

GUEST EDITORIAL

The Challenge Is Before Us: Nursing Health Systems Research

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This inaugural issue of *CJNR* on the focus topic of Nursing Health Systems gives us an opportunity to see the breadth of this field of study. Research in this area emerged in Canada primarily with work conducted by nurse researchers located in universities with graduate programs in nursing. By the end of the 1990s the federal government had allocated substantial funding through the Nursing Research Fund — a 10-year initiative aimed at building nursing-related research capacity in Canada. Much of that funding was directed towards nursing health systems research, providing us with over a decade of study in the area.

Nurse scientists in the area of health services research lead and participate in investigations that inform health-care policy and health systems management globally. Because of the methods employed, findings from these studies guide policy and practice in nursing and health care relating to the management of health services; assessment and measurement of outcomes; evaluation of care delivered by different groups and organizations; allocation of health human resources through planning and modelling; and the design, implementation, and management of health-care policy.

This issue of *CJNR* highlights several of these approaches in the context of current issues in the health-care system. The articles included in the pages that follow suggest a number of common themes, the most salient relating to the changing roles of nurses (registered nurses and/or registered practical nurses) in health-care settings as researchers study emerging models of care. A second theme is integration — from the integration of new roles in health service delivery models to the integration of findings into practice. What is clear in each of the articles is recognition of the important contribution of nurses in the system of care delivery and the extent and scope of nursing roles. The methodological breadth of nursing health systems research is evidenced in the prevalence of scoping literature reviews, which provide access to a broader information base, as well as surveys and mixed-method study designs, which incorporate quantitative and qualitative approaches.

In the Discourse analysis by Professor Cheryl Jones, the reader is challenged to consider the need to balance the “idealism” of nursing health systems research with the “realities” of practice settings and work environments. Jones suggests that the discipline of nursing has an opportunity to play a larger and more public role in the health-care systems of the future. She outlines the development of nursing research in the arena of health services research, tracing its links from Nightingale in the 1800s to the agenda-setting policy position that nursing research occupies today. Her contribution provides evidence of just how “well established” nursing health systems research has become within the discipline of nursing. Jones contends that many of the challenges identified at a 2005 conference she convened on this topic still confront us today. This may suggest that the conference participants had the topics right. Alternatively, it could indicate that progress towards implementation of nursing health systems research takes time. Jones explains that critical opportunities in this field lie in the area of comparative effectiveness research and analysis, implementation science, and informatics and health information technology. She lays down the challenge!

Tschannen and a team of researchers at the University of Michigan present the results of a study across 10 acute-care hospitals in the Midwestern United States. These investigators examined nurses’ intention to leave their position and turnover in the context of missed nursing care. Given the ongoing concern about the global shortage of nurses, a better understanding of the factors that contribute to intention to leave and turnover is of great importance to policy leaders. The authors consider components of nursing care that are missed or omitted to be key indicators in the nursing-care process. While several study variables were associated with turnover and intention to leave, only gender was found to be significantly predictive of turnover in the final analytic model. One specific finding was an association between turnover and units with a higher percentage of female nurses. In addition, higher levels of missed care and overtime work on units were significant predictors of intention to leave. In contrast, units with older nurses who worked overtime were less likely to be staffed by nurses who intended to leave their position. The authors cite the importance of considering the current economic environment and a region’s employment statistics when situating study results. This caution accentuates the central role that context plays in the interpretation of nursing health systems research.

Kaasalainan and colleagues at McMaster University report on the findings of a study conducted in nine long-term-care homes in Ontario using questionnaire surveys with open-ended questions. One of the strengths of this study is that participants included both registered nurses and registered practical nurses, who were surveyed to determine percep-

tions of medication administration practices in nursing homes. The authors identify differences between the two groups, with registered nurses reporting less satisfaction with the current system of medication delivery, specifically related to safe practices. Both provider groups identified barriers or challenges to safe practice in their current medication administration system, related to time constraints and knowledge development. What is of particular interest in this work is the use of respondents' ideas in developing strategies for improving practice — which demonstrates integration, a key aspect of nursing health systems research. Comments by respondents add meaning to the survey data and highlight the challenges of everyday practice environments in health-care delivery today. The complexity of care delivery and roles is evident, and somewhat daunting, when respondents describe administering medications to as many as 52 residents “in one med pass.” The authors analyze their findings in the context of the scope of practice of different care providers and models of delivery in place in long-term care in Canada.

Banner and colleagues at the University of Northern British Columbia and the Northern Health Authority provide us with perspectives on nursing roles in primary health care in the context of rural and remote nursing in Canada. The results of their scoping literature review illustrate the need for processes in role transition. The authors also provide an analysis of professional and organizational issues that should be considered when models of care are being changed, as well as the supports needed to both change and sustain key nursing roles in primary care. They note the importance of facilitating role transition when engaging in health human resource planning. The results of their synthesis inform practice while demonstrating the value that a scoping literature review can add to the phenomenon under study. In addition, this research highlights one of the focuses of applied health services research — researchers working collaboratively with decision-makers and policy leaders to determine effective models of care delivery.

The two Happenings contributions in this issue showcase the innovation, leadership in the field, and strong history of nursing health services research in Canada. First we learn about the WHO Collaborating Centre on Health Workforce and Planning and Research based at Dalhousie University under the directorship of Dr. Gail Tomblin-Murphy. Founded in 2008, this innovative centre collaborates with Canadian and international partners to build capacity and enhance health human resources planning worldwide. The authors outline a number of local and international health services research projects that demonstrate the planning and evaluation context of the Collaborating Centre.

We are also provided with an overview of the Nursing Health Services Research Unit, a collaborative research unit funded by the

Ontario Ministry of Health and Long-Term Care between the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto and the Faculty of Health Sciences at McMaster University. An impressive body of research has had a tremendous influence during the more than 20 years that the unit has been funded, under the leadership of Drs. Linda O'Brien-Pallas and Andrea Baumann initially and Drs. Baumann and Diane Doran more recently. The authors identify nursing health services research initiatives currently underway in collaboration with a number of health services decision-makers and policy leaders across Canada.

**Moving Forward:
Challenges and Opportunities in the Next 5 Years**

This issue on Nursing Health Systems offers a first glimpse of the important role played by this field of study in the health-care system and in the health of society. We have research exemplars from acute-care hospital practice settings, long-term-care nursing homes, and primary care rural and remote nursing. Throughout all of the articles, the relevance of policy and practice is evident, and it is clear that nursing health systems research plays a large role in evidence-informed decision-making. This situation is not likely to change in the next 5 years. If Jones is correct in her discourse on the field, nursing health systems research will continue to grow in importance and in terms of impact. Health-care systems are changing and becoming more complex, and we will need research that addresses the multifaceted issues and relationships that emerge. As nurse researchers move forward in the field, it is imperative that research methodologies be broadened to include more robust designs such as mixed-method, quasi-experimental, and longitudinal, as well as tests of interventions, to address these issues. In addition, research is needed to test the many substantive theoretical models that have been developed and that might be applied in nursing health services research. Secondary data could be used, to a greater extent than currently, to model and test phenomena of interest to nursing systems research. It is clear that health services research has embraced nurse researchers in the interdisciplinary context of health-care delivery, and that nursing systems researchers are leading in several domains of this area of study. We have much to look forward to with the next issue of *CJNR* devoted to Nursing Health Systems. The challenge is on.

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