A POLICY ANALYSIS: FEDERAL SUPPORT FOR NURSING RESEARCH

by

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SUPERVISORY COMMITTEE APPROVAL

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To the Graduate Council of The University of Utah:

I have read the dissertation of Carol Ann Ashton in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the graduate school.

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ABSTRACT

As a result of nursing research, care provided by nurses in many different settings has been shown to be cost effective and the quality of care provided for clients has been enhanced. Despite findings such as these, continuation of federal support for nursing research has emerged as a major issue. The purpose of this study was to analyze public policy processes related to federal support for nursing research. The major research question was, "How has public policy related to nursing research evolved since the passage of the Nursing Training Amendments of 1979, P.L. 96-76?" Study emphasis was on the processes involved and not whether policy was good or bad, or what it should or ought to be.

The design of the study was exploratory, descriptive field research. Grounded theory methodology directed the data collection and analysis. The sample consisted of 66 nurse and nonnurse participants from three policy-making areas: (a) legislative branch of government, (b) executive branch, and (c) nursing special interest groups. Primary methods of data collection were ethnographic interviews and unobtrusive data from government documents; participant information files were used as secondary data

sources. Interviews were transcribed and analyzed using the computer program, Ethnograph. Constant comparative analysis directed the data coding process and continued until conceptual and theoretical categories were developed and a core variable emerged.

The major finding of this research is the development of a substantive theory, Re-Searching: Toward Legitimization of Care. "Re-searching" is the core variable and accounts for the central process related to nursing research policy process. Three concepts serve to integrate the theory: making connections, transcending disorder, and passage. "Toward Legitimization of Care" emerged as a consequence of the policy process. The idea of care-related research gained beginning acceptance within the larger context of biomedical or "cure" research.

The significance for nursing is the development of a theoretical scheme to explain how the policy process has affected federal support for nursing research. Study findings provide an explanatory-theoretical scheme that can serve as a base for hypothesis generation about the policy-making process and how nursing might influence the process to effect greater support for nursing research and research training.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Nurses are a national resource and past public policy support for nursing education, practice, and research has enabled the nursing profession to advance greatly. The focus of this study was to analyze how public policy has affected support for nursing research.

As a result of nursing research, the care provided by nurses in many different settings has been shown to be cost effective and the quality of care provided for clients has been enhanced. In a report published by the U.S. Congressional Office of Technology Assessment (1986), findings documented from review of numerous studies indicate that the care provided by nurse practitioners (NPs) and certified nurse midwives (CNMs) has been shown to be as good or better than physician care in primary care and childbirth/infant services. In addition, patients are more satisfied with the care provided by NPs and CNMs than with physician care. At the Loeb Center for Nursing and Rehabilitation in New York, research has also shown that clients have higher functional status, fewer hospitalizations, and fewer nursing home admissions as a

direct result of the quality of nursing care provided (Fagin, 1982).

Despite findings such as these, over the last decade continuation of federal support for nursing research has emerged as a major issue among members of the nursing profession, Congress, the administration, and the United States Public Health Service (USPHS). Many economic, social, political, and professional factors have been suggested as affecting support for nursing research; thus, public policy support for nursing research since 1975 has been seriously threatened. Competition for health research dollars has increased dramatically and will continue even more so in the future. Decisions about the allocation of research monies and research priorities have been and will continue to be made in the political arena. Elimination of federal support for nursing research would negatively affect development of the scientific underpinnings for the discipline of nursing. Research related to providing high quality, cost effective nursing care to the American public would also be seriously impaired and at a time when cost containment of all health care services is a pressing national concern. Elimination of support for research training would add to the problem by decreasing the number of nurse scientists that conduct nursing research.

Clearly, if nursing was to compete for continued

policy support, analysis of how policy related to nursing research has evolved was critical; yet, no systematic study has been conducted to analyze how policy has affected nursing research.

Purpose of the Study

The purpose of this study was to analyze public policy related to federal support for nursing research. Analysis focused on the public policy process between passage of The Nurse Training Amendments, P.L. 96-76, in 1979 and the Health Research Extension Act of 1985, P.L. 98-158. This period was selected because the passage of P.L. 96-76 appeared to be a significant event that led to apparent changes in the government's role in support of nursing research, and was a reasonable time period for the study. The term "nursing research" is used to include nursing research and research training, unless otherwise specified in the discussion.

Research Question

The research question was answered using a grounded theory approach to policy analysis. Therefore, the research questions were broad by nature to facilitate flexible lines of inquiry and served as a guide throughout the policy analysis research. The major research question was, "How has public policy related to nursing research evolved since the passage of the Nurse Training Amendments

of 1979, P.L. 96-76?" Several subsidiary questions were derived from the major research question and included:

1. Who were the key individuals and groups involved in shaping public policy for nursing research?
2. According to those involved in the policy process, what was the meaning they attach to support for nursing research?
3. What were the key events that have affected public policy support for nursing research?
4. What political, social, economic, and professional processes have been involved in affecting public policy support for nursing research?

It is emphasized that the focus of this study was to examine the policy process from the perspective of the participants involved in the process. Therefore, the initial questions were developed to assist the participants in describing their experiences, and to provide the investigator with a semistructured format to facilitate the interview process. As the interviews proceeded and dominant themes began to emerge, the interviewer was able to become more specific and directed during the interviews. Thus, findings about each of the subsidiary questions will not be reported unless related to specific study outcomes.

Before discussing the assumptions and conceptual orientation for the study, a definition of terms is provided to clarify essential definitions related to policy analysis research. The definitions are provided to differentiate between the multiple interpretations of terms used in policy and nursing literature and how the terms are used in this research.

Definition of Terms

Public Policy

Public policy implies governmental policy. Public policy: (a) is made for society as a whole; (b) involves a concern for the general or public interest, often with selected emphases on consequences for subgroups; and (c) includes private interest groups or government agencies (Milio, 1984). For purposes of this study, policy was defined as "whatever government chooses to do and/or not to do" (Dye, 1984, p. 1). It was the belief of this investigator that government inaction can or may have as great an influence as government action on the policy process related to nursing research.

Public Policy-Making Process

The public policy-making process can be influenced in many ways. The three branches of the federal government, legislative, executive, and judicial, influence and are influenced by the American public and special interest

groups. The federal government also interacts with other levels of government: states, counties, municipalities, districts, and townships. Each of these levels or units of government has distinctive subunits with significant persons and specific agenda; thus, interaction between and among the governmental units and the public becomes very complex and interdependent. This interaction is the policy-making process. The majority of support for nursing research and research training has been from the federal government, specifically the Division of Nursing (DN), USPHS, Department of Health and Human Services (DHHS). Thus, for the purposes of the study, the focus of policy analysis was understanding the policy process that has occurred primarily at the federal level of government. Findings from this study indicate that the judicial branch of government has not affected nursing research; thus, the analyses presented involve only the executive and legislative branches of the federal government.

Policy Analysis Research

Policy analysis research focuses on the processes involved in policy-making, whereas policy research is focused on the substance and/or effects of a specific policy. This study was policy analysis research and focused on the processes involved in policy support for nursing research. The investigator did not study whether the policy was good or bad, what it should or ought to be,

or the content of nursing research policy. In summary, this study focused on the policy process related to federal support for nursing research from the perspective of the participants that have been involved in the process.

Assumptions

There were three assumptions in this study. The first assumption was that public policy has and will continue to affect federal support for nursing research; thus, this investigation focused primarily on analysis of federal process, although there has also been private sector support for nursing research.

The second assumption was that the participants involved in the process are the experts and, when given the opportunity to do so, will recall and make sense out of their world, and are willing to do so. Therefore, the primary emphasis was on understanding policy from the participant's perspective. Data from the participants about their perspectives, interpretations, and meanings ascribed to support for nursing research generated sufficiently rich data from which theoretical-level constructs about federal support for nursing research were generated.

Third, the time period chosen for this study, from 1979 to present, is a significant time period in which policy support for nursing research has evolved and will

provide sufficient data for analysis of the policy process. The 1979 start date was somewhat arbitrary in that the year was chosen because of a significant legislative event, P.L. 96-76. The participants "took" the investigator further back in time to the mid-1970s to describe contextual changes that they believed this investigator should understand. Thus, the data are even more rich and descriptive than anticipated.

Conceptual Orientation

The nature of the policy process affecting federal support for nursing research is obscure. Hinshaw (1979) suggests that when little is known about a concept, variable, or process, a conceptual orientation, rather than a conceptual or theoretical framework, "provides a perspective for defining and describing the properties and relationships surrounding a concept in the real world" (p. 250).

The conceptual orientation for this study was based on tenets from Wildavsky's framework (1979) for policy analysis and Watson's theory (1985) of human care and science. Wildavsky suggests that there can be no one definition of policy analysis, that policy analysis is an applied subfield the content of which cannot be determined by disciplinary boundaries, but rather by whatever appears appropriate to the circumstances of the time and the nature of the problem. Policy analysis does have some

structure and that structure involves both art and craft. Policy analysis is creating and crafting problems worth solving. Problems have the same status as solutions and are the basis for creativity in analysis. Art is the process of discovery. Discovery, or the problem search, must follow problems wherever they go; nothing can be ignored that may be relevant to the solution. The craft is to use constraints to direct, rather than deflect, inquiry -- to liberate, rather than impress, analysis within the confines of custom. To recognize a constraint is not necessarily to accept it.

Wildavsky's (1979) approach to policy analysis involves applying strong criteria to good data, creating criteria and concepts, discussing alternatives, and formulating the problem at the end of the analysis. The analysts themselves are their most important instruments and are judged by how they use their tools. Preconceived structures or theoretical frameworks are eschewed in this approach to policy analysis. Available frameworks may provide sensitizing themes and concepts about the policy process of interest. However, the investigator is not constrained by the concepts. Rather, freedom to search and to understand the complexities of a situation are requisite to good policy analysis.

This approach to policy analysis provided a foundation for this study. The investigator considered the role

that both individuals and the investigator have in policy analysis, as well as the influence government structure and function may have on the policy process.

Watson (1985) provided an additional perspective for questioning issues of importance to nurses and suggested that a human science approach is consistent with nurses' view of the world. The human science context is based upon:

1. A philosophy of human freedom, choice, responsibility.
2. A biology and psychology of holism (non-reducible persons interconnected with others and nature).
3. An epistemology that allows not only for empirics, but for advancement of esthetics, ethical values, intuition, and process discovery.
4. An ontology of time and space.
5. A context of interhuman events, processes, and relationships.
6. A scientific view of the world that is open. (p.16)

What was significant to this investigator was support for maintaining a view of the world that is open and allows for inner experiences and subjective, personal meanings to have a role in understanding nursing issues. Watson (1985) further suggests that nurses can choose to be a part of the method and involved in the research process rather than distant, objectively remote, and primarily concerned with the traditional product of

science. The notion of human science embodies the valuing of a person, group, or system as a whole with the need for rigor in research. Swanson-Kauffman (1986) suggests that a human science

> will seek to generate those methods that allow us to study and value persons [groups, systems] as holistic and unique, who are in the process of becoming, and who must be studied in their own environment. (pp. 59-60)

To summarize, tenets from Wildavsky's (1979) and Watson's (1984) frameworks for viewing the world provided the investigator with directions to pursue an understanding of the policy process from the participants' perspectives and how they themselves interpret and assign meaning to an event or process. In addition, the investigator also selected a methodology, grounded theory, that is consistent with a process of discovery. The methodology provided a context in which the investigator assumed an active role in interacting with study participants and pursued all data that seemed relevant to understanding the policy process.

Significance for Nursing

The major significance of this study for nursing is the development of a theoretical scheme to explain how the policy process has affected federal support for nursing research. Prior to this study, historical, chronological, and opinion-related data were used to facilitate an understanding of the development of nursing research.

This approach, while useful for descriptive and discursive historical purposes, did little to provide data upon which critical analysis and directions for policy development could be formulated. Findings from this study provide an explanatory-theoretical scheme that can serve as a base for hypothesis-generation about the policy-making process and how nursing might influence the process to effect greater support for nursing research and research training.

CHAPTER II

LITERATURE REVIEW

This study was conducted using a grounded theory methodology as described by Glaser and Strauss (1967) and Stern and Pyles (1986). This methodology was selected due to a lack of information in the literature about the processes involved in affecting federal support for nursing research. Stern (1985) states that a prestudy literature search is disadvantageous for three reasons: (a) the search may lead to prejudgment and premature closure of ideas and research inquiry; (b) the direction may be wrong; and (c) the available data or materials may be inaccurate (p. 153). However, with these caveats in mind, a prestudy literature review was conducted to assist the investigator with identifying potential, generalized concepts that might affect federal support for nursing research. Data from the literature review assisted in the construction of the initial interview guide.

The literature overview that follows consists of three areas: (a) a history of federal support for nursing; (b) issues affecting nursing research and research in general; and (c) policy analysis in nursing and other health-related fields. Each area will be

reviewed and the general theme(s) in the literature will be summarized.

History of Federal Support for Nursing Research

The early history of nursing research has been extensively reviewed beginning with the investigative efforts of Florence Nightingale between 1890 and 1910, the conduct of the Goldmark survey in 1920, and the World War II events that marked the first major involvement of the federal government in nursing (Abdellah & Levine, 1965; Bloch, Gortner, & Sturdivant, 1978; Gortner, 1973, 1986; Henderson, 1957; Kalisch & Kalisch, 1982; McManus, 1961; Roberts, 1954; Simmons & Henderson, 1964; Vreeland, 1958 1964). The concern at that time was on training and improving the supply of nurses to meet the country's war and postwar needs. As a result of this concern, in 1948, Surgeon General Thomas Parran established the Division of Nursing Resources (DNR) within the Bureau of Medical Services, USPHS.

The DNR was responsible for conducting systematic studies and consulting on nursing problems. Activities during these early days were focused on intramural research related to nurse supply and distribution, job satisfaction, nurse characteristics, and nursing education.

In 1955, through the efforts of Lucille Petry Leone

(a nurse and then Assistant Surgeon General) and Margaret Arnstein (Chief of the Division of Public Health Nursing), monies were committed to establish the Research Grant and Fellowship Branch as a joint responsibility of the DNR and the National Institute of General Medical Sciences (NIGMS) of the National Institutes of Health (NIH). Although specific documentation of the rationale for the original program is not available, Kalisch and Kalisch (1980), Bloch (1964), and Vreeland (1964) include the following as major mission components: (a) to support and develop research resources and faculty research capabilities within nursing institutions; (b) to train new independent nurse investigators; (c) to support research projects to develop knowledge about the organization, distribution, and delivery of nursing services; and (d) to exchange research information.

The first research project awards were made in fiscal year 1956. There were 18 projects with a total budget allocation of $498,000. In 1958, the Faculty Research Development Grant program was initiated by the DNR to increase the number of nurse investigators, to provide research support resources, and to foster research-conducive climates in nursing schools. Twenty-one development program grants were awarded between 1958 and 1966.

Federal support for research training also began in 1955 with the establishment of the Special Predoctoral and

Postdoctoral Nurse Research Fellowship program. A part-time fellowship award was available to graduate nursing students between fiscal years 1956-1962 and was designed to stimulate research interest by providing schools with the financial support to pay students for participating in research activities. The program was discontinued in 1962 because monies were being used primarily to support master's theses work and not research participation as originally designed.

The full-time Special Nurse Research Fellowship program was established to prepare nurses at the Ph.D. level "to do independent research, collaborate in multi-disciplinary research, and/or stimulate and guide research in nursing or a health-related field." The fellowship was "special" because the award was based on individual needs and educational costs versus a standard amount. The fellowships were awarded to nurses with a baccalaureate degree who had graduated from a professional nursing school (USPHS, DHEW, 1967).

In 1962, the Nurse Scientist Graduate Training Grants were initiated to advance nursing and other health-related research by increasing the number of nurses who were research scientists. Financial support was given to institutions providing the research training, as well as to students enrolled in the training program. Support was provided for nurses to pursue doctoral study in other

disciplines such as physiology, sociology, psychology, anthropology, and biology due to the limited number of doctoral programs in nursing.

In 1960, the USPHS was reorganized and the Division of Nursing was established. However, from 1955 to 1963, the responsibility for administering the nursing research and fellowship grants continued to be jointly shared by the Division of Nursing and the Division of Research Grants, NIGMS, NIH. In 1963, the Division of Nursing became the major center for nursing efforts at the national level, including the transfer of the research and research training programs from NIH into the DN.

Support for nursing research initiatives continued in the DN through Faculty Research Development Grants, the Research Conference Grants, and the Nursing Research Development Program (1968-75). The continued emphasis was on developing and facilitating research and research resources in nursing-related environments. Between 1975 and 1985, Nursing Research Project Grants, Research Program Grants, Biomedical Research Development Grants, and Nursing Research Emphasis Grants for Doctoral Programs in Nursing were established to continue to develop and facilitate nursing research grants and research-conducive environments in schools of nursing (Bloch et al., 1978; Stevenson, 1987).

The Nurse Scientist Graduate Training Grants and the

Pre- and Postdoctoral Nurse Research Fellowships were phased out because of a legislative change affecting all government research training programs. The National Research Service Act (P.L. 93-348) was enacted in July, 1974 and became the legislative authority for the awards to support research training.

Content of Nursing Research Studies

Abdellah (1970a,b,c) and Gortner and Nahm (1977) provide an overview of nursing research in the United States and suggest that there have been patterns of nursing research that have been supported through federal nursing programs. Health concerns around communicable diseases such as tuberculosis, scarlet fever, whooping cough, and poliomyelitis were early clinical care research problems and, as a result, were areas that received extramural research support. Educational requirements for nurses were a major source of interest for nursing research projects. The decade of 1955-1965 was also a time for educational research related to student characteristics, quality of care measurements, and early support for experimental studies such as the Dumas and Leonard study, "The Effect of Nursing on the Incidence of Vomiting: A Clinical Experiment" (1963). Due to an adequate supply of nurses and nurse leaders advocating for a change from research "about" nurses to research about nursing practice, the research emphasis changed between

1965 and 1975. Studies of special client groups such as premature infants and surgical patients and development of nursing theory and nursing science were areas of research interest and support. There was also a movement toward providing more laboratory facilities, support of research assistants and graduate students, and sponsorship of research conferences. Of interest is a general theme in which change in research supported by the Division was in response to changes in nursing education and practice needs and a major concern about the nursing shortage.

