capable of being seen in terms of figures, such as the number of articles published, the number of graduates one has advised, class hours taught, and so forth.

Many are the consequences, which often include the overload of a faculty that lacks time to reflect. Nóvoa⁽⁶⁾ points out that, in university education, the emergence of the need to prepare analytical professionals coincidentally occurs with a draining of the faculty's time to reflect⁽⁶⁾.

Is research possible without reflection? Is it possible to keep track of graduate and undergraduate students' learning in their strenuous education process and still engage in research, given this lack of time? To what extent have research efforts been focused on addressing the process of learning and teaching, of learning to discover new

possibilities to change the current reality? These questions emerge and challenge us to cast a second look upon the production of the teaching-research dyad.

Another aspect regarding institutions is that there is a relationship which exists between macro-political and micro-political aspects. Effects occur by the evaluation systems of journals, graduate programs and peer reviews, which also affects their dissemination and publication.

What effects have been produced on nursing and health research by the indicators used to evaluate scientific production, translated as impact factors that permit comparison across journals of various disciplines, measures indicating the number of citations of each researcher, and RFP (requests for proposals) that offer funds for specific themes and research designs?

Thus, it appears that the intrinsic relationship between nursing/health research and the quality of the health care service is becoming diluted, and the final question is asked: for what purpose do we produce "science"? Precisely what science are we developing in health and nursing? Perhaps we are living a production process that "hides" the objectives of keeping our job of ranking people, universities and services following the logic of consumption and individualism, a process that naturalizes the idea that a researcher is a lone individual researcher capable of developing him or herself through his or her own efforts, when the reality is that no scientific production begins in itself, but through previous and concurrent works/investigations/efforts that weave the tapestry of our studies.

Researchers⁽⁷⁾ state that "scientific production within the academic sphere continues separately from services, having little effect on the creation of public health policies". Therefore, how can we repurpose our ethical-esthetical commitment of producing research with quality health care being the ultimate expression?

Knowing that there are no ready-made answers and aware of the strength of what has already been instituted, our challenge is to procure other processes, create new devices and break the hard surface of institutions, beginning with scratches that may be imperceptible but are capable of making way for other movements.

One possible movement may be the search for partnerships between workers and clients in conducting research that would answer the everyday challenges of healthcare services, evidence-based interventions and scientific knowledge produced in a delicate and intricate knowledge network of different fields of knowledge⁽⁸⁾.

We propose a collective invention effort: build projects and research that produce knowledge and change practices while creating life in places where it has been, with all its preciousness, repeatedly eroded.

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