ABSTRACT:- The topic, research in nursing and midwifery for optimal professionalism is aimed at finding out how research in nursing and midwifery situates the nurse and midwife in shaping their professional practice and advancement in contemporary times. Professionalism is a descriptive term reflecting descriptors such as knowledge, specialisation, intellectual and individual responsibility and well-developed group consciousness that nurses and midwives hold fast in their practice and services. A quantitative and descriptive study conducted among 102 nurses and midwives from three hospitals within Tamale Metropolis on research and the nursing and midwifery professions revealed that only 4.93% of nurses and midwives engage in research as a cardinal job area within their professions; 3.92% of nurses and midwives intimated that research in the areas of work form part of their assessment for promotion. While 14.71% see research in nursing and midwifery to be relevant for professional advancement, 62.75% rather see it as essential for only academic qualification and 1.95% of respondents see research as relevant for promotion from one rank to the other. The vision for nursing in the 21st century is for all nurses to seek out and apply evidence in their practice, for an increasing number to be actively participating in research, and for some to become leaders in the field of research. Research in nursing and midwifery can lead to professional advancement and enhancement if it is enforced by the relevant service providers, health stakeholders and training institutions.

Keywords:- Ghana, nursing and midwifery, optimal and professionalism, Research, Tamale

INTRODUCTION

The vision for nursing in the 21st century is for all nurses to seek out and apply evidence in their practice, for an increasing number to be actively participating in research, and for some to become leaders in the field of research. Nursing is progressing to becoming a research-based profession. Ellis-Scharfenberg (2011) summarises professionalism and the attributes of nursing professionalism are shown below.

1.1 What is Professionalism?

Nursing professionalism is an inevitable, complex, varied, and dynamic process imbuing the dynamics of job for payments and career based on interest and qualification. Although there is no consensus about the definition of professionalism, generally descriptors such as knowledge, specialisation, intellectual and individual responsibility, and well-developed group consciousness form the bases for nursing professionalism (Gokenbach, 2012). Nursing professionalism has the following attributes, knowledge, advocacy, the spirit of inquiry, accountability, innovation and visionary, collegiality and collaboration, autonomy, ethics and values.

II. BACKGROUND

Although there is no consensus about the definition of professionalism, some generally recognized descriptors include knowledge, specialisation, intellectual and individual responsibility, and well-developed group consciousness. Four common viewpoints about professionalism held by nursing faculty and students emerge as humanists, portrayers, facilitators, and regulators (Ellis-Scharfenberg, 2011). The humanists reflected the view that professional values include respect for human dignity, personal integrity, protection of
patient privacy, and protection of patients from harm. The *portrayers* believed that professionalism is evidenced by one’s image, attire, and expression. For *facilitators*, professionalism not only involves standards and policies but also includes personal beliefs and values. The *regulators* believed that professionalism is fostered by a workplace in which suitable beliefs and standards are communicated, accepted, and implemented by its staff. The differences indicate that there may be numerous contextual variables that affect individuals’ perceptions of nursing and midwifery professionalism, but the value is the same. The nurse or midwife’s task, roles and functions remain cardinal to the ability and manoeuvres that these professionals put together so as to facilitate clients gain maximum health, have safe deliveries or enjoy peaceful death as the case may be. According to Baumann, O’Brien-Pallas, Armstrong-Stassen, et al (2001)³; “Nurses should have input into all aspects of patient care within their scope of practice”.

What is needed by nursing today is to uphold the true spirit of innovation and overhaul traditional pedagogies to reform the way the nursing workforce is educated. This call to action will be accomplished through new pedagogies that are most effective in helping students learn to practice in rapidly-changing environments where short stays in acute care facilities are common and where complex care is being provided in a variety of settings. These new pedagogies must be research-based, pluralistic and responsive to the unpredictable nature of the contemporary health care system (Ben-Zur, Yagi, & Spitzer, 1999)⁴. Such competencies are essential in a dynamic and diverse health care environment.

Professional practice based on evidence improves healthcare practice, improves patient outcomes, and lowers healthcare costs. An environment which supports evidence-based practice is essential to nursing and midwifery professional development. Whether one is in a position of leadership and making decisions about implementing evidence-based practice or a clinician looking for employment in an institution that supports evidence-based practice, the following measures support evidence-based practice:

- Proper tools and resources, including evidence-based journals and databases
- Adequate numbers of computers throughout the institution with intranet and internet capability
- Clinical systems that incorporate EBP information
- Clinical practice policies and procedures based on evidence
- Journal clubs
- EBP rounds.

