

# The Quest for Money to Support Nursing Research and Nursing Research Capacity: An Interview With Dr. Mary Ellen Jeans

**Laurie N. Gottlieb:** *What were some of the historical milestones and turning points in securing funding for nursing research and capacity-building? Could you place the events in the social and political context of the time?*

**Mary Ellen Jeans:** Let me start with some of my observations. If I go back, some of the barriers and challenges to the development of nursing research were that we didn't have our own PhD programs, so many of us got our PhDs in other disciplines or other countries. Some of us left nursing and/or Canada and some didn't. But the development of PhD programs was a major impetus to the development of research, because we were training more nurses who could do research. Since 1990, 15 PhD programs in nursing have been developed in Canadian universities. That's a relatively short period of time for such a development. And the number of doctoral students rose from eight in 1990 to 390 in 2005. These are the last available data that I could find.

Financial support for doctoral and postdoctoral students was another challenge. Until CIHR [Canadian Institutes of Health Research] was created, there were limited sources of scholarship funding for nurses. The majority of federal health research funding focused primarily on basic biomedical research. So, too, did national and some provincial health research funding organizations. Today this has changed and funding for a more comprehensive research agenda is available. Financial support for doctoral and postdoctoral students has increased over the past 7 to 10 years, but the amount falls far short of what is needed given the increase in enrolment in doctoral programs. So there's a gap. It's better than it was but it's not anywhere near the need or demand. There must be a tremendous number of doctoral students who either aren't financially supported or are being supported by their university or a local community or are enrolled part-time and/or continue to work.

The other observation is that, as we have started to develop these PhD programs, and possibly, I might even argue, too quickly, we now have a human resource crisis in the number of people prepared to teach. We don't have a lot of research-prepared faculty yet. One of the things we need right now is a strategic initiative, maybe a 10-year initiative, to

support postdoctoral preparation in nursing. We need to build the faculty complement and speed up the development of researchers.

Funding for nursing research was as much if not more of a challenge than scholarship funding, for similar reasons, and in the early years we were navel-gazing: What is nursing research? or What is nursing? — heaven forbid — conceptually. And in a way we were probably creating barriers that didn't need to focus on questions such as these.

*And part of it was that we were being asked these questions by other faculties that no one would have asked of other disciplines. No one would have asked medicine, What is medicine? or What is medical research?*

There was an attitude that we were not an academic discipline [but] rather a practice profession. We were partly forced to explain what we were doing and why. The first real initiative, at least the first national initiative, to stimulate research capacity in nursing was the joint MRC [Medical Research Council] and NHRDP [National Health Research and Development Program], which was a 5-year initiative started in the 1980s to provide salary support to nurse scholars and an amount of funding for research operating expenses. And even though it only funded six or seven people it did demonstrate that a small or modest investment in nurse scholars made a huge difference. All of those nurse scholars who were supported by this initiative are holding chairs today and/or have made significant contributions to the field. And their students, some of them, are holding chairs.

*How did the MRC/NHRDP initiative come about?*

I was not in at the beginning of that initiative but I did lobby to have it renewed for 5 more years. And that was a worthwhile thing. The other thing that happened of course was that MRC evolved into CIHR. There was an opening of the doors for research beyond the bench. When I was in NHRDP, nursing got way less than 1% of the MRC budget. Now it's approaching 5%. We really are doing very well. I was also involved with the National Cancer Institute of Canada [NCIC], because when I was at NHRDP I often represented Health Canada on various research-related committees and initiatives and was responsible for Health Canada's role in targeted research initiatives. So I actually co-chaired the Canadian Breast Cancer Research Initiative [CBCRI], with Dr. Henry Friesen, then President of MRC. We were able to ensure that the research funded wasn't all biomedical. We funded research about how to help women with various aspects of breast cancer. Dr. Lesley Degner from the University of Manitoba helped move nursing research in the National Cancer Institute of Canada, because she was well funded by them. And

then there were groups like the Alzheimer's Society, and Dr. Dorothy Pringle influenced it, as did others. These groups began to look at nursing research differently. Most of these groups also had lay people on their boards. And lay people started to say: "It's all very well to study cells for 20 years until you find a cure, but how are we going to cope with things in the meantime? How are we going to deal with all of this? What kind of health services are needed?"

