

Untitled

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Dr. Mary Ellen Jeans, in her role as the first secretary general of the Academy of Canadian Executive Nurses (ACEN), the sponsor of this journal, has provided an overview of a consortium for nursing research that is in the process of being developed in Canada. Five major national nursing organizations have joined forces to advance nursing research. This is an important development for Canada, which signals a maturing of the nursing research community and the recognition by the major nursing organizations of their mutual commitment to, and responsibility for, the development of nursing research. To date, nursing research has been located almost exclusively in universities, and the budgets of university schools of nursing have borne the responsibility of recruiting and supporting nurse researchers. It is important to note that salary support for principal investigators cannot be allocated against research project grants in Canada, so the investigators must have a secure salary to be in a position to apply for project grants. Some nurse researchers have competed successfully for personnel awards to partially cover their salaries, which protects much of their time for research

(i.e., they have reduced teaching and committee loads, and increased their research productivity.) The twenty-first century has seen the development of some endowed research chairs for nurses, but they represent a tiny part of the nursing research establishment. A few nurse researchers are employed by hospitals, but we have sufficient fingers to count them all.

Nurse executives in healthcare institutions, such as the members of ACEN, are in potentially important positions to influence the shift of nursing research from being essentially a wholly university-based operation to one shared by practice and educational environments. Why is this important? A comparison with medical research helps to demonstrate the “why.” Medical research, both basic and clinical, is distributed across universities, hospitals and, most importantly, hospital-based research institutes. The latter are an enormous resource for medical research. They are sustained through the fundraising efforts of hospitals and, in Canada, they rival universities in the number of researchers they support. Most importantly, they essentially double the capacity for the conduct of medical research. Hospital-based research institutes initially tended to concentrate on the support of biomedical research, but many have evolved to include research themes that involve applied/clinical research and clinical epidemiology. Nurse researchers could contribute to the development of knowledge in many of these latter themes, but rarely are they found among the research staff.

When nurse executives have tried to build a research enterprise relevant to nursing in their institutions, they have usually established a separate nursing research department. While accomplishing the objective, the approach has two disadvantages. First, it places the cost of funding the researchers on the nursing operations budget rather than being able to take advantage of the fundraising capacity of the institution; this means these departments are usually small with real limits on their capacity to expand. Second, it also isolates the nurse researchers from the larger research establishment and can make their participation in interdisciplinary teams more difficult to accomplish.

Incorporating nurse researchers into the multidisciplinary teams of research institutes means that nurses can contribute their expertise to the research questions being pursued by other researchers, and brings the expertise of

these other researchers to bear on questions relevant to nursing. Both should benefit. It also enables nursing to expand its research capacity beyond what the budgets of schools of nursing and nursing departments alone could sustain. I believe that nurse executives and their university-based nursing research colleagues need to work vigorously with the research institute directors to open these institutes to nurse researchers.

A second area to which nurse executives have much to contribute is the development of nurse clinician scientists. In Canada, the Canadian Institutes for Health Research (CIHR), our major national funding source, is developing a new initiative to stimulate the development of clinician scientists across a spectrum of disciplines including nursing. Although clinician scientists in medicine are a common phenomenon, nurse clinician scientists are not, and their development raises a series of questions, among them: What practice roles can nurses combine with a research career given that the division of labour is usually 75–80% research and 20–25% practice – staff nurse, clinical nurse specialist, nurse practitioner? In unionized hospitals, can staff nurse and researcher roles be combined? Who should pay for the practice component? What relationship, if any, should the nurse's clinical practice have with her/his research focus? Is 20–25% practice time sufficient to enable the nurse clinician scientist to maintain and develop “cutting edge” clinical skills? Nurse executives could answer these questions or at least should be part of the team answering them.

Nurse executives have not tended to be major players in the development of nursing research. In retrospect, this has not been to either's advantage. Nursing research has not benefited from the political skills possessed by many nurse executives to position it within practice environments and to take advantage of funding sources beyond that of university schools of nursing. Alternatively, nurse executives have not had the benefit of nurse researchers contributing to the resolution of clinical problems or the cachet that being associated with research often brings. Time for a change!