

EDITORIAL

Getting an issue of the Africa Journal of Nursing and Midwifery (AJNM) ready for submission to the printers poses numerous challenges. Most of these challenges are attributable to its three divergent objectives which the AJNM strives to accomplish, namely: to provide publication opportunities for healthcare researchers from the 52 countries of the World Health Organization (WHO) Afro region, and to share information with the nurses and midwives from these countries, while retaining its academic accreditation with the Department of Higher Education and Training of South Africa. The last objective requires adherence to non-negotiable academic and editorial standards while the other two objectives require coaching and mentoring of many novice writers, from different countries and from different academic backgrounds, to present their information in academic terms that will be understood by non-English speaking readers from 52 African countries. This is an extremely time-consuming practice as many manuscripts undergo five or more revisions before they become acceptable for publication. However, the joy and pride of the published authors, and the feedback from some readers, make this investment worthwhile.

The process of getting published would become less arduous if writing workshops could be offered in different regions of Africa, but this is an expensive endeavour. Another way of becoming a published author is to write a manuscript and go through the publication procedures with an experienced author, such as a postgraduate student's academic supervisor, acting as a co-author and writing mentor. Such joint writing ventures between postgraduate students and academic supervisors can enable novice researchers to become published authors, while affording joint publication opportunities to academics. Academics who support such ventures help to make the information, based on postgraduate studies, available and accessible to more readers than would have been the case if this information remained between the covers of theses on universities' library shelves. Healthcare researchers should share their information with their study populations to help improve their lives and wellbeing. However, the implementation of recommendations based on completed research projects seems to be a rare occurrence. For example, much has been published on specific groups' knowledge, attitudes and perceptions of contraception and teenage pregnancies, but few studies have implemented research-based recommendations to address teenage pregnancies.

Postgraduate students' and academics' research might remain at the exploratory descriptive level, with limited impact on the lives and wellbeing of Africa's people,

as long as university departments allow postgraduate students to pursue independent research projects that might or might not be relevant to research expertise available in any specific university department. Academic supervisors who mentor students' research in divergent fields, might also be unable to develop beyond the mere descriptive level. Postgraduate students, academic mentors and patients utilising healthcare services, could benefit if universities would embark on research programmes, not projects. Each university would then only accept postgraduate students pursuing research activities within the ambit of its designated research programmes headed by specific programme co-ordinators. Each research programme co-ordinator would supervise a number of students conducting independent research (to meet the requirements of obtaining a postgraduate qualification), but in fields related to the overall programme. This could imply that specific postgraduate students would implement a specific programme (such as a school-based HIV/AIDS programme) in different countries and in different areas of one country. At the conclusion of such studies, a combined report could be written by the programme co-ordinator, with the students as co-authors. In this way much wider geographic areas could be covered by any research programme than individual students or supervisors could manage to achieve, and more worthwhile reports could be published.

Current healthcare research in many African countries remain at the individual limited project type and have not yet progressed from individual projects to co-ordinated programmes. Nevertheless, in this issue of the AJNM, reports about research projects from the Seychelles, Botswana, South Africa, Tanzania and Rwanda focus on anti-hypertensive treatment, HIV/AIDS issues, malaria, health needs of homeless people, childhood illnesses, cervical cancer, the mental health effects of domestic violence, and nurses' remuneration. These divergent topics, addressed by researchers from five different African countries, might provide thought-provoking insights to some readers from the WHO Afro region's 52 countries. Perhaps these research reports might stimulate future collaboration among researchers from different universities, countries, healthcare services and academic supervisors to progress from individual research projects towards over-arching multi-country research programmes.

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