A Significant Change in Federal Support for Nursing Research

In the mid 1970s, Congressional concern about nurse shortages had decreased and questions were raised about what role the government should continue to have in support of nursing. In 1979, the Secretary of Health, Education, and Welfare was mandated by P.L. 96-76 (The Nurse Training Amendments) to conduct a study to determine the need to continue a specific program of federal financial support for nursing. This study, now known as the Institute of Medicine (IOM) study, was completed in March, 1983 and appeared to be a significant, contemporary event affecting nursing research.

The IOM (1983) study, Nursing and Nursing Education: Public Policies and Private Actions, contained 21 specific recommendations related to the role of the federal

government and continued support for nursing. Recommendation 18 stated:

> The federal government should establish an organizational entity to place nursing research in the mainstream of scientific investigation. An adequately-funded focal point is needed at the national level to foster research that informs nursing and other health care practice and increases the potential for discovery and application of various means to improve patient outcomes. (p. 19)

Following publication of the IOM study report, a legislative initiative to advance support for nursing research was introduced by Representative Edward Madigan (R-IL). The initiative, an amendment to NIH reauthorization legislation (H.R. 2350) creating a National Institute of Nursing (NIN) within the National Institutes of Health (NIH), was introduced and later passed on November 17, 1983 in the House of Representatives. Jacox (1985) provides an excellent review of the background and issues surrounding the NIN proposal. Proponents of the NIN argued that nursing research must be integrated into the mainstream of science and that a separate institute in the major research institution, the NIH, would assist in that goal (Diers, 1984; Jacox, 1985; Pender, 1984; Stevenson, 1984). Opponents argued that there was insufficient support in the nursing community for a new institute and the creation of another institute was an unnecessary administrative burden (Cooper, J., Personal communication, June 13, 1984; Dumas & Felton, 1984; Early, L., personal

communication, April 19, 1984). The initial legislative initiative to establish the NIN failed when President Reagan vetoed S. 540 on October 30, 1984. S. 540 was the Senate version of the NIH reauthorization bill, the Health Research Extension Act of 1984, which would have created an Institute of Nursing at NIH. One of the reasons for the veto was "creating unnecessary, expensive new organizational entities; two institutes would be created, an arthritis and a nursing institute" (Public papers of the Presidents of the United States, Memorandum returning without approval the health research extension act of 1984). However, persistent Congressional and nursing legislative action and compromise provided the impetus to renew a legislative initiative to establish what would become The National Center for Nursing Research (NCNR) within the NIH. The bill, H.R. 2409, was again vetoed by President Reagan on November 8, 1985 with a similar rationale for the first veto provided. The veto was overridden by the Senate on November 20, 1985. Thus, the NCNR was authorized under the Health Research Extension Act of 1985, P.L. 99-158. The NCNR is now responsible for conducting the major federal programs related to support of nursing research and research training.

There are two consistent themes throughout the literature related to the history of federal support for nursing research. The first theme is the extent to which

financing support for nursing programs and research has been influenced by manpower and training requirements and several periods of nurse shortages. The second theme relates to changing research priorities in response to the health care needs of special and disadvantaged patient populations.

Issues Affecting Nursing Research and Research in NIH

Culliton (1985) suggests that Congressional meddling and increased oversight into the affairs of NIH has been a controversial issue for years and the introduction of new institutes has been viewed by NIH officials, the Administration, and Congress as interfering in the research agenda outlined by the NIH. Culliton also suggests that the NIN proposal was affected by a history of Congressional attempts to have additional legislative prerogative in the decisions about the research agenda of NIH. Iglehart (1984a,b, 1985) and Norman (1984) suggest that the relationship between the NIH, Congress, and the Administration has become more strained since 1980 and that efforts to make NIH more accountable to the Congress will increase. Political pressures for reorganization of NIH, increased oversight of NIH operations, restrictions on the use of animals in medical research, and fetal research-related issues will continue to influence the NIH to respond to legislative initiatives.

Federalism, or a policy of shifting financial responsibility for certain programs from the federal government to other levels of government, has been suggested as a factor influencing almost every aspect of federal funding and specifically, the social sciences and agenda setting for the federal government (Golembiewski & Wildavsky, 1984; Hale & Palley, 1981; Litman & Robins, 1984; Palmer & Sawhill, 1984). Federalism has influenced funding for health-related research by the subsequent opening of a part of the agenda-setting process related to research priorities -- an area that has been out of the reach of special interest groups in the past.

Gender and the women's movement are factors influencing public policy (Boneparth, 1982; Gelb & Palley, 1982; Poole & Zeigler, 1985). Women have been involved in changing discriminatory social and economic policies particularly since the 1970s and are now recognized as an important constituent group of voters and as a significant special interest group in the policy process. Culliton (1983) suggests that gender was an issue of great importance to the Republican party when Representative Madigan decided to introduce the NIN legislation -- nurses are predominantly women and the Administration was under pressure to address concerns about the lack of support for women in Reagan's programs.

The economic climate and pressures to reduce the

federal deficit are suggested as affecting funding for research, as well as other areas of social welfare and reform (Feldstein, 1983; Ginzberg, 1985; Thurow, 1980). Holden (1984) reports that the Office of Management and Budget (OMB) has assumed a greater role in overseeing and recommending major cuts in the research agenda and grant awards of the NIH. Social and behavioral research has declined from 4.9% to 3.6% of the basic research budget since 1981 and the OMB would like to reorganize a number of research and evaluation programs and eliminate others. Johnson-Pawlson (1986), Kalisch and Kalisch (1986), and Solomon (1986a,b,c) suggest that economics have always had an effect on the level of appropriations for nursing research and research training. The newly-established NCNR will be subject to the efforts of the OMB to reduce spending and the effects of the Gramm-Rudman-Hollings law to reduce the growing federal deficit.

Minimal nurse involvement in politics and in professional organizations is suggested as affecting nurses' roles in the policy process. The literature contains voluminous articles and books about the need for political involvement for nurses, increased political visibility at all levels of government, the need for curriculum content about the political process and how to effect political change, and the importance of professional collective action to the development of the nursing

profession (Amos, 1985; Bullough, 1985; Fagin & Maraldo, 1981; Kalisch & Kalisch, 1982; Larson, 1984; Mason & Talbott, 1985; Milio, 1981; Oakley, 1981; Solomon, 1986a,b,c).

The general themes in the literature related to issues affecting nursing and other areas of research suggest that political, economic, social, and historical factors have had and continue to affect federal involvement in formulating and implementing research agendas. Levels of financial, administrative, and bureaucratic support for the research agenda have also been affected by the changing political and economic environment.

Policy Analysis Research

Nursing

Milio (1984) provides an extensive review of the literature related to the contribution of nursing research to the field of policy studies and concluded,

> that although policy issues are receiving increased attention, approximations of policy research are sparse, and no policy analysis research has been done by nurses. (p. 295)

The literature reviewed by this investigator of major nursing and health-related publications through 1986 supported Milio's conclusions. A few nursing studies attempted to address policy issues, but have major limitations related to the purposes and intent of policy analysis research (Aiken, Blendon & Rogers, 1981; Lubic,

1981; Reif & Estes, 1982). These studies focused on specific nursing issues such as cost containment and cost effectiveness analysis, rather than on the broader, process-related issues.

Health Related Fields

Five major health-related studies have been published that had potential relevance for this study. The studies, ranging from an analysis of Medicare to smoking and politics are as follows:

1. Theodore R. Marmor's The Politics of Medicare (1970),

2. Eric Redman's The Dance of Legislation (1973),

3. David Price's Policy Making in Congressional Committees (1978),

4. Judith Federer's Medicare: The Politics of Federal Health Insurance (1977), and

5. A. Lee Fritschler's Smoking and Politics (1983).

Although these studies are indirectly related to policy analysis research in the area of federal support for nursing research and were not designed to develop grounded theory, each study is unique in that analysis of the policy process is one focus.

The legislative process is the focus of the Marmor, Redman, and Price studies. In a case study of the enactment of Medicare legislation, Marmor (1970) reports that political strategies within and outside Congress in-

fluenced the timing and outcome of the Medicare bill of 1965. Government elites, the political and economic climate dating back to The New Deal period, and incremental bargaining between government and special interest groups are suggested as factors that affected the development and implementation of the Medicare insurance system.

Redman (1973) documents the evolution of the National Health Service (NHS) Bill (S. 4106) and suggests that the personalities of the congressional actors, the pattern of quid pro quo between the Congress and the Administration, and the random but opportune timing of certain political events are major factors that affected the enactment of the National Health Service legislation. The study is Redman's personal account of the legislative history as told through his role as a staff member for Senator Warren Magnuson, the chief sponsor of the NHS legislation.

In a study of the House and Senate Commerce Committees, Price (1978) concludes that variations of legislative action occur with a change in the nature of the policy issues being addressed within the committee. Patterns of legislative action and inaction in major areas of the committees' jurisdiction during 1969 and 1974 were examined and categorized on a public salience and group conflict grid for analysis. High-salience, low-conflict areas such as health research are the strongest incentives

to congressional involvement, and low-salience, high-conflict areas such as communications regulation are the weakest incentives to involvement. Price also suggests that Congressional action often occurs in response to perceived "neglect" on the part of Administration or with the content of a position taken.

Federer's study (1977) also focuses on the Medicare program; however, the framework for analysis is on the administrative/bureaucratic strategies followed by the Social Security Administration for dealing with hospitals and Medicare payment programs. Federer suggests that Medicare policy toward hospitals has been influenced by the perspectives and goals acquired in a social insurance agency with an emphasis on efficient claims payment, rather than on the costs and quality of medical care.

In a study of the evolution of smoking and health regulations, Fritschler (1983) suggests that bureaucratic policy making is a major factor responsible for contemporary cigarette-labeling regulations. Despite the positive aspects of the regulations related to health warnings, the rule-making actions of the agency responsible for the regulations, the Federal Trade Commission (FTC), led to strong, negative congressional reaction in the late 1970s. The reaction took the form of strict congressional oversight of rule writing by the FTC. The oversight is quite unusual in that both houses of the

Congress now have the authority to veto a rule written by the FTC. In addition, the FTC is the only agency to have this restriction placed on its rule-making activities.

In summary, the themes in the Marmor (1970), Redman (1973), Price (1978), Federer (1977), and Fritschler (1983) studies "sensitized" the investigator to: (a) examine how and in what way key individuals and groups have supported nursing research policy; (b) explore the interaction of DN personnel in legislative initiatives related to nursing research; and (c) explore the meaning of support for nursing research to all individuals and groups involved in the policy process. It is important to emphasize that "sensitive" referred to providing initial direction for data collection and was not a constraint to exploring other directions that emerged as the study progressed.

This literature review has presented the major approaches to policy analysis research in health-related areas and an overview of the historical development of federal support for nursing research and research training. The results of the policy analysis research studies provided sensitizing concepts that were considered in the study and the descriptive, historical literature provided data about historical antecedents to the time period selected for the study.

CHAPTER III

DESIGN AND METHODS

This study was descriptive field research and was designed to discover the processes that have affected federal support for nursing research. Consistent with the exploratory nature of the study, grounded theory, an inductive methodology, was selected to direct data collection and analysis (Glaser & Strauss, 1967). Grounded theory describes a social process, and is a type of factor-searching approach in which concepts are generated from analysis of extensive data collected about the phenomenon of interest (Diers, 1970; Glaser & Strauss, 1967). This method is appropriate to develop a theoretical understanding of the policy process by focusing on structure, process, and meaning from the study participants' perspectives.

This chapter includes a discussion of: (a) the theoretical underpinnings of grounded theory, (b) the processes of grounded theory methodology used for this study, (c) the study design, sample instruments, and procedures, and (d) issues related to validity and reliability.

Underpinnings of Grounded Theory Methodology

Mead (1934), Blumer (1969), and Schatzman and Strauss (1973) further describe the bases for symbolic interactionism and the assumptions upon which the perspective is based. First is the notion of meaning or the way in which humans interact and make sense out of their work. Meaning is considered contextual; thus, it must be studied within the boundaries in which the interaction occurs. Second, context includes an examination of the environmental as well as the socioeconomic, cultural, and experiential background of the participants. People then behave in a certain manner based on the meaning attached to a particular situation. However, meaning is not static and can change as both participant and environment act, react, and change over time.

Stern, Allen, and Moxley (1982) also review the historical development of grounded theory and the symbolic interactionist perspective on which grounded theory is based. Symbolic interactionism is a framework for understanding how "humans act and interact on the basis of symbols which have meaning and value for the actors. Symbols include words for an object itself..." (p. 203).

The symbolic interactionist approach was consistent with Wildavsky's (1979) and Watson's (1985) frameworks in that not only was there support for an open, process-oriented approach to studying human behavior, but also a

specific methodological direction to assist the investigator in studying public policy related to federal support for nursing research. Public policy is established as a result of complex interaction between individuals and groups at all points in the policy cycle. In the case of policy related to nursing research, the interaction occurs at the federal level of government between and among those persons and groups with an interest in affecting policy support for nursing research. Thus, the symbolic interactionist perspective provided a methodological framework to discover the essence of a complex interactional process, the evolution of policy support for nursing research.

In addition, the methodological approach also provided an increased awareness of the benefits and cautions of being an "active researcher." That is, the researcher must be aware of the effects of interacting and interpreting what participants relate about their world. However, Wildavsky (1979b) suggests that the researcher continues to pursue all data while compensating for potential biases through the use of multiple data sources and approaches to the data.

As previously stated, the purpose of grounded theory is the development of theoretical constructs about the phenomenon under study. In this research, the phenomenon of interest was the policy process related to support for

nursing research.

> Generating grounded theory involves creative thinking in that the investigator must continuously analyze and synthesize data as they are collected, coded, categorized, compared, and integrated into a well-fitting theory. (Stern & Pyles, 1986; p. 5)

This is the process that Glaser and Strauss (1967) describe as constant, comparative analysis. The methodological process involves both inductive and deductive thinking; data are compared with other data, data with emerging concepts, concepts with theoretical codes, and codes with additional data. The actual direction of the data collection and analysis is determined by the emerging theory; however, there is a scheme for directing the research process. The various steps of the scheme are described separately to facilitate later discussion of the methodological procedures. It is important to emphasize that these steps were not linear. Rather, data collection and analysis occur simultaneously and continuously until a substantive theory emerges from the data.

Grounded Theory Methodology

Glaser and Strauss (1967) developed grounded theory through their research experiences with dying patients in a hospital setting. The authors define grounded theory as the "discovery of theory from data systematically obtained from social research" (Glaser & Strauss, 1967, p. 2). Grounded theory is also a research methodology that

developed from the symbolic interactionist perspective of human behavior. The methodology is an approach to theory development based on the study of human behavior within the contexts that behavior and interaction naturally occur. Two processes directed the original research approach in grounded theory: constant, comparative analysis and theoretical sampling. Glaser and Strauss (1967) describe the purpose of the constant, comparative method as "joint coding and analysis to generate theory; to discover hypotheses" (p. 102). Theoretical sampling is

> the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes data and decides what data to collect next and where to find data. This process of data collection is controlled by the emerging theory. (Glaser & Strauss, 1967, p. 45)

Constant, comparative analysis and theoretical sampling continue to direct contemporary grounded theory methodology; however, Stern and Pyles (1985) have further explained and applied the framework for using grounded-theory methodology. A description of the methodology is provided as a context for discussion of the iterative methodology that was adapted for use in this study.

Stern and Pyles (1985) use Maxwell and Maxwell's (1980) framework for organizing the processes involved in grounded theory methodology: (a) collection of empirical data, (b) concept formation, (c) concept development, (d) concept modification and integration, and (e) production of the research report.

Processes of Grounded Theory Methodology

Collection of Empirical Data

Data from interviews, observations, or documents, or from a combination of these sources, are primary data collected for a grounded theory study. This triangulation approach to data collection assists in: (a) discovery of variables that transcend time, place, and people; and (b) explanation of processes or phenomena by identifying the dimensions, characteristics, and conditions under which they occur and vary. Multiple sources of data are necessary in order to have many and varied points of view from which to understand the phenomenon or process of interest (Denzin, 1978; Glaser & Strauss, 1967; Jick, 1983; Mitchell, 1986). Theoretical sampling directs where and what to sample next; that is, sampling is purposive and directed toward rich and varied data sources.

Concept Formation

> Concepts in grounded theory come from the data and are developed through an analytic process that begins at the beginning of the study and continues throughout the investigation. (Stern & Pyles, 1985, p. 10)

As soon as data are collected, coding and categorizing of the data are initiated.

The first level of coding, substantive coding, begins as the researcher examines data line-by-line and begins to label/code what is going on in the data. The codes are

usually in the form of gerunds, or words ending in "-ing" that indicate action (Stern, 1985). For example, teaching, supporting, and labelling might be substantive code words.

The researcher also begins to interpret and categorize the data. Coded data cluster or seem to fall into natural categories as data are compared with other data and patterns begin to emerge. Coded data may be placed into one category only to be placed in another after the investigator has collected more data and hypothesized a different direction for what is going on in the data. Examples of categories might include gender, profession, type of legislation, or voting behavior.

During this process, certain ideas, hunches, or tentative interrelationships among categories become evident to the researcher. A memo method is used to record and preserve these thoughts as they occur. Simply, memos are conceptual notes about ideas or insights that arise from the constant, comparative analytic coding process. The memos may be in the form of handwritten or typewritten notes, or a 3 x 5 card along with the appropriate data source and/or the context during which the insight or hunch occurred. Memos represent important conceptual groundwork for generating theory and, although explained in this section, memoing can occur at any point in the process.