Another milestone was the establishment of the Nursing Research Fund that ended up being administered by CHSRF [Canadian Health Services Research Foundation]. That wasn't part of the original plan. In fact we wanted it all to go to the Canadian Nurses Foundation [CNF] so that we could use it strategically for the development of capacity. But the night before the budget [was announced] we got called into a room and were told that the money would go to CHSRF and would be dedicated to certain issues in nursing research more related to health services and capacity development. And in the end it's done a good job. They've funded a number of chairs who have become very successful in attracting large grants. Right now there is lobbying to get it renewed. That fund was a 10-year initiative. It has been evaluated and has definitely contributed. I think it should be renewed at a much higher level and used for some strategic capacity development such as postdoc and some areas of research from a qualitative perspective, where there might be some strategic development. For instance, chronic disease management is something we do well and we do a lot across different kinds of illnesses. There are many areas of research that nurses are doing that actually fit with Health Canada's priorities.

Another milestone was that as nurse researchers began to be successful in their research funding applications they began to be invited to sit on peer-review committees. This was also a source of capacity development as they became part of the established research community. They learned quickly the characteristics of a good scholarly proposal and the subtle influences that affect success or failure. Today nurse researchers not only sit on peer-review committees, they often chair those committees, and at CIHR two nurse researchers have headed two of the institutes.

*Is there anything else that comes to mind?*

I think the only other observation really isn't so much about milestones as it is about our inability to capture the benefits of the milestones. We haven't got proper databases. CASN [Canadian Association of Schools of Nursing] and CNA [Canadian Nurses Association] have tried to establish databases together.

*There's been an incredible growth in PhD programs in Canada, the establishment of CIHR. Can you put these milestones in context? What was the sociopolitical climate that allowed them to take off now, because these ideas had been floated around for a long time?*

Quite frankly, on the PhD program front it was the persistence of an older generation of nurses before us who were our mentors. They just kept hammering away at it. And it was the dominance of medicine that was a huge barrier, because that was who we had to convince [of the legitimacy of nursing research]. And we ultimately did, but it was a struggle. There were committed people who knew we had to get there. We all had roles to play in our own universities and in CASN and others, but once we got one or two [PhD programs started] it was “me too, me too.” So the people who followed didn't have nearly the fight to fight; they just had to say, “Well, McGill has one [a PhD program], and [the] University of Alberta, and the University of Toronto has one, and all of our people are leaving and going there so we've got to have one too.”

*In your position as Director General of NHRDP you had access to ministers. The funding pot was being stirred and granting agencies were being rethought. Could you talk a little bit about what went on behind the scenes?*

I had many opportunities to meet with the minister and the minister's staff, as did Dr. Henry Friesen. I reported through an assistant deputy minister and then a deputy minister, whereas the President of MRC [Dr. Friesen] reported directly to the minister. I got called more often to write briefing notes for the minister for questions, not about biomedical research, obviously, but about what kinds of research we were doing in epidemiology or breast cancer care. There's no question that every time you got to write a briefing note or meet the minister you'd pitch some of the stuff that you wanted to pitch and try to explain. I think the two ministers who really got it were the minister of health, the Right Honourable Allan Rock, and the Right Honourable Paul Martin, then minister of finance. Minister Rock really understood what we were talking about. He really was supportive. And I think Paul Martin was supportive as minister of finance. But you had to be assertive and confident. And I would say to the minister, “Of course you have to fund biomedical research, but you can't wait to organize your health-care system until you get a cure for something — that just doesn't make any sense.” And I'd always be presenting the other side of the argument, that there are things we need to know about the impact of disease on families and about risk factors. We need to know a lot more about the payoffs of health promotion instead of pouring all of this money at acute health-care problems. We need to be preventing a whole lot of this stuff. Of course everyone

who met with MPs and ministers were trying to influence the amount of research funding available and the direction/focus of research. There are many groups, particularly in medicine and the health-care industry, who have powerful lobbying capacity. The increases in research funding through the federal funding agencies over the past several years, and the evolution of MRC to CIHR, were the result of many groups who had input into the discussions, and nursing was certainly one of those groups.

*To what extent do you think your arguments resonated with them, or do you think those reports, like the Lalonde and Epp reports, were ideological?*

I think most politicians and public servants understood and many were highly committed, but the political influences that determine the final decision have more to do with powerful lobbying than with what makes sense. One thing I learned: If I was to recycle myself, and I don't think I will, I would build a powerful lobby behind me. Because universities, faculties of medicine...if you look at the Association of Faculties of Medicine, which is the equivalent of CASN, the resources they have are phenomenal and their power is immense.

