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The role of nursing and the impact of nursing research in Europe

Rola pielęgniarstwa i znaczenie pielęgniarstkich badań naukowych w Europie

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STRESZCZENIE

Niniejsza praca stanowi część międzynarodowego sympozjum poświęconego zagadnieniom otyłości i w szczególności sposób odzwierciedla ostatnie zmiany, które zaszły na gruncie badań naukowych prowadzonych przez personel pielęgniarstki w Europie. Charyzmatyczni liderzy ruchu pielęgniarstkiego (pielęgniartwa) w przeszłości stworzyli mocne fundamenty, na których można dalej budować. Pielęgniartwo bardzo często postrzega się jako dyscyplinę pozbawioną silnych liderów, a także traktuje się ją jako dziedzinę nauki, która ma niewielki wkład w sprawie istotnych kierunków badań naukowych. Osoby zajmujące się problematyką badań naukowych dotyczących zagadnień pielęgniarstwa, wskazują na istnienie wielu problemów, które powodują utrudnienia w prowadzeniu badań naukowych. Problemy te są natury strukturalnej, jak również wiążą się ze sprawami dotyczącymi możliwości i potencjału badawczego. Jednak istnieją podstawy, aby sądzić, że badania naukowe na gruncie nauk pielęgniarstkich rozwiną się w pełni i będą traktowane z odpowiednią powagą, jak przedstawiono to w tej pracy.

Słowa kluczowe: pielęgniarstwo, badania naukowe, Europa

ABSTRACT

This presentation is part of an international symposium on obesity and reflects specifically on recent changes in nursing research in Europe. The charismatic nursing leaders of the past laid good foundations upon which we can build, yet nursing is often seen as lacking leadership and, as a discipline, is regarded by many as having produced little by way of significant research. Those of us who work in nursing research recognise that there are a number of problems that make the conduct of research difficult for us; these involve structural problems and issues around capacity and capability. Nevertheless, there are grounds for believing that nursing research is growing in maturity and importance as discussed in this paper.

Key words: nursing, research, Europe

Introduction

The context of nursing in Europe is one of different cultures, languages, health systems and traditions. In all these things differences occur, but arguably there are similarities that are relevant to our professional and academic lives. For the purpose of this presentation I am making two assumptions: Firstly, that nursing is of intrinsic value; and secondly, that nursing makes a difference.

Nursing in Europe has only recently moved into the higher education sector. In comparison with medicine, nursing has a more limited body of research-based knowledge upon which to draw and our research traditions are relatively young. Nevertheless, the volume, robustness and rigour of our research is improving, and clear evidence for this can be found in UK nursing's performance in the last Research Assessment Exercise 2001.

According to the Council of Europe's 1996 Report on Nursing Research, nursing culture does not univer-

sally value research and development. The development of nursing research in the context of “difficulties in the recruitment of health manpower...nurses (had) an important role to play in health care and that one way of enhancing this role was to promote nursing research” [1].

When we think about patient care costs, this is normally done by examining (1) treatment costs, (2) salary costs and (3) overhead costs [2]. Nursing is the largest component of the clinical workforce [3]. Consequently what nurses do, how they do it and how effective their clinical practice is are genuine questions that require factual information. This data informs policy makers and strategic planners, and without this kind of information, nurses are hard pressed to demonstrate value for money. Too often, I would suggest, nurses have been reluctant or unclear about the value of systematically collecting, using and interpreting information about their performance in ways that would support their demands for additional resources.

Development of nursing research

If we look at European nursing research we see that it has not developed in a linear form. In the 1950s and 1960s we saw nursing research pioneered by a generation of forward-looking nurses — names most of us would be familiar with including Annie Altschul, Jean Mcfarlane and Elizabeth Hockey. Collective activity in the form of top-down initiatives such as support from government agencies and national nurses’ associations took nursing research into a more public arena. Nursing’s incorporation into the university sector over the last 25 years has led to an increasing maturity in terms of depth of study and breadth of research methods; finally we have begun to adopt a more strategic approach which has witnessed some of the work we have done in WENR or government initiatives such as those in Finland with the Academy or in Spain through the Carlos III Institute of Health.

However, the development of nursing research requires sufficient numbers of postgraduate nurses with a commitment to conduct research and the time to do so. Professional organisations, journals, software and databases, meetings and conferences can aid such individuals but, importantly, a research culture that supports and encourages research activity, peer review, infrastructure such as library resources, time release and funding for research and travel are critical to success. The Centre for Policy in Nursing Research (CPNR) has suggested that the number of nurses with PhDs, the level of research funding, publication of research in journals other than nursing — in other words research reaching a wider public and therefore having greater impact, and research that has a measurable impact on a health sys-

tem, are criteria that could be used to assess whether nursing has acquired a research culture [4].

Nurse researchers require viable career options if a nursing research culture is to be sustainable. The absence of a formal career path can mean that post-doctoral careers are often individualistic with few opportunities to re-enter a clinical practice career stream once a doctoral programme has been completed. A career ladder with parallel tracks in practice and research would overcome the lack of transfer between the two sectors [5]. But it remains the case in Europe that while some nurses are academically able to be independent researchers, generally they remain outside of mainstream healthcare and consequently are vulnerable to changes in policy direction and initiatives because they are not embedded in health system strategic planning.

Ultimately, national governments must provide funding for nursing research [2]. In Scotland we have had an injection of almost £8M for nursing and allied health professional capacity and capability funding in research. The funding has been derived from the Scottish government, universities and the National Health Service Education for Scotland. This programme funding is based on ring-fenced money over a specified period of time and is viewed by the nursing profession as having to succeed. In other words, nursing will not get another opportunity like this. It does not fund research projects per se but rather the money is related more to infrastructure costs. As far as I am aware there is no specific government-funded Research Council allocating money for nursing research on a major grant competitive basis in Europe.