Concept Development

As a result of the coding and categorizing, inter-relationships are identified among categories, and the investigator begins to form a tentative conceptual framework by combining several categories into larger concepts. Three major steps are then used to expand and densify the emerging theory: reduction, selective sampling of the literature, and selective sampling of the data. "Through these processes the core variable emerges as the central integrative category or theoretical scheme" (Stern & Pyles, 1985, p. 12).

Reduction of categories to core variables or theoretical codes involves a theoretical analysis of how categories might relate to each other. The analysis involves thinking, searching, and intuiting a higher level category under which several categories may be subsumed. The analytic search is for a concept that explains the major core variable or process, rather than just naming or describing it.

Selective sampling of the literature is conducted to locate concepts that are related to the developing theory. If the existing literature is useful, the data can be used to support the emerging theory and are included in the discussion of the theory.

Selective sampling of the data is conducted to develop and verify the emerging categories and concepts.

For example, the investigator may ask questions of colleagues such as, "Given this account, under these conditions..... what about this?" The answer will provide the investigator with data to verify certain properties of a concept. More data may also be collected, but are selected based on what the investigator already knows about the concept. For example, the investigator may go back and ask study participants for more information about a certain event or theme that has emerged from the data. Selective sampling continues until saturation occurs, that is, when no new information is obtained that further explains a particular aspect of the emerging concept or hypothesis.

The result of the processes involved in concept development is the emergence of the core variable or "a central theme or concept that holds all the data together" (Stern & Pyles, 1985, p. 15). Continuous analysis of data, comparison of categories and relationships, and reviewing with colleagues and study participants should produce insights about the central process and how that process explains the interaction of other supporting processes.

Concept Modification and Integration

After the core variables are identified, a conceptual framework is developed that is "theoretical, integrated,

and tight" (Stern, 1985, p. 157). The investigator moves from a descriptive conceptual framework to a theoretical one in which the relationships between core variables are clearly demonstrated. Theoretical coding and memoing are two processes through which concept modification and integration occur.

Theoretical coding is a strategy employed by the investigator in which the relationships, dimensions, and consequences of the core variables can be explained. It is a higher, more theoretical way of thinking about and explaining the core variables. Glaser (1978, p. 74) suggests the "six Cs" (causes, consequences, contexts, contingencies, covariances, and conditions) as "families of codes" that can be applied to the data to facilitate theoretical abstraction and to clarify the nature of the core variable.

Memoing, described in the concept formation section, is also used in this stage of the process. Early developed memos, as well as insights during later stages of the research, are essential to the coding and categorizing process in order to capture patterns and themes. Memos are sorted to assist in theory integration.

Substantive Theory

The result of this complex iterative process is the development of a substantive theory to explain a phenomenon or process of interest. The concepts and variables

identified then serve as a base for hypothesis-generating research.

Production of the Research Report

The report of a grounded theory study is a detailed account of the developed theory, substantiated with data, existing literature, and a detailed, extensive explanation of how the findings are supported by the data.

In summary, the grounded theory methodology is a complex and iterative process in which the investigator develops a conceptual framework to describe and explain a process of interest. The framework emerges from and is grounded in the data. The purpose of this research was to develop a conceptual framework to describe and explain the policy process related to nursing research.

Design

An exploratory, descriptive design was chosen to answer the research question posed in this study,

> How has public policy related to nursing research evolved since the passage of The Nurse Training Amendments of 1979, P.L. 96-76?

Ethnographic interviews as described by Spradley (1979) and Patton (1980) and government documents were the two major sources of descriptive data required in the grounded theory research approach. The purpose of the interviews was to facilitate detailed, narrative descriptions from

study participants about their "view" of the policy process world.

Sample Selection

The actual size of the sample was not predetermined. Rather, the selection of participants was determined by both chain (snowball) and theoretical sampling procedures. The initial selection of participants was determined by the (a) identification of known, nationally-recognized nurses with past and/or present association with nursing research at the federal policy level; (b) the investigator's personal knowledge of persons that have been associated with the policy process; and (c) recommendations from the investigator's supervisory committee. An initial list of 20 prospective participants was then constructed from the above sources. Two additional sampling criteria included a willingness to participate and geographical and/or telephone accessibility for the interview. Due to initial travel time constraints, each of the initial 20 prospective participants were contacted by telephone, the study purpose explained, their willingness to participate determined, and an interview was scheduled at that time, if possible. In several instances, an additional contact with an administrative assistant was required to schedule the interview. A follow-up letter was then sent to each participant and included a review of the study purpose, confirmation of

the date and time of the interview, and specific information on where, when, and how to contact the investigator, if the need arose. A brief biographical sketch and study abstract was also enclosed. The majority of the prospective participants resided in the Washington, D.C. metropolitan area, so the investigator travelled to the area to conduct the interviews.

Consistent with grounded theory methodology, data were gathered from any person that was identified as a data source. Of interest, during the initial telephone contact with prospective participants, the participants would make statements such as, "I would imagine that you will be talking to.....", or, "If I were you, I would try to get a hold of....." Thus the initial participants willingly assisted with the sample selection process. Theoretical sampling was initiated at this time in that the initial participants often recommended the same person; thus, the investigator added the person to a growing list of prospective participants.

In addition, at the end of each interview, the investigator asked, "If you were to send me to someone you think I should talk to, who would that be?" Study participants readily assisted with additional contacts that provided the investigator with location of other data sources that were not specifically identified during the interview. Participant selection continued throughout

data collection until no new themes emerged from the data. A total of 70 prospective participants were identified; two declined participation. Sample selection ceased after 68 participants had been interviewed.

The sample size was reduced to 66 (N=66) as 2 of the participants did not want to "officially" participate in the study, that is, "on the record." However, they were more than willing to discuss their views about issues affecting nursing research, and 1 person provided valuable and time-saving "networking" assistance. Specifically, the investigator was able to access certain prospective participants in a much more expedient manner based on the information provided by the "informal" participant. The data from the informal interviews were not used in data analysis.

Human Rights

The study was approved by the University of Utah Institutional Review Board (see Appendix A for a copy of the consent form). Prior to each in-person and telephone interview, the prospective participant was asked to take extraordinary care reading, signing, and dating the consent form. The instruction "extraordinary" was important in this study because the consent form included the sentence, "It may be necessary to identify you and quote you as a public figure in the final report of the research." The investigator was aware that this stipula-

tion might be a concern to prospective participants. Thirteen participants requested the right to review direct quotations prior to publication. The investigator agreed to this request and a sentence was added to the consent form to reflect the participants' requests.

In addition, participants were advised in the consent form, and verbally by the investigator, that any portions of the interview could be identified as confidential. As a result, the audiotape recorder was turned off on a number of occasions while a participant discussed issues "off the record." Every attempt was made to minimize concerns about the interview process, and to protect the participants' anonymity and confidentiality of the data they shared.

Sample Description

The 66 study participants consisted of 42 nurses (63%), 9 health professionals (14%), and 15 nonhealth professionals (22%) clustered within three major policy-making areas: (a) the executive branch of federal government; (b) the legislative branch of government; and (c) nursing special interest groups. Twenty-two (33%) of the participants were from the executive branch, 11 (17%) were from the legislative branch, and 33 (50%) were from nursing special interest groups (Table 1). Forty-eight (73%) of the participants were women and 18 (27%) were men.

Table 1

Participant Distribution Within Each Policy-Making Area

	Nurses[a] (n=42)	Health Professionals[b] (n=9)	Nonhealth Professionals[c] (n=15)
Executive Branch			
Number of Participants	9	7	6
Percent of Participants	41%	32%	27%
Legislative Branch			
Number of Participants	2	2	7
Percent of Participants	18%	18%	64%
Nursing Special Interests			
Number of Participants	31	0	2
Percent of Participants	94%	0%	6%

[a] Nurses were defined as any participant that has a professional nursing degree.

[b] Health professionals were defined as any participants with degrees in areas of psychology, epidemiology, health care management, and medicine.

[c] Nonhealth professionals were defined as participants with degrees in other areas than those listed for nurses and health professionals such as law, political science, and business degrees.

Within each of the policy-making areas, nurses, health professionals, and nonhealth professionals were clustered as follows: (a) the executive branch: 9 (41%) nurses, 7 (32%) health professionals, and 6 (27%) nonhealth professionals; (b) the legislative branch: 2 (18%) nurses, 2 (18%) health professionals, and 7 (64%) nonhealth professionals; and (c) nursing special interests: 31 (94%) nurses and 2 (6%) nonhealth professionals (see Table 1).

Participants from the executive branch were associated with four specific agencies: the USPHS, the NIH, the White House, the Office of Management and Budget, and one consulting research organization. Participants from the legislative branch were distributed among legislative staff, ad hoc staff, and included one legislator. Nursing special interest groups were staff members and elected representatives of professional nursing organizations, nurse researchers, and other nurses who were involved in the policy process. For a detailed description of professional affiliation within each of the policy-making groups, see Appendix B.

The participants' levels of education included bachelor's degrees (11%), master's degrees (26%), medical degrees (7%), law degrees (9%), and doctoral degrees (47%). The level of educational preparation in the total sample was even more impressive when categorized into

undergraduate (11%) and graduate (89%) levels of education (Table 2). A detailed description of the educational levels of study participants within and across professional groups can be found in Appendix B.

Years of experience in the federal government referred to the actual number of years a participant was employed in a government agency position. Experience in the federal government ranged from 4-30 years for executive branch participants, 2-21 for legislative branch participants, and 0-30 for participants from the nursing special interest groups. Of particular interest are the differences in the median years of federal government experience between each policy-making group. For example, the median for participants within the executive branch was 11 years compared with 10 years for the legislative branch, and 0 years for nurses in the nursing special interest group. It is important to note that many nurses within the special interest groups had actively participated in the legislative process, but that experience was not computed in years of federal government experience. For a detailed description of the mean, median, and range of government experience, see Appendix B.

In summary, study participants included nurses, health professionals, and nonhealth professionals. The participants represented the three major policy-making groups involved in affecting federal support for nursing

Table 2

Educational Level of Study Participants

Level of Education	No.	Percent
Undergraduate		
Bachelor's Degrees	7	11%
Graduate		
Master's Degrees	17	26%
Medical Degrees	5	7%
Law Degrees	6	9%
Doctoral Degrees	31	47%

research: the executive and legislative branches of government and nursing special interest groups. The participants were highly educated with 89% having graduate levels of education. In addition, the participants had a wide range of previous experience in the federal government with the nurses in the nursing special interest groups having a median of 0 years of experience.

Data Collection Methods

The interview. A semistructured interview guide was used to interview the study participants. Appendix C contains examples of some of the general guidelines for questions that each participant was asked during the first data collection period. The questions maximized the richness and depth of responses during initial data collection. The guide was designed to be flexible and allowed both investigator and participant the opportunity to explore other themes as they emerged during the interview.

The interview guide was constructed according to principles suggested by Patton (1980) and Spradley (1979). Spradley outlines three important ethnographic elements that were used in developing the interview guide: (a) explicit purpose, (b) ethnographic explanations, and (c) ethnographic questions (1979, pp. 59-60). The explicit purpose, although previously explained in a participation letter and/or telephone conversation, was reviewed by the

investigator prior to the audiotape-recorded interview, and the participant was given the opportunity to ask any further questions about the study purpose. Next, the investigator explained the tape recording and notetaking procedures that would occur throughout the interview. "I'm going to check on the recorder about a minute or so into the interview just to make sure it is recording," is an example of an ethnographic explanation directed toward facilitating the process. In addition, the investigator asked the participant to use terms common to their policy worlds. For example,

> ...if I don't understand, I will ask you what a term means. I'm new to the policy process at the federal level and it's important to me to understand the world from your point of view,

was a statement to encourage the participant's discussion of their "culture" or world. In this way, the investigator became a "learner" and the participant a "teacher."

Experience/behavior, opinion/value, feeling, and knowledge questions were employed to further facilitate the richness of responses (Patton, 1980). The focus of the interview was the participant's experience in the policy process. Therefore, the investigator included questions about the high and low points in the process; how and in what role were the participants involved, as well as their perceptions about the policy process. For example, the investigator asked, "What was it like for you

to be involved in this policy process?" At the end of the interview, the investigator asked, "Are there any other events, issues, or thoughts that come to your mind that you think are important to understand this policy process?" This type of unstructured question provided a final opportunity for the participant to add to the content of the interview. The interview was closed by the investigator acknowledging the open and candid discussion by the participant and briefly summarizing what was "learned" about the policy process.

Due to extensive interviewing experience, most of the participants from the executive and legislative branches moved quickly into rich and detailed accounts of their experiences. For others with less experience, the semistructured interview increased a sense of security and direction. After a short period of time, they too were providing rich and detailed accounts of their experiences.

Sixty interviews were successfully tape recorded and ranged in length from 12 to 125 minutes. The mean was 59 minutes and the median was 57.5 minutes. When the range was corrected for the 12-minute and 125-minute interviews, the mean was 58.4 minutes and the median was 57.5 minutes. Thus, despite the "unusual" lengths of some, most interviews were just under 1 hour.

Four of the interviews were not successfully recorded: three due to equipment failure, and one was due

to a low and muted voice tone. Two participants agreed to participate in the study, but did not agree to tape recording; thus notes were taken during these interviews.

Descriptive field notes. Descriptive field notes (Patton, 1980) were taken during each interview that consisted of the date, name of participant, and key phrases and/or quotations from participants. Notes about major points were marked with a check so that the investigator could return to the point later for further clarification or explanation. Names were recorded of other potential participants mentioned during the interview. The names were checked at the end of the interview to allow the investigator to determine if, where, and how to locate potential participants. These potential participants were also very useful for purposes of theoretical sampling. That is, when a potential participant's name continued to appear during the interviews or from the advice of another participant, the investigator then contacted that person regarding their willingness to participate in the study.

In addition, the investigator made memos about hunches, questions, or insights either during or after an interview. Because a tape recorder was used as the primary method of recording, the field note recording was not an extensive, detailed record. Rather, the intent during the interview was to record essential statements

and quotations. The notetaking process not only served as a data collection method, but it also conveyed to the participants that their responses were valuable and important.

After the interview, the investigator reviewed the notes and determined whether the notes made sense and if they were clear. During the initial interviews, a review of notes was helpful to determine whether appropriate data were obtained, and if not, what the problem might have been. "Diary-like" notes about the context of the interview were made postinterview, usually at the end of the day. Patton (1980) suggests that notes should be recorded immediately after the interview. However, the investigator's commuting and time constraints between interviews often prohibited having sufficient time immediately after the interview to reflect and enhance the field notes.

Collection of unobtrusive data. Government documents such as the Congressional Record, House and Senate Conference reports, House and Senate Hearing reports, and text of Public Laws were collected as sources of unobtrusive data. Government and nursing study reports, proceedings from forum discussions and informal meetings, and participant-provided file contents containing position papers, internal memos, progress reports, and letters were also collected. These materials were used as secondary

sources of data and enhanced the discovery of significant processes involved in federal support of nursing research.

Webb, Campbell, Schwartz, Sechrist, and Grove (1981) suggest that documents represent yet another data source about a phenomenon of interest. The emphasis in this study was to obtain data about historical, legislative, and professional nursing events related to nursing research. The documents collected for this study provided: (a) a foundation upon which interview questions and themes were constructed, and (b) a comparative data base against which the investigator asked certain participants to clarify, explain, and enhance discrepancies that seemed to exist between a participant's explanation of a particular event or position and the record of that event or position in a document source. For example, the study period for this investigation began with The Nurse Training Amendments of 1979, P.L. 96-76. The investigator not only examined the text of P.L. 96-76, but also the hearings and reports that preceded the passage of the authorizing legislation. Decisions about how many and which records to search were directed by theoretical sampling. That is, common themes quickly emerged and provided data for initial interview questions. In addition, the data added to the investigator's knowledge about antecedent contextual factors affecting P.L. 96-76. For example, Hearing No. 96-6, report of Hearing before the Subcommittee on

Health and Environment of the Committee on Interstate and Foreign Commerce, House of Representatives, March 22, 1979, provided the investigator with verbatim text data of testimony and discussion by representatives from the executive and legislative branch of government and concerned nurses about the nursing shortage at that time. Data from this hearing provided contextual information about issues that affected P.L. 96-76 and later, served as a comparative data set against which the investigator examined coded categories from the interview data. A complete listing of government documents reviewed is provided in the Government Documents section of the Selected Bibliography.

Participants provided personal files that contained letters, reports, and internal memos that were also examined as secondary sources of data. Data from these sources provided another view of certain behind-the-scenes processes. For example, a letter reviewed from an NIH official to a legislator provided data about political posturing between two key persons and their debate about a proposed National Institute for Nursing. Knowledge about the internal posturing provided a more in-depth and rich understanding of the politics involved at a certain time in the policy process.

In summary, the unobtrusive data sources provided not only a contextual foundation for the study period, but

also a substantive secondary data base against which comparisons were made throughout theory development. The diverse "slices of data" insured density and multiple perspectives for highlighting phenomena (Glaser & Strauss, 1967, p. 66).

Procedure

The study was conducted from February 1987 through March 1988. Most participants worked, resided in, or frequently traveled to the Washington, D.C. metropolitan area; thus, the investigator traveled to the area on four separate occasions. The first three trips were 3 weeks in length and the fourth trip 10 days in length. A fifth trip to Minnesota was combined with another nonresearch-related activity; thus one participant was interviewed at that time. Fifty-six of the interviews were in person, and 10 were tape recorded via telephone due to the geographical location of the participants.

After a telephone and/or written contact with prospective participants was made and willingness to participate was ascertained, an interview was scheduled at the participant's convenience. The interview was conducted using the interview guide first and then later, directed by the constant, comparative analysis process, the interviews were focused on emerging themes.

Each participant was interviewed once and the length of the interview was determined by: (a) time available on

the participant's calendar, and (b) the natural "end" of what the participant had to discuss about the policy process. All participants completed the interview without electing to terminate it early.

