

From the Editor-in-Chief

Getting the Right Researcher into the Right Position: Importance in Healthcare Organizations

In this issue, we begin a series exploring leadership and other topics in nurse-led research units. Nursing research has developed significantly in Canada, particularly since 1990. The creation of doctoral programs in nursing across the country that began in the early 1990s has been an important impetus in this development. While we still do not have sufficient nurse scientists in most areas given the challenges confronting nursing practice, there is no question that we are better off now than we have ever been in our history. Research is slowly becoming a major driver of nursing practice and administration, and to accelerate this process we must find ways of enhancing its development wherever and whenever possible.

One area in which we have not made much progress is the appointment of nurse researchers in practice environments in the roles of scientists or clinician-scientists, or as directors of nursing research. Frankly, few practice environments even have nursing research units. Some wonderful examples of such appointments exist, but given the size of our healthcare environment, practice settings are not major players in housing nursing research infrastructure.

I recently had a discussion with the chief of nursing of one of our largest teaching hospitals who lamented her inability to recruit a nurse scientist for her institution. She was looking for a researcher who would work with nursing staff to help them develop studies that are important to them and who could advocate on behalf of research across the organization. She tried to recruit a number of nurses who had recently completed their PhDs, but could not interest any of them. Even though she did not seek my opinion, I gave it. I told her that I would advise newly minted researchers not to begin their careers in such roles. Let me explain my rationale, in the hope of spurring some dialogue on this subject. It's a timely topic, and one that is important as we move nursing's research agenda forward.

It seems to me that there are two major types of research positions in practice environments. One is that of scientist, whose priority is the conduct of research and the creation of knowledge that can be generalized beyond the situation in which it was developed. The research that is conducted is focused on a specific aspect of patient care. The second is that of research director, whose usual priority is to advocate for the conduct and uptake of research, to find innovative ways of creating a culture of research within the organization and to undertake research that serves the organization.

Research contributes to knowledge incrementally. Most advances in our understanding of patient phenomena and nursing practice result from the accumulation of understanding over studies that build on one another. A randomized clinical trial (RCT) can be considered the penultimate study after previous investigations have pointed the way to the intervention that is likely to be the most effective. Researchers speak of their programs of research as they work towards understanding situations and issues and determining the interventions that make the differences they are seeking to achieve. Nursing is not different from other disciplines in how it builds knowledge. This recognition explains how research training works. Students develop an in-depth knowledge of a highly bounded area of scholarship and conduct their dissertation research in that area under the supervision of an expert. Post-doctoral training is usually designed to bring more breadth to a novice researcher's repertoire of methodological skills or areas of expertise.

The nurse scientist functions within this model. I think of Dr. Bonnie Stevens, who holds an endowed chair at the Hospital for Sick Children in Toronto. Besides being Associate Chief of Nursing – Research, she has an appointment in the Research Institute, where she works with an interdisciplinary team. Dr. Stevens's research focuses on pain in children and quality of life of children with chronic illnesses. Another example is Dr. Kathy McGilton, who is a research scientist at the Toronto Rehabilitation Institute in the Research Institute. Dr. McGilton's program of research seeks to improve the understanding and relationships between residents of long-term care settings and nursing staff. Because both these scientists have career awards, they devote all their time to research, work within and beyond their hospital bases and involve nurses and other disciplines as co-investigators in their studies. Dr. Mary Jane Esplen, who works in the field of cancer and genetics at the University Health Network, is a good example of a nurse clinician-scientist.

In the other model, the director of nursing research works across the organization with nursing staff to help them identify research questions that emerge from their practice, or with nursing administrators to study alternative ways of deploying nurses. The director of research may assist nursing staff to undertake a study, or may try to connect them with other researchers who will take on the research. These directors rarely develop their own programs of research because of the demands on their time to respond to the needs of others. However, they do make an important contribution by helping nurses identify research relevant to their practice and by assisting staff to see the relevance of research, conduct small studies and report their work at conferences in their areas of practice.