Proliferation of demands for accountability and health care quality places nurses under constant pressure to ensure professional practice is evidence-based. The corresponding emphasis on knowledge that pertains to general populations challenges nursing’s traditional focus on the uniqueness of each individual patient. Considering how nurses engage with professional systematic thinking processes, competing agendas in the evidence-based practice environment compromise the professional vision aspired to by an earlier era of nursing model and framework builders (Diekelmann, 2001)⁵. Exploring the scientific thinking underpinning practice evidence, we contemplate implications for applying general knowledge to particular practice, reconsidering options for conceptualizing nursing praxis.

### III. METHODS

A quantitative and descriptive study was done, employing a convenient sampling technique to gather data for inferential description and analysis. The target was nurses and midwives in active service. A sample size of 102 nurses and midwives was randomly selected and used in the study from three main hospitals based in the northern regional city of Tamale. There was no specific process used in determining the sample size in this case. It was based on when a respondent had closed from work and was willing to be interviewed. To avoid double counting, all interviews were contacted personally by the researcher and exit strategy was adopted in which only respondents who closed from work and was leaving the health facility was interviewed. The interview lasted between 8-12 minutes per person over a period of one week. The information gathered was documented in the form of simple tabulation on tables and graphs to facilitate analysis and discussion.

### IV. FINDINGS

<table>
<thead>
<tr>
<th>Work focus definition</th>
<th>Number</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General duties</td>
<td>70</td>
<td>68.61</td>
</tr>
<tr>
<td>2. Specialised work</td>
<td>15</td>
<td>14.74</td>
</tr>
<tr>
<td>3. Didactic work</td>
<td>10</td>
<td>9.82</td>
</tr>
<tr>
<td>4. Research</td>
<td>2</td>
<td>1.90</td>
</tr>
<tr>
<td>5. Administration</td>
<td>5</td>
<td>4.93</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>102</td>
<td>100</td>
</tr>
</tbody>
</table>

*Corresponding Author: Wombeogo Michael*
Research In Nursing And Midwifery For Optimal Professionalism; A Situational Analysis Of Ghana

Table 2 Focus mode of assessment for promotion

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Long service</td>
<td>65</td>
</tr>
<tr>
<td>2. Education</td>
<td>25</td>
</tr>
<tr>
<td>3. Research in area of work</td>
<td>4</td>
</tr>
<tr>
<td>4. Other</td>
<td>8</td>
</tr>
<tr>
<td>102</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3 Relevance of research in nursing & midwifery professional advancement

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relevant for enhanced professionalism</td>
<td>15</td>
</tr>
<tr>
<td>2. Only relevant for educational qualification</td>
<td>64</td>
</tr>
<tr>
<td>3. Relevant in nursing &amp; midwifery advancement</td>
<td>15</td>
</tr>
<tr>
<td>4. Research work used for intended purpose</td>
<td>6</td>
</tr>
<tr>
<td>5. For promotion</td>
<td>2</td>
</tr>
<tr>
<td>102</td>
<td>100</td>
</tr>
</tbody>
</table>

V. DISCUSSION

5.1 Work focus definition

Work focus definition refers to how respondents see the central aspect of their work to be. During an interview session with nurses and midwives, only 1.90% of respondents engaged in research in addition to other routine duties and as high as 68.61% carried out routine tasks and was involved in any research of any kind or form either as part of work or study. The study evidenced that 4.93% of respondents was involved in doing administrative work. Based on the authors enquiry non of those involved in administration did any research as part of enhancing nursing and midwifery practice of which he/she was the administrative head and leader.

5.2 Focus mode of assessment for promotion

The researcher wanted to find out whether or not research played a central part in the assessments by employers and managers to promote nurses and midwives. The study revealed that research is not a routine prerequisite for promotions in the health delivery sector or within the health ministry based nursing and midwifery training institutions in Ghana, for instance. As high as 63.73% got promotions based on long service, while 24.51% obtained promotions based on their level of education. Only 3.92% of respondents used research at their area of work for promotion. Ironically, these respondents were not full staff of the health facilities nor the GHS at the time of the interview but were with tertiary institutions of nursing and midwifery who were there for clinical practice or supervision of students.

5.3 Relevance of research in nursing and midwifery

In furtherance to the above findings, the researcher wanted to find out from respondents the relevance of research to nursing and midwifery practice, 62.75% attested that research was relevant for educational purpose as against 14.71% for nursing and midwifery advancement and professionalism. In setting the tables right, 1.95% of respondents reported that research work was relevant for promotion. Thus, research among nurses and midwives at the service delivery sector of the GHS adds very little to the mode of assessment needed for promotions. Consequently, research study at the point of service delivery at the health facility has become very unattractive for nurses and midwives to delve into as they stand to gain very little from its outcomes.

VI. CONCLUSION AND VIEW POINT

Consequently, what the present-day African nurse/midwife wants is power, the scientific knowledge and technical skill to establish him/herself as the master and architect of his/her world and destiny. This is tantamount to a reestablishment of self in a self-determined, self-directed and self-controlled environment through appropriate research.