Data analysis began as soon as interview data were obtained from the participants. Examining field notes and listening to the initial interview tapes provided for some adjustments to the interview structure and beginning insights into themes, puzzles, and questions. For example, asking for specific demographic information such as educational background and professional, government, and other related experience consumed a large portion of already limited interview time. The investigator then decided to ask participants for curriculum vitae or resumes and abstracted demographic background characteristics from these sources of information. All participants shared vitae or resumes without hesitation.

Data Management

The audiotapes were transcribed as soon as the investigator returned to the research base in Salt Lake City. Transcripts were read as a whole, first with the intent of reviewing and further understanding the context of the interview. Each transcript was then examined line-by-line, and in conjunction with field notes, substantive coding was initiated. Examples of initial codes included: "advocating for a change," "explaining what nursing

research is," and "disagreeing with each other." Data for each participant were compared to data from every other participant. The participants were also grouped according to their professional and organizational affiliation. As a result of this comparative process, certain substantive codes were collapsed into more general substantive codes. For example, "defining function-related nursing research" and "defining research conducted by nurses" were combined into the code, "defining nursing research."

Context-related codes were identified to indicate sections of the interview in which historical or chronological data were provided. For example, "HX OMB" was used to identify discussion related to the historical development of OMB. Twenty-four substantive codes and seven content-related codes were generated from the initial coding process. A listing of the codes is provided in Appendix D.

However, the codes were not mutually exclusive and served as units for continuing comparative analysis. Substantive codes began to cluster into natural categories. For example, "moving the research agenda along" and "insisting to be recognized" formed a category later identified as "modeling."

Also during this first level of substantive coding and concept formation, questions, initial interpretations, and hunches occurred as the investigator reviewed the

text. These thoughts were recorded as memos on a 3 x 5 card or any available piece of paper. Data were also compared with data from other unobtrusive sources. It is important to emphasize that data collection, coding, and analysis occurred jointly and continued until data collection was terminated by theoretical saturation.

The concept development, formation, and modification processes were facilitated through use of a computer program, The Ethnograph. The computer program facilitated the technical management of large amounts of qualitative data collected for this study (976 pages of transcript text). Codes were assigned through the program's coding protocol, after which the "search" function was used to locate, combine, modify, and move from the empirical, substantive coding level toward generating larger, more encompassing conceptual codes. Throughout this iterative process, relationships were discovered between the core or emerging variable and the developed concepts that formed the foundation for the theoretical framework "discovered" in this research: "Re-Searching: Toward Legitimization of Care."

Rigor of Qualitative Research

Sandelowski (1986) suggests that qualitative research is commonly judged against the same criteria used to evaluate the reliability and validity of quantitative research. However, since there are philosophical and

procedural differences between qualitative and quantitative research, the evaluation of rigor should also differ.

Sandelowski (1986) builds on Lincoln and Guba's (1985) framework for "naturalistic inquiry" and outlines four criteria to enhance rigor in qualitative research: (a) "credibility," (b) "fittingness," (c) "auditability," and (d) "confirmability."

Credibility is the criterion for validity or truth value of a qualitative study (Guba & Lincoln, 1981; Stern, 1985). Questions asked here include, "Is the theory believable?," "Are the concepts mutually exclusive, exhaustive?," and "Does the core emerging variable explain the characteristics or variation in the developed concepts?" Credibility in this research was maximized by: (a) considering the participants experts in the policy process and interviewing several participants across and within the executive, legislative and nursing special interests groups (much like content and face validity) and, (b) utilizing triangulation, (i.e., use of multiple methods in the study of a phenomenon) (Denzin, 1978; Duffy, 1987; Jick, 1983; Mitchell, 1986). Data triangulation was accomplished by interviewing participants not only from different policy-making groups, but also from different professional groups, that is, nurses, health professionals, and nonhealth professionals. In addition, several participants involved in the time period before

this study period were interviewed, thus facilitating data from different time periods. Methodological triangulation was maximized through the use of interviews and government/archival records, each of which counterbalances the weaknesses inherent in the other. For example, selective deposit or how and why certain archival records are deposited or saved creates a potential bias in the sense that only certain perspectives or measures of a phenomenon may be represented in the document. The interview then allows the investigator to further explore and substantiate an understanding of the phenomenon identified in the record. The archival record and the interview maximize increased scope and depth of data, thus assuring density and richness.

Fittingness is evaluated when the reader views the findings as meaningful and applicable in terms of their own experiences and the findings fit the data from which they are derived (Sandelowski, 1986, p. 32). Threats to fittingness include an "elite" sample. The sample in this study may qualify as an elite sample in that they are highly educated and part of an "elite" policy process. However, due to theoretical sampling, the participants were selected because they were the experts; sampling continued on the basis of the nature of the data obtained, not on the predetermined sampling plan.

Reliability and Validity

Auditability is the consistency in the findings; the investigator should find evidence of the consistency during the analysis. In this grounded theory research, auditability was maximized in the following ways. First, the investigator was in the field over a period of 13 months and interviewed 68 participants, thus facilitating the probability of consistent, emergent themes from the data. In addition, having sufficient time in the field enhanced the investigator's opportunities and experience to become knowledgeable about the Washington, DC environment. Second, no data were considered "deviant" and discarded; rather, unusual data were used to pursue additional questions for comparisons. Third, the investigator asked participants from the executive, legislative, and nursing special interests groups about the emerging themes such as,

> On the issue of supporting nursing research during the NIN legislative process, representatives from the nursing organizations seemed to rise above disorder in the ranks, and moved forward as a strong, cohesive group. Would you agree with that characterization?

The general response was, "Absolutely" or "You bet, but..." Several participants then proceeded to provide additional clarifying statements regarding context or contingencies that then further facilitated the investigator's analysis process. Fourth, auditability is demonstrated by clarity and specificity in the descrip-

tion, explanation, and justification of the entire research process. That is, the reader is able to follow the steps that the investigator followed throughout the research.

Confirmability "refers to the findings themselves, not to subjective or objective stance of the researcher" (Sandelowski, 1986, p. 34). The researcher cannot become a member of another culture or see the culture from inside out. Rather, the researcher becomes knowledgeable and remains open to all nuances of the culture or experience. In this research, the interpretive account of the policy process attempts to approximate the meaning and experience from participants' experience, rather than a biased interpretation of the researcher's view of the policy process.

Summary

To summarize, this research was designed to study the policy process related to federal support of nursing research since passage of The Nurse Training Amendments of 1979, P.L. 96-76. Sample selection and description of participants have been described. The grounded theory methodology process used has been delineated to facilitate the reading and interpretation of the findings presented in the succeeding two chapters. Chapter IV includes a description of the theory development process and Chapter V includes discussion of the theory developed from this research.

CHAPTER IV

DEVELOPING THE THEORY

Overview of the Process

Concepts in a grounded theory come from the data and are developed through an analytic process of coding and categorizing empirical data. Data begin to naturally cluster or fall into larger categories. Interrelationships begin to develop between categories and categories are combined into larger groups or concepts. The interrelationships then form a tentative theoretical framework upon which the investigator continues the analytic process. Through this process, a core variable emerges as a central, integrative category or theoretical scheme (Stern & Pyles, 1985). Three concepts were developed from this research and include: making connections, transcending disorder, and passage. Each concept is an integrating part of a larger process; thus it is not in and of itself distinct. Rather, a particular meaning and description of activity by the participants gives identity to the concept. The integrating concepts then serve to differentiate and account for variation in themes that emerged from the data.

This chapter contains three sections. The first

section contains a review of contributing, contextual conditions. The discussion provides a foundation for understanding political and professional changes that were occurring around 1979, the beginning date for this research. A contextual foundation was also provided by the participants at the beginning of the interviews. That is, the participants reviewed the changes they believed affected the policy process prior to 1979. The second section includes a discussion of the integrating concepts, and the third section is a discussion of the core variable.

Excerpts from interviews and documents are presented to illustrate the analytic process used throughout the research. Participants will be identified by organizational or professional affiliation.

The following criteria for credibility of the analysis to be presented will serve as a guide to reading the report of the grounded theory development process:

> First, the analyses should help us to understand the lives of the participants; we should better comprehend the complex pattern of human experience. Second, the concepts should maintain the integrity of the original "data." Third, the interpretations should be internally consistent. Fourth, data that support the findings should be presented. Usually, these data will take the form of excerpts from interviews. In qualitative research, readers must critically scrutinize the results of the analyses, playing a more active role in the process of "validation" than they normally would. (Adapted from Cherniss, 1980, pp. 278-279)

Contributing Contextual Conditions

Political Conditions

In 1978, concern about a nursing shortage was expressed by the Congress, nursing leaders, and hospital administrators. In response to this concern and in the context of the legislative reauthorization of the Nurse Training Amendments of 1978, Title VIII of the Public Health Service Act, legislative hearings were conducted and reports prepared to examine the federal government's role in support of nursing. House of Representatives Report (H.R.) No. 95-1189 provides one legislative view of concerns and attitudes at the time. The following is an excerpt from that Report:

> The committee has received insufficient and contradictory information regarding the need to continue Federal support for nursing education. For example, while the Department of Health, Education, and Welfare opposes extending all of the existing authorities and proposes instead to request funding only for nurse practitioner programs and for phasing out support for special project grants and contracts, their 1977 Report to Congress on the Supply and Distribution of Nurses speaks in terms of a serious shortage of nurses educated at advanced levels to fill positions in administration, education and the clinical specialties. The Department is also in the process of conducting a major review of its support for health professions training, with the aim of developing a new legislative proposal incorporating various departmental programs affecting health professions training. Several ongoing studies are evaluating the adequacy of this Nation's pool of professional nurses taking into consideration new demands and roles for nursing personnel, the impact any of the

> several national health insurance proposals would have on the demand for nursing services, and the effect an expansion in the number of prepaid group practices would have on the need for increasing the supply of nurses and effecting changes in the curricula or nursing programs.
>
> In view of the number and diversity of reviews and studies of Federal support for nursing education and the existing and potential supply of and demand for professional nurses and the annual request of the Department of Health, Education, and Welfare to terminate the program of assistance for nursing education, the proposed legislation would require the Secretary of Health, Education, and Welfare to arrange for the conduct of a study to determine the need to continue a specific program of Federal financial support for nursing education. The study is to take into account the need for nurses under the present health care delivery system and under that system as it may be changed by the enactment of natural (sic) health insurance legislation, the cost of nursing education, and the availability of other sources of support for nursing education including support under general programs of Federal financial support of post-secondary education under State and other public programs and from private sources. (H.R. No. 95-1189, 1978, p. 10)

Apparent in the language of the Report are concerns about discrepant information related to past support of nurse training programs and what role the federal government should have in future support for nursing education. The legislative intent regarding the study to be conducted by the Secretary of Health, Education, and Welfare was enacted in The Nurse Training Amendments of 1979, P.L. 96-76. Title VIII was pocket vetoed by President Carter in 1978; thus, legislative authority was through continuing

resolution until 1979.

The concern about nurse training was related to Congressional and Administration review of all federal programs related to all health professions' education and manpower activities. To illustrate, Representative Waxman (D-Calif.), speaking on the floor of the House of Representatives in support of authorizing The Nurse Training Amendments of 1979, stated:

> Enactment of H.R. 3633 will continue the program of Federal support for nursing education through fiscal year 1980, at which time the authority for Federal support for other health manpower training programs also expires. This will allow Congress to examine in detail the continued necessity for a form in which Federal support for health professions education activities should be provided and to develop a consistent Federal policy in this regard. (Congressional Record, Vol. 125-Part 16, p. 20122)

Thus, the Congressional intent at the time was to reauthorize The Nurse Training Amendments of 1979 for 1 year, after which federal support for all health professions would be examined.

Public and legislative concerns about research involving human fetuses and the proper care, treatment, and use of animals in research were also growing at this time. Due to the sensitive nature of these research issues, lengthy public discussions and sensitive legislative negotiations were initiated. These legislative discussions were taking place within the context of attempts to reauthorize legislation to support the NIH.

NIH derives statutory authority from Titles III and IV of the Public Health Service Act (PHSA). Prior to this time, there was no consistent, comprehensive authority for the NIH as an agency or for the individual institutes. The authority was a general legislative authority under Section 301 that allows the DHHS Secretary to conduct research.

In addition, there were efforts to establish a new National Institute of Arthritis and Musculoskeletal and Skin Diseases. Arthritis and related musculoskeletal diseases afflict approximately 49 million Americans, or 20% of the population. The diseases affect not only the elderly, but also adults and children (U.S. Senate Report No. 99-108).

As a result of the research and arthritis special interest concerns, and a growing Congressional interest in determining how research monies are spent, the legislative environment was one in which hearings were initiated to address the issues. This environment then was one in which the policy process related to federal support for research was opened and examined to an extent never before experienced by the NIH and parent agency, DHHS.

The increased interest and oversight was a concern to the NIH, the major research organization in this country. To further illustrate the changing dynamics, an excerpt from an internal NIH memo, dated December 16, 1983 is

presented to describe the salient concerns:

> The reforms in the House, coupled with the passage of the Congressional Budget and Impoundment Control Act (P.L. 93-344) in 1974, represented a major change in the attitude of the House toward the way in which it conducts its own business. Public Law 93-344, which created the House and Senate Budget Committees and the Congressional Budget Office, was designed to enable the Congress to make decisions about national fiscal policy and set broad budget priorities. This centralizing of fiscal responsibility further weakened the authority of individual committee chairmen. Effecting legislation through brokering among a few powerful committee chairmen became a less frequent practice.
>
> Impact Upon NIH--by the mid 70s, the days had long passed when an NIH Director could single-handedly enhance the NIH budget through negotiation with a few powerful congressmen. The institutional changes in the Congress mitigated against this kind of relationship. With more subcommittees pursuing their parochial interests, and with ultimate fiscal responsibility raised to a higher level, the ricochet effect of Congressional reform upon NIH and other agencies was predictable. These effects can be seen in the dramatic increase in the 70s' number of hearings involving NIH participation, committees and/or subcommittees expressing an interest in specific NIH activities, and public laws enacted which included specific requirements of NIH. It should be noted that by the early 70s the NIH budget exceeded $1.5 billion, an amount which would more than double in that decade. These unprecedented funding levels also made NIH a more visible and inviting subject for Congressional scrutiny.
>
> NIH witnesses testified during 1977-1980 before over thirty committees/subcommittees with which NIH had little prior interaction. This indicates the increasing role of the subcommittee, especially in the House, and the widening range of congressional interests in areas involving NIH.

Professional Conditions

The primary professional concerns that affected federal support for nursing research were related to unstable funding for nursing research and research training programs, the effects of federalism on the operations of the Division of Nursing, and differences among members of the nursing profession as to how to increase support for nursing research. The participants shared common concerns. For example, one nurse who has had both government and academic research experience shared:

> One of the things that I think you've already picked up, or should have picked up is that there have been tensions about whether lobbying for funding the research programs should be done separately from the lobbying for the Nurse Training Act; and it [the lobbying wasn't done separately] wasn't for years and years. Those within Government and those outside of Government differed in that view. The ANA in its lobbying efforts in the Governmental Relations Office took the position of lobbying under the general appropriations [and authorization] committees for Nurse Training Act funds and research.

Another nurse shared the frustrations about not knowing from one moment to the next whether funding for research would be stabilized:

> All of them (researchers) can tell stories about leaving on vacation and not being sure that when they came back they could continue their research.

The Division of Nursing had also been subject to a number of organizational restructuring efforts within the

DHEW and later DHHS. The restructuring resulted in the DN being organizationally more distanced from the top level of the hierarchy. A nurse in the executive branch shared:

> [There were so many organizational changes within the USPHS and related agencies. Each change placed the DN lower in the organizational structure.]
>
> So each time those changes occurred you had to start all over again with your program and you had to justify your policies all over again. You had to find out what the policies were going to be of that agency and the Bureau in order to be sure that your program fit into those policies. At the same time, we also knew what the nursing profession was interested in. And what kind of policies the ANA may or may not be developing -- and what was going on in the legislative branch of the government, so that you had to mesh your policies as a member of the executive branch with what you felt was important to the nursing profession as the nursing professions viewed it, and what the legislative branch was doing. It's a very interesting way in which you not only develop policies, but the way you interpret them, and the way you explain them, and then the way you administer them.

The interaction between budget reduction and reorganization efforts by the Nixon, Ford, and Carter administrations led to many years of a zero-based budget. Another nurse in the executive branch emphasized:

> Economic factors of having a zero budget for 10 years, that's a big economic factor. For most of those 10 years, it was nursing research that had the zero budget. We began to get better, with all this business about the Institute. There was much interest being generated. Everybody was saying, "nursing research, nursing research." I think the Division of Nursing ended up with some zero budgets for the other programs, but for most

> of those years, we [research] had these 10 years of zero budgets.

She went on to distinguish the difference in research support versus other DN programs:

> [The reduced budget was specifically targeted for research.] They [administration] kept saying, "It is different from nurse practitioners, nurse practitioners are important. They give service." Research, what's nursing research? Why do you want to have nursing research? Why do you exist? Why can't your people apply to NIH? Why can't you fit in with the National Center for Health Services Research? [Many times we had to defend why nursing research was needed.]

A nurse researcher stated a similar frustration with the organizational and budget constraints related to nursing research support:

> The Division is in HRSA, which is Health Resources and Services Administration, which has had a reputation for dealing essentially with service and manpower issues....So when you looked at an organizational chart, nursing was bottom runged. Not only was it bottom runged, but for research it was in a structure that really had no research mission in terms of basic and applied research, other than dealing with manpower issues. So it was, in many ways, invisible, and although the people who were in the Division really worked very hard to get the visibility, it just was not in a place. Research did not have priority because of the overall missions of HRSA. So, I think that was evident in our [nursing's] monetary struggle to get a few million dollars and each time we had to battle that in Congress. We were always bottomed out by administration and never recognized. Funding was always a big zero, and we started from there with Congress. So when you have a track record of those kinds of battles year after year after year, I think one has to ask... "What's wrong? Can't we do this better some

> other way, some other place?" And that's what we [nurse researchers] began to ask.