When we examine the impact of nursing research we need to consider the following:

- Infrastructure and organisation,
- The integration of research and clinical practice,
- Higher educational opportunities,
- Sustainability in funding and infrastructure,
- International collaborations and partnerships,
- Government policy and incorporation of nursing in its own right as an equal partner at all health-related decision making levels.

And I personally consider it important that we understand that often nursing is at the decision making table not because of its expertise in patient care but because of our costs to the health service through the numbers of nurses employed in delivering care. Globalization affects scientific research just as it does the manufacture of sugars, or the importation of bananas or oil. The development of the European Research Area [ERA] under the Lisbon Agreement 2000 was designed to compete with the USA and Japan in biotechnology and led to the 6th Framework research programmes. Nursing was not consulted or involved in the 6th Framework except with minor exceptions. Therefore a good

shot of reality testing is required when we examine our work and our future.

Dissemination of nursing research

Nursing research is disseminated in a number of ways e.g. The Workgroup of European Nurse Researchers reports; conferences; journals. However, new knowledge must be available and accessible to practitioners in the field. Without such knowledge it is difficult to see how the sharing of good practice can occur, how care delivery can be improved and how changes linked to policy can be made. Nevertheless, some research is not accessible to nurses in their own language because researchers choose to publish in international English-language journals [6]. The European Academy of Nursing Science is a forum of European nurse scientists formed to develop and promote knowledge in nursing science and to recognise research and scholarly achievement in the pursuit of excellence. Its aim is to provide an organisation that is not associated with any national or international political organisation, and while this is an admirable objective, arguably its impact could be greater if it became more political.

The importance of linking policy to education and research cannot be over-emphasized.

I believe we can celebrate much concerning nursing research in Europe. We have developed real depth and breadth in research design but there remain issues of concern. Bond identified some of these following the 2001 Research Assessment Exercise in the UK [7]. While there was some excellent national and international work, in the main much of nursing research was sub-national in quality. There tended to be an over-reliance on health service funding with an almost complete absence of research council funding. Often the research funding was low in comparison to other groups so that researchers were not bringing in, for example, £ 100,000 annually. There was an absence of programme level research funding and very few post-doctoral research assistants. Interdisciplinary research and collaborations were underdeveloped with weak departments attempting to cover a diffuse range of topics. Research programmes tended to be vulnerable because of the high levels of staff movement between universities and dependent on too few researchers. There was also insufficient clinical research and no laboratory research.

Neurological research is under-funded across Europe; e.g. the percentage of total funding for stroke research varies between 2–11% and is poor when compared with CHD and cancer [8]. Many neurological conditions rely on charitable donations in order to fund research [9]. Conditions with small patient populations are unlikely to attract substantive independent research funding and therefore it is the victims and their families who fundraise to support committed researchers with small research teams. Charitable fundraising is therefore hugely important to neurological research. It may be that those interested in neurological nursing research could work more closely with charities in order to help to develop and shape a research agenda that nurses could realistically contribute to.

However a possible neurological nursing research agenda would look very different with a greater emphasis on the individual and their response to illness: for example

- the development and testing of disease-specific quality of life interventions [10],
- needs of persons with ‘orphan’ diseases e.g. Gaucher disease [10],
- health disparities related to neurological disorders in minority populations [10],
- need for investigation of care in end-state neurological disorders [11],
- influence and risk/benefits of genetic counselling, and
- exploration of psychological factors and the ‘breaking of bad news’ well.

Additionally, Delorio et al have called for more quasi-experimental and experimental intervention studies rather than more descriptive, cross-sectional studies and increased use of objective measures rather than self-reporting and the use of valid and reliable assessment tools. It will be interesting to review the literature in another 10 years to determine if researchers have heeded the call for increased neurological nursing research rigor [10].

Setting the agenda

In writing this paper I was more interested in trying to set out some of the realities in which we live. We will not all have the same experience and it is therefore important that in the discussion that follows we are not consumed with detail.

Table 1. Nursing research in Europe (adapted from [12])

Country	No of RNs	Chief Nurse	~No of PhDs	Nursing Fellowships	Research assessment	Problems
Spain	220,769	No	> 57	Yes	No	Lack of training in research methods
Ireland	36,089	Yes	33	Yes		Lack of career path
Scotland	> 55,000	Yes	74	Yes	Yes	Lack of senior researchers & experienced supervisors
England	301,877	Yes	√	Yes	Yes	Lack of dedicated research money, sustainability, too much teaching
Wales	28,814	Yes	?	Yes	Yes	Lack of money, protected time, career path etc
Northern Ireland	12,634	Yes	20		Yes	Small country-size; lack of research awareness in RNs
Denmark	52,598	No	40	Yes	No	Competition, retention of good staff, attracting students
Finland	54,800	No	200	Yes	No	Little post-doc support; training too long
Norway	11.6/1000	No	> 20	No	Yes	No specific nursing money; emphasis on teaching in universities
Sweden	104,700	Yes	510	No	No	Capacity issues with ageing researchers; small scale with little collaboration; few incentives
Netherlands	136,400	Yes	50	No	No	Few researchers with limited access to clinical; lack of collaboration
Germany	632,000	No	?	No	No	Lack of visibility; profession unconvinced re research
Portugal	46,000	No	20	No	Yes	Language; lack of co-operation between units; little impact at public level

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