Weaving networks in operations research: the nursing experience

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The last few decades have seen great changes in the way we communicate, and it is only logical that we should also rethink and/or redesign the structures that mold scientific research. The emergence of multilateral, agile, wide-reaching initiatives has gained international and national visibility from the perspective of “Research Networks.” Undoubtedly, renovation, or better yet, innovation, is necessary. However, why form research networks? What are the contributions of research networks to the field of nursing?

To answer these questions, among other elements, we first need to weave some reflections on what is meant by research networks. Based on the origin of the word, it is a system of connections, whose nodes integrate and articulate people, institutions and technologies.¹ When we speak of “connection,” we make reference to a dynamic process, mobilized by “people and ideas,” and sustained by common objectives. Networks are defined by daily relationships based on mutual interests and by the intense and persistent flow of communication among participants.

It can be said that this network of dialogue strengthens relationships horizontality, values individual intentionality while respecting differences and diversity, activates correspondence and collaboration, and takes into consideration each entity’s concrete social reality.¹ It seems to us that to exercise networking is to free researchers from focalized interests, but without distancing them from local urgencies. In practice, it makes intellectual interchange around similar themes culturally viable, leads to more dynamic competencies of the units involved, and provides greater agility in the construction of knowledge.

Without a doubt, such characteristics demonstrate the importance of integrating research networks. Intercommunication with peers, teamwork, and dissemination of proposals and research findings² allow us to break with alienated/alienating work paradigms. However, despite these positive aspects, we must emphasize that it is not an easy task to maintain the willingness of network members orchestrated and in harmony. This requires having a sense of collectivity, agreeing on agendas, creating projects, meeting deadlines and keeping commitments. It presumes the existence of encouraging leadership, capable of nurturing the network, negotiating conflicts, recognizing and incorporating new ideas, incentivizing a learning culture and creating conditions for collective empowerment.¹ Valuing the autonomy of the different nodes that constitute the network helps boost the protagonism of other leaderships and research groups, for when they connect with other communication points, they constitute a net of limitless relations.

From the perspective of nursing, among other initiatives, we focus on the experience of the Inter-Institutional Epidemiological-Operations Research Group in Tuberculosis (GEOTB), which integrates the Brazilian Tuberculosis Research Network (REDE TB). Led by a nursing researcher, the research group plays an important role in training new researchers on international, national and local levels. It also promotes dialogue with different higher education institutions and health services, and participates in committees of international agencies.

In a systemic and planned-out process, the GEOTB has been consolidating itself in research development and health service assessment, considering all modalities of care, technology, and management of care for tuberculosis control.¹ Most recently, we have incorporated the management of health conditions that interface with TB, such as HIV/AIDS. Currently, the group brings together researchers from eight Brazilian states, involving professors, undergraduate and graduate students, professionals and health service managers.

The GEOTB is centered on improving training, producing knowledge and transforming practices, and its commitment to interdisciplinarity stands as one of its strong points, as it facilitates the incorporation of professionals from different fields of knowledge. Such inclusion has allowed for a more wide-reaching theoretical framework and advancements in methodological and analytical quality, providing researchers with the know-how to construct robust projects and the competence to raise the necessary funding.
Another essential point is the consolidation of emerging groups. In research networks, continuing dialogue with thematic reference groups provides less-experienced researchers with opportunities to dialogue with other research scenarios, become familiar with distinct and/or complementary methodological approaches, and develop skills for managing information technology. This creates a common understanding for action based on the joint elaboration of objectives, rules and action plans.

As an effect of this interface, “peripheral” groups begin to create their own identities, dynamics and lateral relationships. Hence, they become radiation points for new network connections, creating several new opportunities.

In turn, products generated by research, which originated from doctoral dissertations, master’s theses and final research papers, consolidate the network’s production. The knowledge produced has been widely disseminated at scientific events and published in national and international periodicals and newsletters, especially in the fields of nursing and public health, providing greater accessibility for healthcare workers.

The information generated within the network feeds back into the research groups and becomes an object for reflection, in order to revise priorities. Although we are committed to developing projects in partnership with other professionals who work in the areas of practice and management, it is still a great challenge to transfer the knowledge produced and incorporate it into social practice.

REFERENCES