Therefore, the economic, political, and professional forces began to stimulate increased interest and attention on strategies to increase support for nursing research. The ANA had established a Commission on Nursing Research (later changed to the Cabinet of Nursing Research) in 1970, and a Council of Nurse Researchers in 1971 (Flanagan, 1976). The nurse researchers, in response to funding frustrations, became increasingly active in lobbying efforts through a Legislative Coordinating Committee. A past member of the Legislative Coordinating Committee shared:

> We [researchers] had individually experienced a lot of problems in trying to get our research grants funded on a continuing basis. Every year, you had to spend a lot of time lobbying to have the item put back in the budget because, as you well know, the administration, [whether] Democratic or Republican, would request zero dollars. Then we'd have to lobby Congress to get it [funding] put back in, and that had been the case for a long time. [And so we felt that we should formalize our legislative work with Congress despite objections from other researchers and ANA staff.]

Thus, the contextual nursing environment to affect support for nursing research prior to 1979 was one in which organized activity was increasing within nursing organizations, as well as the USPHS. A dominant theme emerged from participants' views. The organized activity taking place outside the DN was directed toward a change

in research support; that is, moving research out of the DN and alternative ways to increase support for nursing research were being sought.

To summarize, the environmental context prior to and during the beginning period of the current research project could be characterized as changing in response to increased public and government interest in health care and related issues. However, due to the contextual changes, the policy process was not only subject to increased Congressional intervention, but also open to intervention by other special interest groups. Thus, the context is established for this research.

Concept Development

Concept: Making Connections

Making connections is the process of associating with others to have or get a desired effect or to develop a common interest. This concept emerged out of the relationship between three major categories: modeling, symbolic posturing, and mutual adjustment.

Modeling is defined as a process of taking over, assuming responsibility to make something happen, and understanding the responsibility that goes with the role of taking over. Very early in the interview process in response to questions about the forces that have changed federal policy for nursing research, "the nurse researchers" and "the leadership in the nursing field" were

identified by nurses and nonnurses as major forces in the policy process. For example, one nurse researcher cited an early personal experience that provided the impetus for her involvement in research at a policy level:

> My first association was through [her], who was on the very first Commission on Nursing Research at ANA [American Nurses' Association]. When I got my doctorate... that was the period of time in which the American Nurses' Association, through a grant from the Division of Nursing, was having annual research conferences. [I went and got introduced to a lot of people, all of the commissioners were there.] So while [we were socializing], I was making my ties...
>
> Another thing that I distinctly remember from that same Commission was a picture, I think in the "American Nurse," that showed [nurses] going to Congress. It was a picture on the steps of Congress, and I can remember [two nurses] in particular, and I thought that was the most wonderful thing I had ever seen. I don't know why; I can't tell you why, but I thought, there was something inside of me that said, "That's right!" You know, there's got to be a point at which the researchers go and start getting us more and better interpretation about what nursing research is, about money for nursing research, about making Congress aware of what nursing research can mean. I just remember being ecstatic.

At a different level, another nurse researcher shared a history of the frustrations with the struggle for research funding and how she developed a support system to effect change:

> Our whole [nursing's] history of nursing research has been one of struggling for funding. [First three million, then four, then five; a celebration because it was seven million, and some setbacks, then nine million.] And we [researchers] have also

> watched NIH and have seen the stability of funding, [and] the extent of funding. Also the cadre of scientists in NIH, of which we thought nursing ought to be a part. And over the years the Cabinet had, at first there were really few contacts with NIH, with administration, and then we began to look at how we could explore, build support for an eventual move for nursing research.

When asked, "What do you think it was about that group of women that led to a coalescence of interest?," she shared:

> I think they were bright and I think they were assertive. They had a healthy sense of self-esteem as scientists. I think it was their own personal characteristics and their knowledge from prior experiences...that perhaps nursing hadn't moved in research because they simply hadn't explored, asked, and pushed enough for increased support. I also think it was the perseverance and the sense that we belonged in the mainstream. [The nurse researchers had a shared vision, pursued it, and vowed not to give up until we gained increased recognition and support for nursing research.] Also, having to explain what nursing research is to non-nurses, to Congress, and to NIH [helped us build our case for why we wanted increased support for nursing research].

Yet another perspective was cited by a nurse executive from a national nursing organization. During a discussion of the characteristics of the nurse researchers, she comments:

> I believe it was the conclusion that moving through the regular ranks of NIH was not a channel open to them [nurse researchers], and they consciously decided to use a political strategy in order to become represented in the NIH arena. [They planned and funded a legislative network to achieve what they wanted, a place for nursing research in NIH] authority.

An NIH participant shared this perspective when asked about the forces that have affected nursing research:

> I expect that one strong factor has been the leadership in the nursing research field. [The researchers have taken the lead in addressing the question, raising the issue, and challenging that something be done about nursing research support.] I think the nurse researchers have taken quite consistent stands [on increasing support for nursing research]. They've insisted on these issues being looked at.

The emerging theme in the descriptions of the nurse researchers was related to moving forward -- assuming both personal and group initiative to advocate for increased support of research. A memo was recorded in the form of, "Who are these women?" "Is it coincidence that these women happened to be in the right place at the right time?" "What do they have in common?" It is interesting to note that the nurse researchers that the investigator identified as significant participants in the policy process were doctorally prepared in disciplines other than nursing; that finding is not unusual in view of the history of doctoral programs in nursing. What is interesting, however, is that these nurse researchers were either supported through USPHS Predoctoral Fellowships or attended universities whose programs were supported by Research Development Grants; both programs were designed to better prepare nurses for research careers.

Modeling also applies to characteristics of certain legislative staff involved in the policy process. For

example, one senior staff counsel discussed the legislative conflicts that were occurring around the attempt to reauthorize the NIH legislation:

> This bill was going to be taken to the floor under an open rule, which means it could get any amendments that were germane to the bill. I remember that we [the two of us] began to brainstorm in this office about what could knock us over the edge. What could make the [legislative] substitute successful? A winner? Because when you're a Republican, you don't have the votes... We weren't sure we could really win this one if it went to the floor. And through brainstorming, and through the Institute of Medicine study on nursing research, the idea of the nursing institute kind of came into being. We had data [to support] that nursing research needed to come out of the closet. [Nursing research] needed more visibility and needed to be considered on a higher scale if it was going to continue to function. We needed to promote nurse researchers because they were never established and there weren't many of them. So we talked to [the Congressman] about it, and we talked to [others], and you have to attribute a lot of this to [a staff member].

The use of "I" and "we" associated with the development of the nursing institute continued throughout the interview. The two legislative staff members were identified by other participants as having combined their efforts in such a way as to have had a major effect in the legislative process.

A nurse lobbyist shared a similar perspective about a Senate staff person. The discussion was in the context of describing the veto override events prior to the establishment of the NCNR:

> ...and really, you must talk to [him]. You cannot do this dissertation without talking to [him]. [He] was just so instrumental; without him, there is no way in hell we [nursing] would have ever done it.

The data about the apparent strength of certain committee staff members were then compared with data from related literature sources. The selective sampling of the literature was in response to an earlier memo question, "How is it that staff seem to have taken on such a major role? What's really happening here?"

Malbin (1981) and Polsby (1981) provide a discussion about the changes in the structure of Congress during 1970-1980. The power of standing committee chairs was weakened and the role of subcommittee chairs was strengthened by changes in the House of Representative committee structure and function. The standing committee chairs lost the power to appoint subcommittee chairs, to control referral of legislation to subcommittees, and to prevent their subcommittees from meeting. As a result, most hearings and important decision making resided at the subcommittee level by 1975.

The decentralization of specific issues to subcommittees provided increased access for special interest groups and considerable authority within specific legislative areas -- that is, issues such as health, labor, and research. Committees and subcommittees began to hire additional staff to manage the increased work. Malbin

(1981) reviews four additional factors involved in the increasing role of Congressional staff:

> 1) A desire to be less dependent on the executive branch and outside interest groups for information; 2) a desire, especially among Republicans and junior Democrats to put their own imprint on issues of national importance; 3) a desire on the part of an increasing number of members to devote time and resources to gaining credit in the media for putting new issues on the legislative agenda instead of working quietly to impress colleagues through committee specialization; and 4) a desire of almost everyone in Congress to gain some control over their expanding workloads and over the increasing fragmented nature of their work. (p. 134)

The result then of Congressional committee changes has been the development of entrepreneurial staffs. Staff members who look for new ideas or problems/issues amenable to legislative intervention subsequently may exercise considerable initiative in the legislative process. Therefore, the question the investigator raised about the nature and extent of staff involvement was resolved, and the investigator had a greater understanding of the staff role in this policy process. In addition, the entrepreneurial role for staff is most apparent in the authorization part of the legislative process. Staff involved in the appropriations process are characterized as having an expediting role versus initiating role in the legislative process.

Symbolic posturing is a process in which individuals in an organization address a problem with the intent to

make adjustments, rather than to make substantive change. The process is usually focused on what is; the approach is frequently through a study or "objective" evolution. This category emerged from participants' discussions about the studies on nursing research that were conducted after 1979 and the dynamics involved in conducting the studies. There were five studies conducted after 1979 that affected the policy process: (a) the Institute of Medicine study, "Nursing and Nursing Education; Public Policies and Private Actions" (1983); (b) "New Investigator Federal Sector Grantmanship Project" (Stevenson, 1983); (c) "Assessment of the Organizational Levels of the Public Health Service Nursing Research Activities" (Gornick & Lewin, 1984); (d) "Responding to Health Needs and Scientific Opportunity: The Organizational Structure of the National Institutes of Health" (Institute of Medicine, 1984); and (e) "Task Force on Nursing Research" (U.S. National Institutes of Health, 1984). A review of these studies is found in Appendix E.

A consistent response pattern was evident from both nurses and nonnurses about what effect the IOM study had on the process. One member of the IOM Committee on Nursing and Nursing Education shared:

> The recommendation [#18] on the IOM study... was really the pivotal point. But you see, those of us on the study did not see that recommendation [as] being the one that would get picked up first, and run with. We felt that there would be a number of education

> ones that should be picked up first, not research.

A legislative staff member declared:

> The IOM study was a significant and critical event. The recommendation related to research apparently served to legitimize, on the part of the nursing organizations, their efforts to get more support for nursing research.

An independent research consultant stated:

> One thing you need to keep in mind, when the government doesn't know what to do, it "studies" it. That's one reason why research consulting firms are big business in Washington. When the Congress or USPHS decide to do a study, it [sic] usually needs more information to support the status quo.

An NIH participant shared this perspective related to the NIH Task Force on Nursing Research:

> [After the IOM] report, it became clear that there was going to be significant Congressional interest [in reviewing nursing research] and we thought we ought to have a better understanding of what [the NIH was doing in the area of nursing research. The task force was established] and we subsequently took testimony from representatives of the nursing research community... to determine what was nursing research precisely. Various people provided us with definitions and ultimately, as you see in the report, it fell into two areas: research undertaken by nurses, which is rather straightforward; and then a much larger and somewhat less well-defined area, called nursing research, also known as patient care research, health services research, and clinical research. There was never much more clarity for the concept than that, and those two definitions are the definitions that carried us through the entire 1-year review undertaken by that committee.

A participant who was responsible for overseeing the

USPHS study shared:

> I can't remember exactly what the genesis of [the USPH study] was, but it was politically motivated by pressure from Congress. They were thinking about doing something [an Institute] and we said, [the administration] "Wait, wait. We'll study it." We looked at what research was going on in the Division on Nursing Research, and I guess the other key issue in my mind was the definition of nursing research. What was it? I mean how do you distinguish it from any other kind of research? And I think the key conflict at that stage was, is nursing research a distinctive kind of inquiry, or is nursing research research done by nurses? And we had a very difficult time in having a good discussion about that with the advocacy groups, which is again why I call it a political issue rather than a policy or program issue.

A review of the literature further enhanced the investigator's understanding of "Why all these studies about nursing research?" "Are these government agencies supportive of a change in support for nursing research?" "Seems like everyone is looking for something; what is it?" Alford (1975) provided a framework for the investigator related to structural interests and how, through study methods and appeasement, the bureaucracy attempts to avoid major change or reorganization.

Confirming opportunity is the process of recognizing a mutually beneficial association between different groups; the interaction between the groups results in increased benefits that might be otherwise impossible. As one legislative aide stated:

> Do you believe in serendipity and opportunity? I was in [his] office when the IOM report came out. We [staff] needed an issue to win on the NIH reauthorization and nursing was it. Then we called the nursing groups and started talking to them.

A White House administrative official shared, in response to a question about the impetus for the nursing research legislative proposals:

> I think it was timing, pure and simple. He [legislator] needed votes and supporting nursing research was a way to get them. Both sides were able to get what they wanted.

A nurse associated with a professional nursing organization revealed the following during a discussion about the major forces related to legislative initiatives:

> There was a lot to be gained by the nursing community and politicians who would advocate the Institute. The legislators had votes to gain and popularity and recognition, because it was right before a presidential election... [By the time] the issue of the institute was raised on the floor of the House, there was really very little debate. [Legislators] would look at nursing like apple pie and didn't really look into the details of what nursing or the Institute was really all about. So it was kind of hard for legislators to say no to nursing sometimes, because you can say things about "everybody needs a nurse," and you know it's not like you're talking abortion or something full of controversy. It is controversial in the sense of -- do nurses need graduate education, and should there be nursing research? But nurses themselves have a pretty good PR when they go onto the Hill. So I think they had recognition to gain. [Then there was the IOM report and it was the catalyst for legislative action. The timing was right for nursing to convey to legislators, NIH, the public, and other nurses that nursing research was important.]

Making a fortunate discovery, the IOM study recommendation, at an opportune time was a consistent theme expressed by certain organized professional nursing representatives and the legislative staff. However, the executive branch perspective represented a variant mode in this case in that attempts to alter the bureaucracy in any way were not viewed as opportunity, but as an attempt to disrupt the status quo. As one administrator stated, "One group's solution becomes another's problem." Another outside observer remarked:

> NIH has consistently resisted attempts to add new organization entities. And adding a nursing institute was beyond their comprehension. Now they will tell you that it's not that they don't support nursing research, it just doesn't belong at NIH.

In addition, there were nurses who shared a perspective similar to the administration. One nurse observer summarized:

> There was a continuum of responses to this [Nursing Institute]. There were the people who were opposed to it. There were the people who were very supportive of it. There were the people who didn't know what was going on, and there were the people who were skeptics, who knew what was going on, but didn't believe it. And so because you didn't think it was going to happen, you didn't invest the emotional energy in being for it or against it. I was the skeptic. I honestly did not believe for a very long time that it was going to happen. I had seen too much of this. I had seen too many ventures like that of [the Congressman]. [The Congressman] who was going to [introduce the legislation] had never been into the nursing issues, which became one of the reasons why people objected to it. It was a

> Republican initiative. I just thought it wasn't going to make it. I also knew that the folks at NIH would not be enchanted with this. [The nursing group that was consulted in the beginning was very small and a lot of the objection to the legislation resulted from the fact that some other nurses did not know about it.] Suddenly [The Institute] was on the agenda, and [other influential nurses] didn't know anything about it.

There were two distinct themes shared by the participants: (a) confirming opportunity and (b) the variant theme: maintaining the status quo.

Interpretive summary. The concept "making connections" developed out of the interactive relationships between modeling, symbolic posturing, and a confirming opportunity. The activity associated with each category involves movement toward a vision or goal; movement toward making something desirable happen. The desire to affect a goal may vary in one dimension -- that is, the nurse researchers and certain legislative staff characterized their activity as something new, a serendipitous event, resolving to establish a change. In contrast, the desire on the part of other nurses and the executive branch was to maintain and preserve what was -- to change in incremental ways to satisfy conflict. It is emphasized that the categories are not mutually exclusive; modeling affected and was affected by confirming opportunity.

Concept: Transcending Disorder

Transcending disorder is the process of rising above or going beyond the usual pattern of interaction. This concept emerged out of two integrating categories: accepting differences, and committing to the "new."

Accepting differences is agreeing to disagree among the ranks, but with resolve to go forward. During a discussion about the sources of nursing disagreement over the proposed NIN, one representative from a professional nursing organization shared:

> I think that there is always a lot of posturing and ego needs that have to be met in these matters. But everybody, you see, the nursing community, everybody, wanted to be involved. There was one [nursing] meeting where everybody had a fit because they said that they thought this was going to upset the Division. You see some of the federal people were all very concerned that this move would mean perhaps the demise of the Division, or at least undermine it and weaken it.

Another nursing organization staff person commented:

> When more people in the nursing community learned about [NIN], it was just such a new idea, and it was so foreign, and it was so untalked about, that that's when you began to see resentment in the ranks, so to speak. And a lot of unpleasant political discussion emerged, and they weren't just discussions. There was a lot of vocalizing of, "How could we be doing this? Are we crazy? It's not been thought through. It will hurt us more than it will help us. We're not ready for it." I guess what I'm saying is from the very beginning it was okay, and then once the word got out and some of the influential leaders and some of the people who, you know, hadn't been consulted and thought they should have been consulted, started to

> vocalize their concerns. That's when the problems intensified. However, at the same time, the lobbying built up so that I think there was a curve, and there peaked a time of intense discussion and perhaps dissension. And once it caught on politically and people saw that this was -- nurses saw that this was a reality -- and that Congress was not going to shut the door in our face altogether in dealing with this issue; then the dissent diminished. Certainly once it got passed in conference committee the first time around...then at that point... I think we all thought, "Hey, this is something that can work. It might not work today or tomorrow, but eventually something of this sort will become a reality." That's when the dissent amongst the nursing ranks diminished.