It is a huge challenge for most scientists to work across a range of substantive areas; they are not familiar with theory that underpins the research, previous research in the area or relevant measurement, and they don't have a first-hand feel for the issues. Getting on top of this background is time consuming, and

the research question often relates to a specific context that limits the generalizability of results. These constraints do not diminish the importance or relevance of the research question, or of nurses' need and enthusiasm to have the question answered. However, if moving from one unrelated research study to another constitutes your work as a researcher, productivity is almost inevitably low.

It is important to get the right person into the right position. Nurses who wish to have careers as scientists should not take on a director of nursing research position if it means that they must spend most of their time working with others on their questions and not building research programs of their own. On the other hand, those who like the challenge of building research across an institution and driving knowledge translation will find this type of position rewarding and the variety of studies stimulating. However, I worry about recently graduated nurse researchers who aspire to be scientists and who take on these research directorships. It can be difficult for them to move from these roles into scientist roles because they may lack a track record of competitive research funding and publications, which are so important in the career of a researcher. On the other hand, scientists who have made a contribution and are seeking a different career path within the research enterprise may find that the role of research director makes excellent use of their skills and knowledge and allows them to contribute to research in a different way.

Regardless of the type of research position in practice organizations, we need more of them. It can be difficult for organizations to create scientist positions in the absence of an endowed chair or a research institute that is prepared to fund the scientist's salary. The latter case is unfortunately rare. Otherwise, the salary has to come out of the nursing operating budget, and when budgets are tight, these positions are hard to justify. Furthermore, a single nurse scientist based in a department of nursing can get pretty lonely if there are not opportunities available to connect with other researchers interested in her or his area of research. We are well beyond the "lone ranger" researcher model. Getting the right person as director of nursing research can be a huge challenge. I think it takes a particular type of researcher who can motivate a whole organization and gain satisfaction from creating opportunities for others rather than for him- or herself.



Dorothy Pringle, PhD, OC
Editor-in-Chief

Letter to the editor

In an editorial earlier this year (Vol. 19, No. 1) Dr. Pringle eloquently described the importance of the home care sector and the critical need for research on home care. We applaud her commentary and are writing to share a recent initiative that identifies research priorities related to safety in home care. Patient safety has joined *waiting lists* as an issue of major concern in the healthcare sector. However, to date, much of the research on patient safety has focused on the institutionalized environment.

At a May 2006 invitational roundtable discussion co-sponsored by the Canadian Patient Safety Institute, VON Canada, and Capital Health (Edmonton), 40 key stakeholders from across Canada agreed that addressing safety in home care requires a major rethink of underlying assumptions and guiding frameworks that have been used to examine patient safety in the institutional environment. Roundtable participants concluded that research on safety in home care needs to: recognize that the safety of the client, family, unpaid caregiver and provider is inextricably linked; reflect the influences of an unregulated and uncontrollable home environment on the use of technology and the provision of care; and tackle the challenges of transitions, communication and continuity of care amongst an array of paid and unpaid providers. Overall, there was consensus that research on safety in home care is urgently needed including a national survey and in-depth qualitative studies to elicit the perceptions of what safety in home care means to those receiving and providing home care (Lang et al. 2006).

Nurses are poised to lead and contribute to research on safety in the home care sector. However, we suggest that several supports are required to promote and sustain research on safety in home care. First, the explicit identification of a home care focus in requests for proposals on patient safety will help to stimulate more research in this expanding sector. Second, it is essential that peer reviewers for patient safety research be versed in the home care sector and in the different research methodologies required to tackle questions in this domain. Advancing knowledge in this field will require both qualitative methods to deepen our understanding of the complex factors that may contribute to safety concerns, and quantitative methods to examine the effectiveness of strategies to improve safety in home care. Finally, educational institutions need to encourage graduate students to undertake research on patient safety and home care while clinical agencies should encourage students and faculty alike to join them in researching the many dimensions of the safety issues in home care.

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Reference

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