Developing a Spirit of Inquiry

One of my roles as Editor is to help potential authors develop a spirit of inquiry. As I do workshops on writing for publication or work with individual nurses whose aim is to see their ideas published, the most frequent suggestion I make is, “Let me help you to develop your spirit of inquiry.” This is usually met with a quizzical look, but then I go on to explain further.

Published articles, books, dissertations, or studies of any type begin with an idea. The source of such ideas is not some mysterious wellspring or philosophical musing, but rather comes from everyday experiences. If we cultivate a habit of looking at what faces us from new or different angles or asking questions about what is happening as we go along doing what is expected of us at work, or even during social encounters, then these germs of ideas can develop. The opposite of this inquiry approach is to accept the status quo or to assume we are powerless to make a difference or shift things in a positive way.

Let me give you some examples. I recently presented some plenary sessions and workshops at the New Zealand Conference “Southerly Change: Past, Present and Future,” convened by the New Zealand College of Mental Health Nurses. Maori people, who are the natives in New Zealand, were very much a part of this conference, held at the University of Otago in Dunedin. Both Maori and non-Maori people greet each other with kia ora. Their elders and officials begin all the sessions with a blessing or prayer, formally greet the participants, and tell some of their history. This is done in the Maori language, with no translation provided. I wondered how many of the 300 or so audience members understood what was being said.

Therefore, I took the opportunity to ask the question before I began my plenary presentation.

I was surprised to learn that only a handful understood the language. I shared my observation that in other parts of the world, when the majority present do not understand what is being said, translation is provided, either verbally or in subtitles. For example, Maori words to a song were projected so the audience could sing along. I suggested the English words could appear beneath the Maori words.

Following my presentation, we had some very interesting conversations over coffee and tea. I learned that no one had ever suggested such a thing before. Others offered the perspective that the history of Maori people, as a native group but a minority in number, was such that questioning their practices was “unthinkable.” Several mentioned the Treaty of Waitangi, an agreement, in Maori and English, between the British Crown and approximately 540 Maori rangatira (chiefs). It was first signed in 1840 to establish that indigenous people would maintain their sovereignty and control over their culture, and to keep the distant British monarchy in its place. Its three key principles are protection, participation, and partnership (F. Hughes, personal communication, July 27, 2011).

What will happen next? Someone may take the challenge and begin conversations about providing English translation for the songs. Someone may write a political piece for a local journal or newspaper, expressing outrage at an “outsider” who does not understand the local customs. A graduate student might develop a thesis centered on the necessary ingredients to institute system change. There may be other avenues for more ideas to be expressed in writing. The Journal may receive a manuscript or two about how Maori speakers and non-speakers (both patients and staff) interact with each other in mental health settings.

A reporter for the Otago Daily Times, Elspeth McLean, asked me later that day if I would like to share any of my observations about the University. I told her that I wondered why, since the University of Otago enjoyed a very privileged status (noting that several participants had let me know how prestigious it was), there was no college or school of nursing. Other health sciences, like medicine, were present but not nursing. When I asked my fellow speakers about this absence, I learned that nursing programs and curricula had existed at the University back in 1928, and classes had graduated, but the trustees had decided that they were to end. No one could tell me why they had never been reinstituted.

Ms. McLean did include these comments in her article, and I expect I will hear more about this topic in the future. Or the Otago Daily Times may receive letters to the editor. My query could also generate some interest for an historical/political dissertation or study on how academic systems make decisions about their agendas and offerings.

My spirit of inquiry stirred again when some of the psychiatric nurses at the conference were discussing the case of a young man who had killed his father and been hospitalized with the designation “not guilty by reason of insanity.” After residing in a forensic unit of a psychiatric hospital for more than 7 years, the man was released to the community and had been living there for approximately 2 years. Of course, many facts were missing as this was being discussed. Whose decision was it to release him from the psychiatric hospital?
Who was his case manager in the community? Was he taking psychotropic medications? Who assessed his risk to others or his dangerousness? Answers to these questions would provide details for a more complete story, but still other questions could be raised. When do administrative decisions override clinical decisions? Who has the right to make decisions about changing the living environments of hospitalized patients? These latter may be viewed as policy questions, but they also have the potential to germinate into serious studies.

I can also share some very sad stories about why good ideas, coming from a spirit of inquiry, do not result in manuscripts submitted for publication. One potential author feared that the ideas being shared might be “stolen” by others. When I pressed further to understand the nature of this fear, the answer was that this model for psychiatric nurses, if published, would be put into practice and not acknowledged. I pointed out that there was general understanding that work should be cited properly and that cautions about plagiarism were made regularly, but the fear persisted, and the writing never happened.

Another potential author feared loss of a job. Unfortunately, this does happen, but the risk may be worth taking. Whistle blowing can continue after a person is separated from employment.

Strategies to develop a spirit of inquiry include collecting inspiring works of others. One of my favorites is William Zinsser’s *On Writing Well* (1980). I’ve underlined some of his advice, such as that on simplicity: “Clutter is the disease of American writing. We are a society strangling in unnecessary words, circular constructions, pompous frills and meaningless jargon” (p. 7).

Another strategy is to keep a collection of powerful sentences that deliver messages in an uncluttered style. Another favorite of mine is from John Gardner (1995):

An excellent plumber is infinitely more admirable than an incompetent philosopher. The society, which scorns excellent plumbing, because plumbing is a humble activity, and tolerates shoddiness in philosophy, because it is an exalted activity, will have neither good plumbing nor good philosophy. Neither its pipes nor its theories will hold water.” (p. 102)

How is your spirit of inquiry? Is it developing? Have you started a paper or digital file to collect thoughts, excellent quotes, and your beginning ideas? Have you considered taping this editorial to your refrigerator (or bookmarking it in your browser) and reading it with your morning coffee?

REFERENCES


Shirley A. Smoyak, RN, PhD, FAAN
Editor

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