A nurse researcher shared, in response to a question about what it was like for her in the process:

> I say I'm trying to be objective, but I must say I had some real feelings about some of [the criticism]. It was very hard. I have to be careful because you end up with "the pot calling the kettle black." [Some of the people critiqing the process] know that politically you can't always go out and have a public referendum; you have to make a fast decision. I thought the reason they were so upset is [because] it's not coming out the way they thought, so they say the process wasn't correct." That's my [analysis], it may be a superficial analysis, but I think that's part of it, and they might indeed have had some good reasons for not trusting. [The professional organizations have been known not to trust each other on certain issues.] On the other hand, it's always a risk you take. I was amazed. That was just totally amazing to me that so many people seemed so afraid that we would [move forward without support from others].

Another nursing organization staffer stated:

> I don't think the conflict is a bad thing necessarily. It could have defeated us, but I think it got the nursing community mobilized and active.

An internal memo from the American Association of Colleges of Nursing (AACN), dated July 22, 1983 further enhanced an understanding of the difficult relations:

> The AACN Board, only after painstaking deliberations, decided that they should continue to support and contribute to the amendment in order to make it as strong as possible.
>
> It is our hope that the amendment will be introduced prior to the August 5, 1983, recess, but not voted upon until after Congress reconvenes. This will allow representatives of the nursing community time to discuss this amendment with their associates and their congressmen. If it does not get introduced or if it fails to pass, the amendment should provide a sounding board for discussions around the reauthorization of the Nurse Training Act due to expire next year.
>
> Is this ideal? No! The ideal would be nursing-initiated legislation fully reflective of broad input and futuristic considerations. Is there a risk involved in waiting for such nursing initiated legislation? Yes. We will have to find a sponsor and general support for future legislation after saying "No, thank you," to similar efforts now underway.
>
> These are the facts as I know them, colored, I'm certain, by my perceptions. Obviously each individual will ultimately act according to conscience and in what is believed to be the best interest of nursing.
>
> May the force be with us; and the timing ideal to allow full discussion!

Another nurse participant, speaking at the "Forum Discussion on the Institute of Nursing," held by the American Academy of Nursing, September 27, 1983, shared yet another dimension. Speaking to the forum partici-

pants, she commented:

> I am concerned about the possibility that our supporters on the Hill are being alienated by our decision to get on the band wagon of Representative Madigan who has to this point been relatively unknown to nursing. I worry about the reactions of Mr. Waxman, who still is being opposed to this move, and who has been friendly to nursing.
>
> Mr. Purcell who has really been a supporter of nursing is not a co-sponsor of that Madigan amendment. I wonder why.
>
> The current administration has not been supportive of the values and initiatives and programs that are important to nursing. I feel that our support for the Madigan amendment will be used in an election year as an indication of our support for one party over the other.
>
> [Later] Our decision must be based not only on current expedients, but also on long-range objectives and principles.
>
> There are, no doubt, risks involved in any case. My concern, certainly, is not that we try to avoid all risks, but rather that we find ways to strengthen our ability to take the right risks. This means that we must understand the current proposals fully and the actions that might be necessary.
>
> I think we need to allow for deliberative discussion and dissension so creative alternatives might emerge. Otherwise, I fear that our decisions will be made on blind guesses. Thank you.

Nonnurse participants cited similar observations about the process. As one research consultant shared:

> The nurses were making the argument; and when I say the nurses, I don't mean all nurses, because there were a number of people interviewed, as you know, who had some real reservations, and some very thoughtful and prominent people in the

field, who did not feel that the NIH solution was the right solution. Let me just say that while I'm talking generally, we got a sense that within the nursing profession there was a highly politicized split. There were those who felt this was a rare opportunity to get a place in the sun, long and unfairly denied, and many other things would follow from it; many other things that the nursing profession has been fighting for... that would follow from this kind of prominent, high-visibility victory, accomplishment -- and that whatever the merits of where nursing research would be, there was much more at stake here... Therefore, a stand ought to be taken, and this was the time to do it. "If this is the only issue we have, by God, let's grab it and run with it." There were others who felt that while they had no less commitment to wanting to win these kinds of accomplishments for the nursing profession, this was the wrong issue because it was the wrong solution. And if it's the wrong solution, it casts a dubious eye, a dubious cloud on the nursing profession. I mean it really raises the question of whether we are using an issue that's got the wrong solution to accomplish some of the goals, and could be counterproductive in that sense.

A legislative staff participant emphasized:

When we called the nursing groups, the Tri-Council, [the representatives] took it back to their organizations and they just flipped out. They said, "how can we [nursing] do this, [NIH won't treat us well, we won't be accepted, we won't be able to do anything there]. We have a system we can work with, and we know about HRSA." It's been zeroed out for the past 5 years, but you know, it was safe. I think individual deans started calling in, "What the hell are you doing?" They had certain grant programs, and I think they were scared that they would lose a pipeline that had been going out directly from their place. I think there was also a real fear of, "Do we do research that's worthy of the NIH name?" And that was also something we began to hear a lot [from NIH]. "This is not the type of research we do at

> NIH. We do basic biomedical research. Nurses don't do basic biomedical research."
>
> [Later, after discussing specific legislative events]...but this [NIN] was something the nurses finally got together on.

An NIH participant shared:

> It is entirely clear that the ANA, AACN, the NLN [National League for Nursing], finally got their act together and all wanted the same thing. When they [Tri-Council] mustered their forces with a very clear program of what they wanted and started to use the influence [of 1.9 million voting nurses], they could almost not fail. I believe the time was right. They had good reason for wanting to move it out of the Division of Nursing. NIH said this wasn't the place for it, but for the life of me, looking at it from the nurses' point of view, if it wasn't NIH, I don't know where it could have gone. So they had no choice except to push very hard to come to NIH and it was the strength of the consolidated movement -- and now that I have met some of those women who were involved in that, boy, I have nothing but respect and admiration for the way they handled their constituency, both legislative and nursing.

To summarize, the consistent themes and activity throughout these examples include differing opinions about the appropriate organizational location of nursing research programs: calling meetings and forums to discuss differing opinions and issues, with the result being an agreement to go forward in the legislative arena in support of what would later become the NCNR.

Committing to the "new" is risk-taking; going beyond allegiance to the "past." One nurse participant (who had been identified as being "opposed" to the proposed NIN

legislation) responded as follows to the question, "What would a process have looked like to you if nursing had been able to establish a forum for discussion?:

> Well, ideally all of the major organizations would have had a discussion on the proposal and the membership of the organizations would have been able to discuss the pros and cons. And I think there should have been some recognition, well, more recognition of the debt that we owed the Division and what we could do if it were possible to make sure that the Division of Nursing was not at risk. See, I don't believe in forgetting about [those in the DN] who befriended you. I don't think it's healthy and I don't think it's a mature orientation. The idea of a separation for separation's sake, or for some people's idea about stature bothered us [those who spoke in opposition] a lot.

Later in the interview, she then shared:

> At a certain place in your development, there are things that you have to say and have to do, and if you don't have the courage to do those things and say those things, you're not worth anything. Only immature people, what I consider immature people, try to make things uncomfortable... See, that's the other business of being in so-called leadership positions. You are vulnerable in some ways, but in other ways, you're not vulnerable, and so it really doesn't matter what certain people think about you. The thing that people never understand is how individuals can hold a position and say what they have to say. And then once the decision is made, then those individuals participate in making the decision work.

A nursing organization staff member summarized:

> Once the turf battles were over and people [nurses] realized we weren't abandoning the Division of Nursing, the organizations were able to agree on this issue [legislative]. Then, during the early part of the process we held firm to the fact we wanted an

> Institute, not a Center, not a Bureau, or an Agency. We wanted an Institute at NIH. Now, you realize it was difficult at times because there were a lot of attempts to get us to compromise, but we wouldn't, not at first anyhow.

Concept: Passage

Passage is a way in and out -- a process of moving from one mode to another. Two categories serve to integrate the concept: compromising and catharsis.

Compromising is adjusting and/or settling opposing principles. While discussing a legislative process, one nurse researcher commented:

> The interesting thing was that as we came up to the very end on the legislation, we [nurses] were asked, "What would you compromise and what will you not compromise?" And that's when it became tricky...and there were a number of things we would not compromise on. One was we would do both the conduct of research and the support and dissemination of research. They [the legislators and staff] wanted us to take out conduct of research, which means that we could never have had the intramural program. That was a no - no.

A legislative staff member shared another perspective about compromise in the context of legislation:

> We didn't have another new Institute, but simply a Center for Nursing, which I felt was an entity to accomplish the beginnings of improved patient care research. [The compromise was a careful and conscious compromise so that we could address the administration's and OMB's concern about new institutes].

A nursing organization representative shared an experience related to the Tri-Council. She related:

> Overall, we worked very well together [after discussion of forms of communication], the glitches were related to which strategies to pursue and who should pursue them. That became more of an issue. And there was always that concern about protecting the Division and we [the three organizations] all had to sit back and take special notice of what was happening in the Division and how to work with them.

Another nursing organization staff member shared:

> It was a compromise to go with a Center instead of the Institute. The way I look at it, it is an Institute because it looks like and acts like an Institute--the compromise was in name only. Now we're in NIH and we have to continue our work so that there is adequate support for the Center.

Catharsis is a process of renewal -- of giving expression to ideas and redefining relationships. A nurse researcher emphasized:

> It worries me to think about getting into these networks, where clearly people are simply sitting and saying, "Nurses?," "Nursing Research?" But I guess I basically believe in what we do. We do it and we do it well. We have a major commitment to a science that's not covered by anyone else. It interfaces a lot of other people's science, but it is different. It is unique and it's worth fighting for.

An NIH participant shared a perspective related to changes in the health care policy arena:

> I think it [the NCNR] definitely has achieved it, particularly as a part of the fabric of the NIH. By joining it [NIH], it's done something else though too, in that however one chooses to read the mission of the NIH, it certainly was true that the traditional mission of the NIH, as commonly interpreted, was somewhat more circumscribed than what would include nursing research. What the

> National Center for Nursing Research has done is define explicitly, at least in that area of NIH involved in research into health services, to the extent that any part of a definition of nursing research includes research into ways to make more efficacious the laying on of hands, of certain kinds of therapeutic preventive measures that involve patients' interactions in any kind of health system, whether it is in a hospital setting or public health center. Then it's an explicit entry of NIH as an organization into the health services arena. There are several other institutes without that nominal explicit charge that have funded or carried research that had elements to it of the delivery of health services, but it had never been quite so explicit in those other instances as the Congress makes it with the National Centers. So I think it works both ways, that not only is nursing research more visible and more integral with respect to the policy making associated with health research in general, but also adds that stronger theme, at least in that one area with respect to the actual delivery of preventive or therapeutic services.

A legislative staff member stated:

> That which is perceived to be real is real in its consequences and there probably is no more fundamental lesson than that. Nurses are a fearsome group because people perceive them to be powerful, they perceive them to be effective, they perceive them to be capable of generating huge amounts of rank and file attention back home...It affected our [legislative] ability to buck the nurses.

Another nurse observer shared:

> I would say the importance of nursing organizations pulling together can't be overestimated. If ANA had been alone on this, I don't know if we would have managed it because ANA does not have all of the concerns of the discipline. And certainly other groups -- but the fact that at least the Tri-Council publicly came together on this I think was terribly important. It

> allowed then for the support outside of the field of nursing to mature as it did. It would not have happened if it would have been one nursing organization, in my opinion. At least that's what some of the contacts I have had outside of nursing led me to believe, that this was very important. People love nursing, and particularly politicians, and they want the coalitions to stay intact. That's why I'm very much concerned about where we go now in terms of trying to find sufficient common ground on which most, many of us in nursing can stand, in order to push some of our agendas forward. I think that's one of the critical challenges of this next period of time.

Interpretive summary. The concept "passage" emerged from data themes related to movement from one system of federal support for nursing research to another, NIH. Again, the movement is characterized as bringing nurses and nursing research to a different level of consciousness for each policy-making area in this study.

Core Variable

"Re-Searching" is the core variable that emerged and is the theme that holds the data together. "Re" is defined as again; anew; over again. "Searching" is defined as looking over or through for the purpose of finding something; exploring; examining, inquiring, seeking, investigating (Webster's Unabridged Dictionary, 1983). Therefore, re-searching is the process of searching again and over again, a process of exploring and moving forward to find something.

This theme emerged from the reduction and comparison

of interviews and unobtrusive sources of data. Glaser (1978) states that a core variable is central to the theory, accounts for variation in the pattern of behavior, is relevant, and works. The core variable "has the prime function of integrating the theory and rendering the theory dense and saturated as the relationships increase" (p. 93).

In this study, the process of re-searching was evident for all participants from nursing special interest groups, the legislative branch, and the executive branch. It is the direction of the re-searching that differentiates the participants. For example, the nurse researchers were looking for an organizational location that would place nursing research in the mainstream. Other nurses were looking again at keeping nursing research, education, and practice together in the DN. Others were looking for increased recognition for the merits of nursing research.

The legislative staff were looking for ways to authorize the NIH legislation successfully, and to bring an end to a long and protracted battle. Other staff were looking for issues that would "make a mark."

The administration was looking for ways to maintain the status quo. That is, the executive branch was looking for ways to satisfy the nursing special interests and Congressional requests for increased support for nursing

research, but without any significant organizational change.

Re-searching then is the core variable that accounts for patterns of behavior related to the policy process affecting support for nursing research. Glaser (1978) suggests that a core variable can be any type of theoretical code: a process, a condition, two dimensions, a consequence, and so forth (p. 96). The core variable in this research represents both process and consequence.

Substantive theory then is developed by determining relationships, dimensions, and consequences of the core variable. The major outcome of this research is the development of a substantive theory, Re-Searching: Toward Legitimization of Care. A discussion of the theory and the core variable relationships and consequence follows in Chapter V.

CHAPTER V

THE THEORY "RE-SEARCHING: TOWARD LEGITIMIZATION OF CARE"

The substantive theory, Re-Searching: Toward Legitimization of Care, was developed through a theoretical coding strategy in which relationships, dimensions, and consequences of the core variable were identified. Glaser (1978) provided a framework that facilitated the investigator with theoretical abstraction about the core variable. "Families of codes" or the "six C's" were applied to the data: causes, consequences, contexts, contingencies, covariances, and conditions (p. 74). As a result of this analytic process, a major dimension of re-searching was identified, as well as a major consequence. A description of the core variable and consequence follows.

Core Variable

The core variable is "re-searching" and accounts for a "pattern of behavior that is relevant, as well as problematic" for the participants involved in the policy process affecting nursing research during the study period (Glaser, 1978, p. 93). Re-Searching is relevant for

nursing and legislative participants in that the process of looking for, examining, and moving toward a desired goal was operationalized. For nurses, the goal was the establishment of the NCNR. For legislators, the goal was passage of an NIH reauthorization bill, the Health Research Extension Act of 1985. For the executive branch, the goal was to minimize additional intrusion on executive prerogative -- that is, external management by Congress. To an extent, that goal was also successful in that Congressional attempts to recodify extensively how NIH operates and conducts research are not present in the authorizing legislation. There are, however, two additional organizational structures, the National Institute of Arthritis and Musculoskeletal and Skin Diseases and the National Center for Nursing Research, that were established by the legislation. New institutes were opposed by the executive branch. Re-searching was also problematic for participants in that the strategies employed in the process of looking for and moving toward a desired goal were in opposition to each other throughout the process. The strategies employed are characterized as optimizing and satisficing (Jones, 1984; Lindbloom, 1980). Optimizing is a strategy in which maximum change is advocated. Satisficing is a strategy in which the status quo is maintained or with minor adjustment. The integrating concepts -- making connections, transcending disorder,

and passage account for the variations in how and in what way participants were involved in the process.

Consequence

What is significant in this research is that the process of re-searching is closely related to a consequence: Toward Legitimization of Care. As one nurse observer stated:

> The idea of having to discuss nursing research and having to say what nursing research is from the perspective of the people that nursing serves, it has been very good for us [nurses].

Many participants shared frustrations related to "defining nursing research." One NIH administrator shared during a discussion of the NIH task force:

> In those early discussions, we tried to pin down a workable definition of what nursing research or nursing-related research was, and that was not too easy because of the differing views about exactly how to focus or how broad the definition ought to be. But we eventually came out with a definition, at least that this group could accept.

Another participant from the executive branch shared:

> First of all, the nursing community has never been able to clearly define for me what they mean by nursing research. And it seems to me that nursing research per se threads through both biomedical research, patient care research, and health services research.
>
> [Later, when discussing the establishment of the NCNR]:
>
> If that Center can act as a lever to incorporate into the NIH mentality the team concept of care research, that nurses are

> valuable researchers, investigators in multidisciplinary projects...[then nursing will enter the policy arena].

A legislative staff participant, during a discussion about the initial NIN legislation commented:

> We began to have to craft a lot of arguments that nurses can do basic biomedical research, and will do basic biomedical research. But they also do research on care, delivery of care, and these are all things that are important to the NIH mission and clearly are left out right now, or only come in bits and pieces. But it began the slow process that [led to defining nursing care research].

Another executive branch participant shared:

> The analogy I would draw [to nursing research] would be the Supreme Court definition of obscenity--you kind of know it when you see it. I think we all knew on some sort of consensus basis that, yes, this was patient care research.

The following excerpt summarizes the development of the consequence, <u>Toward Legitimization of Care:</u>

> I think if you look at it [nursing research] from the beginning, the issue of nursing was pure politics. It had nothing to do with the substance of nursing research at NIH. [Later] Ask yourself the question, "At what point in the process Congress decided that the Nursing Center was for (a) research by nurses or, (b) research on nursing. At what point was that decision made? It was never clear through the process until the end. It was resolved at the final conference report that it was primary care research... Later in the process, as we got to our conference, we had to make more detailed decisions about what exactly it is that is being created and what guidance we should provide the agency in administering it. That's when we started to focus more on patient care research. But it really was not intended to be research money for nurses, but rather the relationship of nurse and patient care toward the

> disease process and recovery and treatment, and that makes a lot of sense to people. But that was never raised in the early stages of the debate. Certainly in the [early legislation] critique of the nursing institute or the nursing center as it became, you won't see any recognition of the value of that kind of research. I think now you would.