The future of nursing and midwifery rests on the present drawing inspiration from the past. The present signifies the resultant of the operation of the forces of nursing and midwifery research abilities and capabilities and the forces unleashed from service provider managers’ willingness to implement research outcomes.

Scientific knowledge and techniques--modern man's common inheritance--may well be regarded as one of the "forces unleashed" on the nurse/midwife by the West African Sub continent. Consequently, an important test of the nurse-midwife’s maturity and quest for self-realization and self-identity, is his/her ability to domesticate or indigenise professional values, such as, honesty, responsibility, pursuit of new knowledge, belief in human dignity, equality of all patients and the desire to prevent and alleviate suffering. That is to say, those

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values brought about by their contact with their research based on the prevailing scientific and technological culture. The progress of the African nurse / midwife will depend on the nurse-midwife's ability both to appreciate problems and as well as solving them using innovative ways. Nursing and midwifery professions embody many values inherent in those who pursue these careers. When nurses and midwives are asked to identify their core values, they are surprisingly consistent throughout the profession globally. In other words, all nurses and midwives have chosen this profession to help others in need and to improve the quality of life for all.

However, innovation must call into question the nature of schooling, learning, and teaching and how curricular designs promote or inhibit learning, as well as excitement about the profession of nursing and midwifery, and the spirit of inquiry necessary for the advancement of the disciplines (Diekelmann, 2001). Nursing and midwifery educators and nursing and midwifery service personnel, although cordial and respectful of each other, have not been fully engaged in collaborating to prepare a workforce that can practice effectively in new healthcare environments. This shortfall has made nurses and midwives inability to stand tall in upholding the ideals of the professions, harnessing within and among themselves new energies that will make the professions a force to reckon with beyond delivering routine services. Accordingly, new pedagogies are required that are research-based, exposing the shortcomings and strengths of the professions, responsive to the rapidly-changing health care system, and reflective of new partnerships between and among students, teachers and clinicians. Students and recipients of nursing and midwifery care deserve nothing less.

The African nurse/midwife's success in the struggle for self-realization and self-identity will depend then on the ability to subject current research outcome values to the traditional practice ones, to master and at the same time domesticate clinical and preventive techniques and scientific knowledge to serve the ends of nurses/midwives, and not the other way round.

The illustration below demonstrates the pillars that must hold to add value to nursing and midwifery professionalism in Ghana and the rest of West Africa in general. These pillars are anchored on research that has the potential to enhancing nursing and midwifery professional.

![Figure 1 Pointers to enhanced nursing and midwifery professionalism](image)

It is clear that whether nurses and midwives engage in research or not, the relevance of the professions of nursing and midwifery signify that the nurse is the glaring crystal that gladdens the souls of the sick, while the midwife is the sustained fibre of facilitation for the dawning of the continuity of life through a safe and healthy delivery of a new born.

I have observed with the greatest surprise that nurses and midwives do not necessarily support each other as they should. Accordingly (Gokenbach, 2012) opines that there is need for solidarity in the nursing and midwifery professions. This translates into the willingness to help others and work together as a team, as well as speak positively about the professions. This actually will help them pull together their professional abilities and then enhance their team playing skills in support of each other.
As Florence Nightingale (Porter-O'Grady, T. 2001)\(^6\) puts it, “unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back”.

**VII. RECOMMENDATION**

The Director of Nursing Services (DNS) may enforce research in nursing and midwifery as a prerequisite for promotions in the Health delivery setting in order to enable professional advancement and enhancement.

Nursing training institutions adopting adult learning strategies towards awards of higher certificates such as degrees could encourage some bedside or clinical research papers that can be published in peer reviewed journals as a mode of assessment for the award of such degrees.

Research paper presentation and published in peer reviewed journals in relevant areas of work in nursing and midwifery be part of options to be adopted for appointments by nursing and midwifery leadership and managers at all health facilities in the sub region.

That nurses and midwives conduct pedagogical research to document the effectiveness and meaningfulness of innovations being undertaken in nursing and midwifery. These research findings could be published in journals and to or presented to nursing and midwifery stakeholders at the health facility level.

Create an evidence base for nursing and midwifery education that embraces innovation, identifies best practices, and serves to prepare a diverse nursing and midwifery population that can transform practice and service delivery to all.

The study be replicated widely in Ghana and other countries in the sub region to provide wider coverage in the opinion poll towards a firm and conceived policy formulation by nursing and midwifery leadership.

**Conflict of interest statement**

I declare that I have no conflict of interest.

**ACKNOWLEDGMENTS**

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**REFERENCES**

[3]. O., Baumann, Brien-Pallas, Armstrong-Stassen, et al. “Nurses should have input into all aspects of patient care within their scope of practice including serving as patient advocates.”. 2001