*In your role as Executive Director of CNA, what was happening to influence nursing research?*

The way that we pitched it, we knew that we were heading into a human resource crisis. The nursing shortage was deepening and there were pockets where certain kinds of expertise weren't there, and we were also pushing evidence-based practice and practice guidelines, things like that. From my perspective, to get the federal government to put money into anything that would help nursing, it had to be something that the provinces wouldn't likely do or object to. The federal government wasn't going to say, "Well let's put \$20 million to hire more nurses." How would they administer such a thing? But they could fund research. We knew they were creating CIHR. We knew they were increasing science and technology funding. I had excellent connections when I was at NHRDP, because I represented the deputy on many things dealing with science. So I was on the federal review of science and technology committee and on several reviews of Health Canada itself. I knew where the government was likely to put money. That's how we at CNA settled on research. And we brought the union along by saying, "Look, you care about the workplace and its impact? We need research on that. You need evidence to argue for some of the things you want." And they bought completely into this argument. We finally had a front that was not divided. CASN supported it. CNA supported it. The provincial and territorial nursing organizations supported it. The unions supported it.

We asked for about \$200 million and we ended up with \$25 million. It wasn't that much money, but, again, a modest investment led to a significant payoff. And another thing that we argued, and that a lot of people could understand, was that it takes decades to develop capacity. Nursing research isn't going to hit its peak for another 20 years.

The argument was sort of double-edged with finance minister Paul Martin. It was that the public was concerned about the quality of care. The public was and still is worried about the shortage of nurses. The federal government has to be seen to be doing something. It didn't take that much to sell it to Minister Martin and his staff.

*And also the shortage was affecting medical practice. So what role did medicine, the medical lobbyists, play? Was there an alliance between the medical lobbyists and CNA when it came to pushing an agenda for nursing?*

Well, CMA [Canadian Medical Association] didn't push any agenda for nursing, although they would support us on most things if we needed them. And we also had HEAL, the Health Action Lobby, comprised of about 30 groups, that I co-chaired for more than 5 years. We were a pretty close group, actually. We often lobbied government together.

But an interesting story where medicine, the research enterprise in medicine, suddenly realized it needed nursing was when centres of excellence were being funded and when CFI [Canadian Foundation for Innovation] was created. A group of medical scientists had applied for a stroke network. They were not successful on the first go around and I have a feeling that I had both a back door and a front door on this. I was asked to review that application. And I critiqued the absence of nursing and stroke prevention. I said, "You know, nurses can run blood-pressure clinics anywhere, and the evidence is that when they do they prevent a significant number of strokes, and that's not in here." The lead scientist on that grant application made an appointment with me at CNA, because I had obviously not reviewed it from CNA; I had reviewed it when I was in government. And he asked, "How can I get nursing support involved in this?" I gave him some advice and he took a nurse researcher on board as part of the team. They were successful on the second round. And I also think the breast cancer initiative really changed how a lot of this is done, by involving policy-makers and the public by demonstrating that research priorities can be established with a collaborative approach and not just one group.

*So in your role at CNA there were important efforts to secure more funding for research. Who were the major players?*

We made the decision to go for research because we wanted something from the government. We got people on board, we had documents, we

produced a lobby, we met with committees, we met with MPs. We met with the minister of health, obviously, because one of the things that you learn is that you don't go to the minister of finance without letting the minister of health know. So we secured a lot of support along the way that did help. And we had people like Dr. Dorothy Pringle, Dean of the Faculty of Nursing at the University of Toronto, and other nursing leaders who would reinforce what we were saying at any opportunity they had.

*Who were the major players at that time, to secure capacity building and research funding?*

Jonathan Lomas, head of CHSRF at the time, got on board and supported us. As I said, the union understood and supported us. The Office of Nursing Policy — and at that time it would have been Judith Shamian — was obviously very supportive of what we were doing. And Pat Griffiths had taken on the leadership of CASN. She was supportive of what we were doing and helped. I also started a national forum to bring nurses from across the country together. CNA represents more than half the nurses of Canada.

I wanted a national forum to bring all nurse leaders together, because I knew from government and my work with CNA that we were too divisive on the big issues, that we weren't going to get anywhere unless we could find a way to come together to decide what we believed in and to agree on actions. Some of that was focused on research and trying to get an investment. And other groups, like Heart and Stroke, had targeted monies for nursing. And there were now precedents for the support of nursing research to develop capacity. There was the NHRDP/MRC initiative in the 1980s, and later the Heart and Stroke Foundation of Canada, and a few of their provincial counterparts had targeted initiatives to develop nursing research and researchers. Finally, you ask who were the major players — there were so many. The lobby we formed called The Quiet Crisis was very well organized, and many, many nurses sent postcards and met with their MPs. In Ottawa we lobbied the ministers of health and finance. We gained the support of other national health organizations. Our member provincial associations and colleges lobbied their provincial governments to support our request for targeted funding for research.