Toward Legitimization of Care developed as a consequence of re-searching what was initially a political issue -- that is, establishing an NIN. Later, the issue became related to the legitimacy of care research within the context of research conducted at NIH. During the memo sorting process, the question, "What is it about care that's important here?" assumed importance because it was not clear to the investigator what relationship, if any, care had with re-searching. A literature review provided further enhancement on understanding "care."

Reverby (1987a) offered insights about "care" in an article, "A Caring Dilemma: Womanhood and Nursing in Historical Perspective." The author provides an analysis of the historical development of a care dilemma and consequences for the nursing profession. Of relevance to this research is the notion that care involves not only who you are [nurses], but what you do. The data from participants, when compared and contrasted, included references to nurses as well as to the research that nurses do -- that nursing research is different, and has a place at NIH. The distinctions and definitions by participants are

not as clear as those summarized; however, what is consistent is an increased awareness of care research associated with the nursing research policy process. "Toward" is deliberately used as a descriptor for the consequence because it is not clear to the investigator whether the dimensions of care are fully understood or conceptualized by the study participants. In addition, "nursing" as a descriptor for care has not been applied in this research because the investigator has not clarified with participants whether care is directly associated with nurses or nursing care. That is, it is not at all clear that participants in this study would delegate "care," "caring," or "care research" to the nursing domain only. Rather, there is strong indication in the data that care, care research, or patient care research ought to be a component of research supported by many areas within NIH.

Three concepts have been identified that describe the patterns of behavior in the policy process -- making connections, transcending disorder, and passage. Re-searching is the core variable that describes the major dimension that characterizes the policy process related to nursing research. A substantive theory, Re-Searching: Toward Legitimization of Care, emerged from the empirical data and provides a theoretical scheme from which hypotheses can be developed to explain the policy process related to federal support for nursing research. A schematic

representation of the theory is found in Figure 1.

The grounded theory provides a data base upon which further research can be conducted and implications for nursing theory and education can be discussed. Chapter VII contains a discussion of the research question,study implications, and limitations.

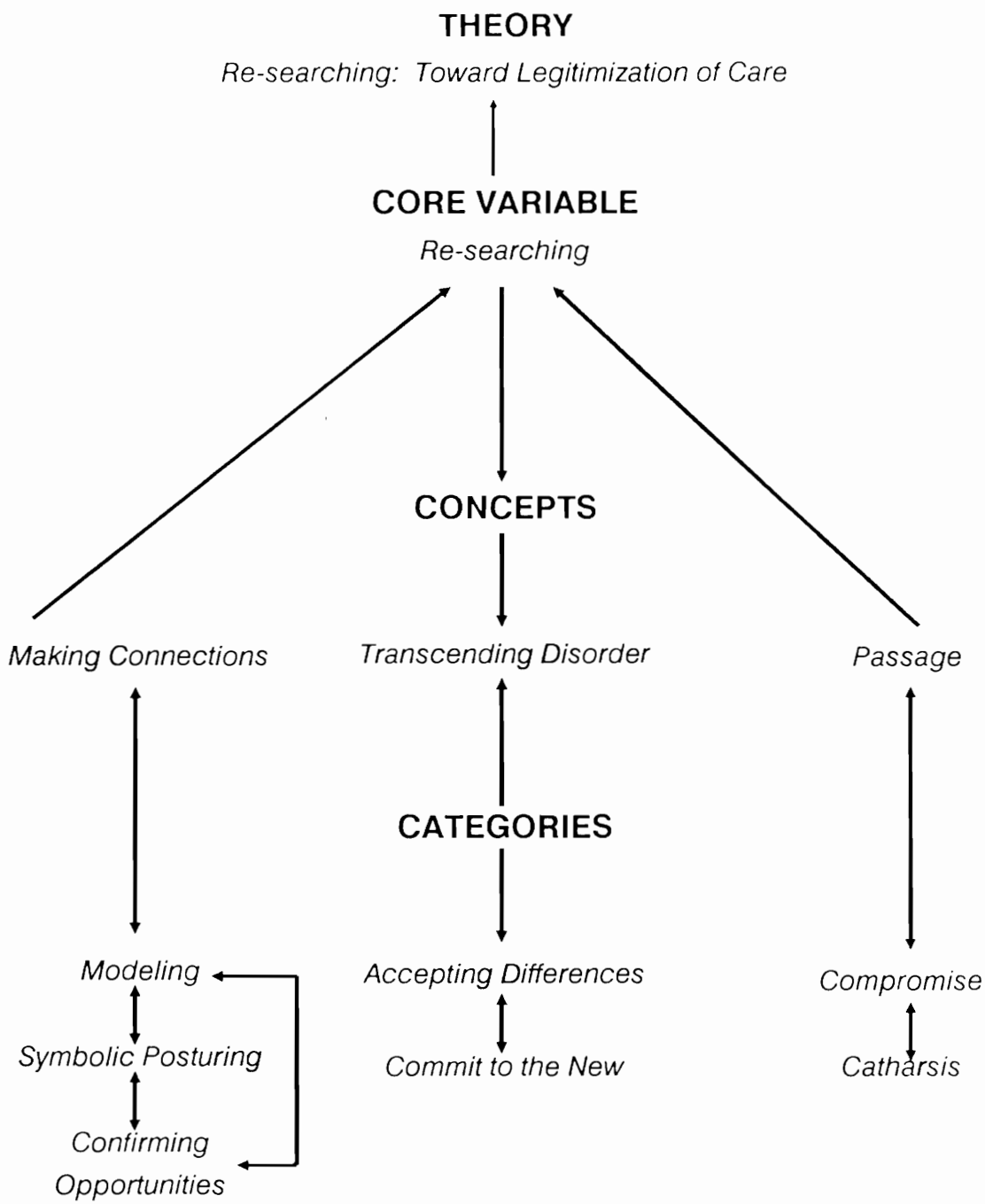

Figure 1. Schematic representation of the theory development.

CHAPTER VI

DISCUSSION

The purpose of this research was to analyze public policy related to federal support for nursing research. A grounded theory approach to policy analysis was utilized and led to the formulation of Re-Searching: Toward Legitimization of Care, a framework for understanding the policy process. This chapter includes a review of the research question, methodology, findings, limitations, and implications for nursing.

Research Question

Continuation of federal support for nursing research has been affected by many social, economic, political, and professional factors. Nursing has and continues to receive the majority of research support from the federal government, and as a result, nursing research has advanced greatly. However, if nursing is to compete for continued support, analysis of how policy affects research support is critical; yet, no systematic study has been conducted. This study addresses a portion of this information gap and focuses on the policy process.

The major research question was:

> How has public policy related to nursing research evolved since the passage of The Nurse Training Amendments of 1979, P.L. 96-76?"

The four subsidiary research questions were:

> 1. Who were the key individual and groups involved in shaping public policy for nursing research?
>
> 2. According to those involved in the policy process, what was the meaning they attach to support for nursing research?
>
> 3. What were the key events that have affected public policy support for nursing research?
>
> 4. What political, social, economic, and professional processes have been involved in affecting public policy support for nursing research?

The questions were initially formulated as a guide to assist the participants and the investigator in discussing the policy process. Therefore, findings related to each question are not presented as part of this research. In addition, there were significant differences between participants about the effect of certain political, social, economic, and professional processes. For example, one NIH administrator shared about the women's movement:

> I think the women's movement has been permeating everything and it's probably stiffened the resolve of the nurses who are women. I mean they can't help but be a part of that. I suspect that has a lot to do with the world out there and accepting [the legislation]. Yes, that's probably a very astute part.

Another executive branch administrator, in response to a question about the effect of the women's movement

shared:

> I started to say none, but that's never realistic. It may have cut both ways. [There is] no question that the structure of the society is influenced by gender. Nursing [is] a predominantly female discipline and there is a disproportionate lack of women leaders in all professional fields. [I think gender] is something that slows a discipline such as nursing down.

In contrast, a legislative staff member shared:

> The women's thing probably had something to do with [the Congressmen's] picking up the issue. After that, I don't think it had any effect at all.

Therefore, descriptive, categorical data about specific persons, events, and processes are not presented separately from the discussion of the theory.

Methodology

The design of the study was descriptive field research. The sample consisted of 66 participants who have been involved in the policy process affecting nursing research. A semistructured interview was chosen as the primary data collection tool to maximize participants' discussion of the policy process. Descriptive field notes were also taken during each interview. Unobtrusive data from government documents and participant files were used as secondary data sources. All interviews were conducted by the nurse researcher. Sixty-two interviews were audiotaped and transcribed. Data from four interviews consisted of descriptive field notes only.

Data collection and analysis proceeded according to grounded theory methodology (Glaser & Strauss, 1967; Stern & Pyles, 1985). Two major criteria guided data collection: theoretical sampling and constant, comparative analysis.

Theoretical sampling is the joint collecting, coding, and analyzing of data to determine what and where to sample next. Participants in the policy process were sampled from three policy-making areas: (a) the legislative branch of government, (b) the executive branch of government, and (c) nursing special interest groups. Participants also came from three different professional groups: (a) nursing, (b) health professions, and (c) nonhealth professions.

Data collected from primary and secondary sources were then compared and contrasted. Constant, comparative analysis directed the coding process. Twenty-four substantive and seven content-related codes were generated. Coding and concept formation continued and later seven conceptual categories were developed.

Government documents provided an exceptionally rich secondary data source for this research. Congressional Reports were useful in order to gain additional data about what views committee members had about the legislative intent of a proposed law. In contrast, Hearings were useful as background information about rationale for a

hearing, who testified and what was said and/or entered into the record. For example, verbatim written and spoken testimony is present in the proceedings of the hearings. One particular area for this investigator was gaining a more indepth understanding of the nature of Congressional oversight activities related to NIH and how research monies are authorized and appropriated.

The comparative process continued until the theoretical concepts were saturated -- that is, until no new data occurred. Concepts were modified and a core variable emerged.

Findings

Analysis of data from interviews and unobtrusive sources led to the formulation of a theoretical framework to understand the policy process related to nursing research. Re-Searching: Toward Legitimization of Care provides a rich, descriptive base for understanding the process and for generating hypotheses for further study.

Participants described a process that is characterized by constant movement -- a process that involves developing and facilitating connections between persons, ideas, and goals for purposes of mutual benefit. It is also a process that must be understood as occurring in an environment subject to contextual influences. For example, participants identified the publication of the IOM study report as a critical event in the process.

Recommendation #18 from the report was an important stimulus that led to a legislative initiative to establish an organizational entity to support nursing research outside the DN. Information about the initiative (then the NIN) is readily available in the nursing and health-related areas. What is not available is how nursing research, in the context of stiff NIH reauthorization legislation, severe budget constraints, no previous legislative history related to moving research elsewhere and out of the DN, and with few visible allies beyond the nursing profession, became legitimized as an issue. The grounded theory developed from this research emerged from the participants themselves and provides a framework for understanding the legitimization process. The participants were the experts and shared the meanings and definitions which they ascribe to their experiences in the policy process. Thus, the theoretical framework becomes "grounded."

Three concepts related to the process emerged from the interviews: making connections, transcending disorder, and passage. Making connections is a process of associating with others to have or get a desired effect or to develop a common interest. The concept provides a framework for understanding how and under what conditions participants interacted in the policy process. Individual participants made connections at a personal and organizational level.

Personal connections for nurse researchers involved the development of research interests early in a professional career and a resolve to take responsibility for facilitating and increasing support for nursing research, especially at the federal policy level. Connections were also developed between nurses and led to the development of a network that provided resources and support necessary for building strategies related to nursing research.

Connections for certain legislative staff meant developing and successfully operationalizing a strategy to reauthorize NIH legislation that had been debated for 3 years and without agreement. The IOM study provided the impetus for certain nurses and legislative staff to "connect" and agree to support an initiative to establish an NIN.

The variant pattern was a connection on the part of executive branch participants and other nurses that there was an attempt to change the structure to support nursing research. Certain nurses mobilized long-standing support networks to challenge the proposed separation of nursing research from education and practice. Other nurses argued that public forums were required so that constituent membership of the major organizations could discuss the issue prior to a decision to support a change in nursing research support. The pattern of behavior involved maintaining the status quo and suggesting a rational,

minimizing strategy to address the issue of nursing research support.

Transcending disorder is a process of rising above or going beyond the usual pattern of interaction. As a result of the energy generated from opposing ideologies about support for the NIN legislation, disorder, or major, significant disagreements occurred between and among the three policy-making groups. However, disagreements were discussed in a series of forums (nursing, legislative, and executive) and agreement was reached to move forward and support the nursing research initiative. The variant pattern of behavior again offered support for the status quo on the part of the executive branch. A number of proposals were put forth as substitutes for the NIN (and later NCNR) including the announcement by Secretary Margaret Heckler, on January 14, 1985 of the establishment of a Center for Nursing Research in the Division of Nursing. The announcement of a Center for Nursing Research in the Division of Nursing was an attempt on the part of the administration to disrupt the legislative impetus for an NIN.

Passage is a process of moving from one mode to another -- a way in and out. From a legislative perspective, passage was the successful authorization of the Health Research Extension Act of 1985 despite two Presidential vetoes. Passage, however, meant something

additional to the participants. Nursing research was now organizationally located in an environment dominated by a biomedical ethos, the NIH. Patterns of interactions concerned with research grants, training, support services, and budget were to change in significant ways from previous interactive patterns in HRSA. Passage also represents a way of moving from low visibility to high visibility of nursing research activity -- movement from nursing research as a political issue toward nursing research as a policy issue.

In summary, the theoretical framework provides an understanding of the policy process affecting nursing research between 1979 and 1985. The descriptive data base provides a foundation from which hypotheses can be generated. The framework provides a way of understanding the policy process beyond a purely political, social, or economic perspective. The policy process affecting support for nursing research must be understood in the context of contributing influences. In addition, the importance of timing, serendipity, and packaging cannot be overemphasized in this process. One could hypothesize about whether nursing research would have become an issue without the NIH reauthorization context; without the substantial prior political work of the arthritis lobbying group to raise awareness of the need for another institute; and without the "entrepreneurial" efforts of a

different few in the early formulation stage of the process.

However, it is more important to understand the effects of nursing organizations coming together and agreeing to go forward to support the nursing research initiative despite major disagreements over substance, strategy, and control. Participants from all three policy areas identified the consolidation of the nursing community as a major political force in the process.

As a consequence of the legislative process, data from participants support the emergence of a theme, Toward Legitimization of Care. During the legislative process, nursing research was questioned, examined, and evaluated in a manner never before experienced. Discussions about the merits of nurses doing research, nursing research, and the value of nursing research within the larger context of biomedical or "cure" research resulted in an increased awareness of the "care/cure" context. Despite an increased awareness, nurses and nursing research have only gained entry into the legitimization process; issues related to implementation and evaluation are critical to determine the legitimacy of nursing in the health research agenda.

Limitations

There are several limitations inherent in conducting a grounded theory study. First, a major limitation lies

with the researcher and the ability of the researcher to conceptualize. The researcher is the primary reviewer of the data. In this study, there are large amounts of interview data, in addition to other unobtrusive data sources. Certain themes may not have been discovered; thus, a secondary analysis is indicated in the future.

Data collection was retrospective -- that is, participants were interviewed about the policy process after the period of study interest had passed. Thus, participants were "recalling" their perspectives of the process, rather than during the policy process. As a result, significant data may have been forgotten.

Findings are limited to the study population. The framework developed in this study cannot and should not be generalized to the policy process affecting nursing education or to participants involved from the judicial branch of government. The naturalistic design used for the research does not allow for such generalization.

The process discovered in a grounded theory approach is to be applicable across time. The study period in this research was limited to between 1979 and 1984; thus, the process that emerged may not be applicable across a larger time span.

Implications for Research and Theory

The grounded theory developed from this research provides a substantive, descriptive data base for understanding the policy process according to the participants involved. One next step would be to reinterview all participants for further clarification and refinement about how or in what ways the women's movement affected the policy process. This was a factor in which there were considerable differences in responses.

Another area of research is the notion of legitimization of care. Participants could be interviewed specifically about what "care," "cure," and health versus biomedical research means and how that meaning affects participant behavior in the policy process. Several formal theoretical frameworks may be applicable. First, a feminist analysis of the relationship between women, nurses, and type of work (research) and whether legitimization is truly related to legitimization or other factors could be conducted. Results would provide additional insight into the "value" of care and whether value is assigned to nurses and nursing research, and if so, on what bases.

Second is Enelow's (1984) theory of congressional compromise. Policy preferences of congressional leadership can be predicted based on two parameters: (a) whether policy is a preferred policy; and (b) whether

policy will win on final passage. Additional insight about the dynamics of the initial NIN legislative proposal would provide data for future nursing strategies on how to affect policy through congressional leadership.

Third, research based on frameworks of class, elites, and groups may assist in answering questions about the class differences between nursing and other policy-making groups and how the differences affect the interaction between the groups (Dahl, 1982; Domhoff, 1983). For example, Domhoff would argue that NIH is an institution of privileged individuals and those individuals have an interest in maintaining a system of research support to meet the needs as they determine and will resist any attempt to change in any major way how research is conducted and funded.

MacPherson (1987) is critical of nursing's view of health care policy and analysis and suggests Gil's (1981) framework for health care policy analysis. The framework consists of three areas for investigation: resource development, division of labor, and rights distribution. In addition, the incremental model of policy development -- that is, policy changes with only minor adjustments -- is proposed as another analysis approach. The framework developed in this research provides a base upon which questions can be generated related to each of these areas. Data from participants indicate that opposing strategies

utilized in the policy process may reflect basic conflicts related to the value accorded research and who conducts that research. Research in these areas would facilitate greater understanding of the policy process affecting support for nursing research.

Implications for Nursing Education

Integration of curriculum content related to health care policy and politics has been advocated by professional organizations (American Academy of Nursing, 1979, American Nurses' Association, 1980; National League for Nursing, 1986a,b). Many authors have also proposed changes in how nurses can affect public policy (Aiken, 1981; Kalisch & Kalisch, 1982; Mason & Talbott, 1985; Solomon & Roe, 1986). This literature represents an important contribution to nursing literature. However, the emphasis of the literature is focused on the politics involved in the policy process. What is missing from contemporary literature is a critical analysis of processes that affect policy and strategies that nurses can utilize to affect the policy process at any point. Data from participants in this study indicate that a political analysis of the nursing research policy would have been incomplete and focused primarily on the legislative process of enacting legislation without an understanding of the interaction between policy-making groups. Thus, there are implications for inclusion of a

much broader conception of public policy and methods of policy analysis in educational curricula. Critical analysis is essential to increase understanding of nursing's role in the policy process and to effect change -- not only for improvement of the nursing profession, but also an improvement of the conditions of those who are equally affected, the clients.

Summary

The substantive theory developed from this research Re-Searching: Toward Legitimization of Care, provides a descriptive foundation upon which further research is indicated. Findings provide a base on which critical analysis can be conducted. Findings also provide a sense of caution and pause for careful thought about how the NCNR was established and how nursing and other interested groups can continue to affect policy. If attention is not given to policy implementation and evaluation and how the "new" bureaucracy makes the rules, an executive branch participant shared:

> I think it is more likely that nursing research will become bureaucratized in the NIH mold, than [that] it will be reformed. And so you could have the worst of both worlds. You could have the NIH model and the NIH flexibility without getting the growth in the innovation and the freshness which was one of the selling points for nursing research. Eventually, somebody on the Hill, whether a supporter, a neutral, or a negative, is going to say, "Well, it's been 5 years. What's the productivity? What's the output? You know we bought the idea that

> it was a good move. Nurses are good. Research is good, and so we put money into it. We've been putting money into it for 5 years. What's it done?"
>
> [Later]: One of the lessons of Washington is probably everything that is at one time popular and with a successful campaign will come in for negative scrutiny for a variety of reasons. And when that happens, if the basis of legitimacy for that original campaign has not been shored up and if the performance has not been such that people can say, "It was a good idea," [the NCNR will be subject to critical scrutiny]. If it has not found a way to validate its existence in terms of dominant values, rather than just nursing values, it [NCNR] will have a stronger island but won't be translated into the mainland.

Of major significance to nursing is the analysis of the policy process beyond a political analysis. A strong case can be built that had contributing, contextual conditions not been present, the nursing profession would not have been able to affect any major change in federal support for nursing research. There is very little evidence to suggest that nursing research was discussed or viewed in a substantive manner. Rather, the initial impetus to establish an Institute for Nursing was a political opportunity that some in the organized nursing community seized to affect increased support for nursing research. What is important to emphasize are the effects of timing and opportunity, the development of a consolidated strategy on the part of both the Tri-Council and other specialty nursing organizations, and using a strategy that challenged the usual incremental way that nursing has so often used to effect change. In addition,

the continued use of the care versus cure strategy to differentiate nursing research from other kinds of research merits serious caution. While study participants were supportive of the need for care-related research, it is not clear whether they would support care as only belonging in the domain for nurses. Thus, continued use of this strategy may eventually result in alienation, rather than continued support from policy makers and other policy allies.

The establishment of the National Center for Nursing Research is an example of what can happen when the nursing community utilizes a proactive strategy to develop and support innovative approaches to changing public policy. Data from this research support the need for a continued innovative strategy to ensure support for nursing research and to avoid the institutionalization of nursing research into the "NIH way."

APPENDIX A

CONSENT FORM

The purpose of this study is to analyze public policy as it affects federal support for nursing research. Approximately 50 persons will be interviewed and will include legislators, government employees, and nurses. You will be asked to give your opinion on the social, economic, professional, and political processes that have influenced the development of policy concerning nursing research. It is anticipated that the interview will last approximately 1 hour. Arrangements will be made for additional interviews if more time is needed to express your views.

This research will result in a better understanding of the policy process affecting federal support for nursing research. The benefits for you may be an increased awareness of the factors that affect federal support of nursing research. Other than possible invasion of your privacy, the risks of this research are minimal.

The interviews will be tape recorded. It may be necessary to identify you and quote you as a public figure in the final report of the research. If there is a topic about which you do not wish to be quoted, you may indicate the portions of the interview that you want kept confidential. Your participation in this research is voluntary and you may terminate the interview at any time.

If you need to contact me concerning questions about this research, you may do so by calling 801--581-8272 or local DC area (_____). Problems about the research that you do not feel comfortable asking me may be addressed to the University of Utah Institutional Review Board at 801-581-3655.

I agree to participate in this project and acknowledge that I have been provided a copy of this consent form.

_____

Participant Date

_____

Witnessed by Date

Thank you for agreeing to participate in this study.

Carol A. Ashton, R.N., M.S.
Doctoral Candidate
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APPENDIX B

DETAILED DESCRIPTION OF SAMPLE CHARACTERISTICS

Table 3

Professional Affiliation Within Specific Subunits of the Executive and and Legislative Branches and Nursing Special Interests

	Nurses		Health Professionals		Nonhealth Professionals	
	No.	Percent	No.	Percent	No.	Percent
Executive						
USPHS (n=13	7	(54)	2	(15)	4	(31)
NIH (n=4)	0	(0)	4	(100)	0	(0)
White House (n=3)	2	(66)	1	(34)	0	(0)
Research Organization (n=1)	0	(0)	0	(0)	1	(100)
OMB (n=1)	0	(0)	0	(0)	1	(100)
Legislative						
Legislative Staff (n=9)	2	(22)	2	(22)	5	(56)
Ad Hoc (n=1)	0	(0)	0	(0)	1	(100)
Legislators (n=1)	0	(0)	0	(0)	1	(100)
Nursing Special Interest						
Staff/Representatives (n=20)	18	(90)	0	(0)	2	(10)
Nurse Researchers (n=7)	7	(100)	0	(0)	0	(0)
Interested Nurses (n=6)	6	(100)	0	(0)	0	(0)

Table 4

Educational Level of Study Participants Within and Across Professional Groups

	Nurses		Health Professionals		Nonhealth Professionals		Percent of Total Sample
	No.	Percent	No.	Percent	No.	Percent	N=66
Level of Education							
Doctoral Degree	25	(60)	3	(33)	3	(20)	(47)
Law Degree	2	(5)	0	(0)	4	(27)	(9)
Medical Degree	0	(0)	5	(56)	0	(0)	(7)
Master's Degree	12	(28)	1	(1)	4	(27)	(26)
Bachelor's Degree	3	(7)	0	(0)	4	(27)	(11)

Table 5

Years of Government Experience

	Executive Branch			Legislative Branch			Nursing Special Interests		
	Nurses (n=9)	Health Professionals (n=7)	Non-health Professionals (n=6)	Nurses (n=2)	Health Professionals (n=2)	Non-health Professionals (n=7)	Nurses (n=31)	Health Professionals (n=0)	Non-health Professionals (n=2)
Mean	15.3	10.3	16.5	4.0	10.0	11.0	3.5	0	1.0
Median	17.0	7.0	15.5	4.0	10.0	12.0	0	0	1.0
Range	4-30	4-28	4-30	3-5	5-15	2-21	0-30	0	0-2

APPENDIX C

INTERVIEW GUIDE

Introduction

Introduction of researcher and the research

> [May say something about a news item in the newspaper, an event affecting the congressional session, or their particular agency.] I'm glad you were able to see me today. I know your schedule is tight so I'll stay cognizant of the time.

Explanations

Audiotape transcription and notetaking procedures were described. Participants were asked to read, sign, and date Consent Form. Consent Form changed if necessary.

Ask if there are any questions before starting the interview.

Explicit Purpose

Review purpose of the study and identify participant's involvement.

> I'm interested in how public policy related to nursing research has evolved since 1979 and I understand that you have been involved [describe what investigator knows to be type of involvement].

Encourage to speak in terms common to their policy world.

> I'm new to the federal policy process and it's important for me to learn about the world from your point of view. So talk in terms you would normally use. If I don't understand, I'll ask you what they mean.

Questions

Ask questions about participant's involvement in the nursing research policy issue; include political, social, and economic areas if participant doesn't

discuss; clarify "meaning" of terms and/or statements.

Descriptive/Experience

Perhaps you could begin by telling me how you became associated with the nursing research issue and then we can go from there.

How would you describe [event, situation]? If you were to characterize the [event, situation], what would you say?

Structural/Knowledge

[Emphasize, "again, from your perspective"] tell me how this [event, situation] came about. What were the steps or activities involved?

Opinion/Value

I know that there are social, political, and economic factors that affect most policy issues. I'm wondering what processes or forces you would identify as affected federal support for nursing research?

Feelings/Meaning

What was it like for you during the [time, event, situation] you just described?

You've mentioned several high points; what were the low points for you?

By that [word, expression], you mean? What does that [ ] mean to you?

Contrast

[Person] has characterized the situation in this way; how would you

characterize?

Would you agree that [ ]
affected the policy process?

Conclusion

Thank participant for agreeing to participate. Make a summary statement about what was "learned."

Tell them about sharing an abstract when study is completed.

APPENDIX D

LISTING OF SUBSTANTIVE CODE

Code	Activity
ADV CHANGE	Advocating for a change
ASSOC NRES	Associating (personally) with nursing research and/or nurses
ASSOC WM	Associating with women's movement
CARE RES	Defining care research
CHNG C	Changing in the Congress
CHNG COMM	Changing in committees
CON C	Connecting with Congress
DEF NRES	Defining nursing research
DEF NIHRES	Defining NIH research
DEV NROP	Developing options
DIS RESUPP	Disagreeing over research support
EXPL NRES	Explaining nursing research
INSIS REC	Insisting to be recognized
INTF NIH	Interfering with the NIH way
INTRDG EX	Intruding on executive powers
LEGIS NRES	Legislating nursing research
MOV NRES	Moving research agenda along
NEED MNSTR	Needing, wanting to be mainstreamed
NLBY C	Lobbying (nurses) for change in Congress
NRS DIS	Disagreeing with each other
NRS TOGTR	Sticking together
PCKG NRES	Packaging nursing research

Code	Activity
SUPP NRES	Supporting nursing research
STDY RES	Studying research

Context Codes

GRWY LBY	Growing effect of lobbies
HX DN	History associated with the Division of Nursing
HX NIH	History associated with NIH
HX OMB	History associated with OMB
INV PUL	Involving political changes
REDCVT R	Reducing federal government by President Reagan
TRNG NRES	Educational training affecting nursing research

APPENDIX E

SUMMARY REVIEW OF STUDIES RELATED TO NURSING RESEARCH ACTIVITIES

1. Institute of Medicine, (1983). Nursing and nursing education: Public policies and private actions. Washington, D. C.: National Academy Press.

This study was authorized by Public Law 96-76, the Nurse Training Act Amendments of 1979. The study was conducted by the Institute of Medicine of the National Academy of Sciences and was charged as follows: (a) to secure an objective assessment of the need for continued federal support of nursing education programs; (b) to make recommendations for improving the distribution of nurses in medically-underserved areas, and (c) to suggest actions to encourage nurses to remain active in their professions.

The committee established ad hoc advisory panels, conducted workshops, commissioned working papers, and selected representatives from nursing and related professions to provide input about the study questions.

Findings from this 2-year study included 21 recommendations about what role the federal government should continue in support of nursing and nursing education. Of relevance for this research are Recommendation Numbers 18 and 19. Recommendation 18 states:

> The federal government should establish an organizational entity to place nursing research in the mainstream of scientific investigation. An adequately funded focal point is needed at the national level to foster research that informs nursing and other health care practice and increases the potential for discovery and application of various means to improve patient outcomes (p. 19).

The committee was unable to agree on the location or

type of organizational entity; thus, the general recommendation for a center of nursing research was made. The committee did agree that:

> ...the goal should be an entity for nursing research at a level of scientific credibility that would provide impetus toward the initiation, coordination, monitoring, and dissemination of clinical and operational nursing research in academic and other research centers throughout the United States (p. 217).

Recommendation 19 is somewhat related and states:

> Federal and private funds should support research that will provide scientifically valid measurements of the knowledge and performance competencies of nurses with various levels and types of educational preparation and experience (p. 21).

Of interest is the recognition and support for research related to establishing performance criteria for nurses prepared at different educational levels. The availability of accurate empirical indices would assist nurses and others to better allocate resources for educational programs and to utilize graduates more appropriately. Federal and private funding was recommended to support research in this area.

2. Stevenson, J.S. (1983). New investigator federal sector grantsmanship project. Kansas City: American Nurses' Association.

This project was conducted by the American Nurses' Association in cooperation with several agencies of the USPHS. The major goals of the project:

> Were to expose doctorally prepared nurse researchers to funding opportunities outside the DN and to expose research agencies in the wider reaches of the USPHS to nurse-generated studies. (p. 2)

Draft research proposals were requested from nurse researchers and subsequently reviewed by the project director to determine which NIH and/or USPHS agency would be appropriate to review the proposal. A total of 111 draft proposals were categorized and assigned to the appropriate agencies for review. Sixty-one of the proposals were initially assigned to be reviewed by NIH. However, only 12 of the proposals were identified by NIH staff as relevant to the NIH mission. Twenty-four additional proposals were of interest to NIH, but the aims were not congruent with the mission or the methodology description was too preliminary. To further assist the 24 investigators with proposal development, a workshop was planned in June 1982. NIH staff provided information about the mission and priorities of the NIH institutes and encouraged the investigators to revise proposals according to workshop guidelines.

Of specific relevance to this research is the finding related to why 25 of the 61 proposals were rejected by NIH staff. The content of responses was categorized into four areas:

1. Development of knowledge in the care domain (as opposed to cure domain).

2. Studies of the family as the target unit of health care.

3. Studies of interpersonal processes.

4. Health promotion studies (p. 6).

These areas of research were identified as not congruent with the NIH mission. However, Stevenson suggests that the list of research foci provides a rationale for research that could be the exclusive domain of nursing research and for the development of an appropriate location for adequately funded nursing research.

3. Gornick, J.C., & Lewin, L.W. (1984). Assessment of the organizational locus of the public health service nursing research activities. Washington, DC: Office of Health Planning and Evaluation, Office of the Assistant Secretary for Health, USPHS, DHHS, Contract No. 282-83-0072.

This study was authorized by the Office of Health Planning and Evaluation, Office of the Assistant Secretary of Health, USPHS, DHHS. The study was authorized in response to a directive from the Senate Committee on Labor and Human Resources. The purpose of the study, conducted under contract with Lewin and Associates, Inc., was to assess nursing research activities within the USPHS and the advantages and disadvantages of organizational changes related to nursing research.

The project staff reviewed results from the IOM study, the legislative history of nursing research initiatives (H.R. 2350 and S. 2574), and conducted interviews with nurses, as well as nonnurses.

Four possible organizational structures and four managerial options were suggested as ways/methods to support nursing research activities within the USPHS. The four organizational structures included: (a) a Center for Nursing Research in the existing DN; (b) a Center for Nursing Studies and Research in a proposed Bureau of Nursing within HRSA; (c) a National Institute of Nursing in the NIH; and (d) an Office of Nursing Research within the Office of the Director of NIH.

The managerial options included the stabilization of funding, filling vacant positions, expanding research grant staff and dissemination of research findings as part of HRSA agency responsibilities. Increased education, numbers of nurses on NIH study sections and councils, and inclusion of nursing research in NIH priorities were activities suggested within NIH. Cooperative efforts between NIH and HRSA such as jointly-sponsored projects and moving the DN to the NIH campus were suggested. USPHS-wide coordination of all nursing research activities was also suggested as a way to stimulate and monitor nursing research.

The findings of this project focused primarily on organizational alternatives for nursing research activities. However, data from the interviews were summarized by the staff and supported a central theme related to the importance of patient care research to the

USPHS mission. Thus, a connection was then made to the close link between patient care research and nursing care research.

4. Institute of Medicine, (1984). Responding to health needs and scientific opportunity: The organizational structure of the National Institutes of Health. Washington, DC: National Academy Press.

This study was authorized by the Department of Health and Human Services and conducted by the Institute of Medicine, National Academy of Sciences. The study charge was to analyze the present structure of NIH with specific attention to NIH's ability to address issues that are cross-Institute and cross-disciplinary in nature. In addition, criteria for determining changes in NIH structure and mission were to be recommended.

A committee consisting of 15 scientists and 3 advisory panels held public meetings, analyzed existing data about NIH structure and function, interviewed persons with health science policy interests, and solicited written comments about areas of study charge.

The committee developed seven major recommendations from their work. Of relevance for this study was the recommendation that structural changes in NIH be made sparingly and only after proposals undergo a formal review. In addition, any proposed change was to be compatible with the present NIH mission and not focused on regulation of any health or other nonresearch activities.

The committee also recommended that the DHHS create a Health Science Board to review health research needs and recommend changes in the research mission of the NIH and other USPHS agencies.

5. U.S. National Institutes of Health, (1984). Task force on nursing research: Report to the Director. Washington, DC: U. S. Government Printing Office.

This project was authorized by the Director of the NIH. The task force was charged to: (a) examine the NIH role in nursing research; (b) assess current NIH support for nursing research; (c) evaluate the feasibility of increasing NIH support; and (d) examine the current and potential role of nurses on NIH peer review groups, advisory councils, and boards.

The task force examined existing data about nursing research conducted at NIH, and conducted interviews and workshops related to nursing research and areas of needed support. The task force struggled with the definition of nursing research and resolved to address nursing research on two dimensions: (a) research conducted by a nurse principal investigator, and (b) nursing care research.

The task force concluded that nursing research activities were currently supported within the NIH. However, the nursing research environment could be enhanced by (a) fostering an increased awareness of nursing research within NIH and identifying nursing

research priorities compatible with BIDs' (Bureaus, Institutes, and Divisions) missions; (b) encouraging more collaborative and interdisciplinary research and training; (c) assisting in the development of nurse researchers; and (c) increasing nurse representation on study sections, committees, councils and boards.

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