*Were there low points, where you thought, "Oh, we aren't going to get this thing; we're not going to get what we need"?*

The low point was finding out that we were going to get about 10% of what we had requested. And the other low point, where I just had to swallow it, was that the money that we had successfully received was

going to go to CHSRF and we would lose a lot of control over it. But \$25 million was better than nothing and the fund would have to support nursing research in some way. I wasn't as excited about it as I might have been, but I had to go in front of the cameras the night the budget was announced and sound positive.

*But that's just one aspect of funding. The other low point of capacity building, PhD programs, or giving money for —*

Every time there was an initiative to support nursing it was a high point, because we knew how many years of grunt had gone into it — people wanting it and trying. We were always after some kind of investment in nursing and nursing scholarship. The founding of CNF, actually — we shouldn't forget that — that was nurses at least trying to help themselves. That's way back. But CNF benefited from the Nursing Research Fund. CNF got money for clinical nursing research. When I found out that the nursing fund was going to CHSRF, we knew that a lot of what we wanted was clinically based research to improve practice. We set up a committee and said, "This is your research advisory committee." We put a few key people on it and convinced CHSRF that at least \$5 million of the \$25 million be designated to support clinical nursing research. And since they couldn't do that under their mandate, they could have a partnership with CNF. It took a bit of hammering out. CNF was really committed to making sure it worked. We went out and met with various agencies that funded some nursing research — Heart and Stroke, NCIC, Alzheimer's and so on — and negotiated partnerships to contribute one third of the funding from the CNF/CHSRF clinical research money and the partners would contribute two thirds. In some instances it had to be 50/50 but in the end we added a very large amount of money and stimulated growth of clinically based research as well. At the end of the day all of these initiatives have had a significant positive impact on the number of nurse researchers and the amount of funding to support researchers, research programs, and capacity development. I hope the Nursing Research Fund will be renewed for another 10 years at a higher level of funding.

*When you look back over these 10 years, given the seeds that have been planted over the 20 years before us, have expectations been met?*

I'm astounded at just how much money is going to nursing research. Nurse scholars are doing extremely well. They are very competitive and hold important leadership roles.

*As we look to the future, what are some of the things we need to be concerned about?*

The same old, same old — the power of medicine. What is going to change, though — and I'm committed to this although it isn't going to be easy — but the disciplinary boundaries are going to continue to crumble and we're going to have more integrated teams, just like the pain clinic I helped to establish in 1975 was interprofessional; we worked together. And more and more areas are developing in the same way. Nursing expertise is integral to the clinical teams and the research teams. I think we're going to see much better training in the future in terms of research and the methods that we use. And we're also going to learn, assume nurses are beginning to do, more basic research. And you're going to see teams where they have programs that span different methodologies and different levels of analysis, from the cells to the psyche. You're going to see a lot of programs and centres of research that are very much interdependent.

*What do you think we should be concerned about when it comes to funding?*

You always have to ensure that the relevance of your work is understood. We can't just assume that everything we're doing is relevant. We have to stay on top of the problems in health care and health promotion.

*So it's really being relevant and staying relevant and the funding will follow from that. Is there any advice that you have for future leaders about funding?*

One of my concerns about the next generation is that the successes we've created may have some deterrents associated with them. There's a generation of fabulous researchers out there who want nothing to do with administration. And they want less than nothing to do with politics. Unfortunately we still need somebody to do that work. In our generation we had no choice.

Many young researchers today don't see the point of some of this stuff. But we need leadership that does know about it. One of the things that I personally want to work for, in the next 10 years at least, is leadership development for nurses. My belief is that if we actually did inter-professional leadership development we might be able to share those human and social values that underlie health and health care. And if we shared those values across disciplinary lines we would work much better together, clinically and scientifically.

*Do you think that this generation might be focused on their research but as they get into their fifties and sixties they might then turn their attention to this kind of giving, or do you think they'll be so focused on themselves and their own research —*

*Interview With Mary Ellen Jeans*

I think eventually some of that might happen. My concern is that there could be a bit of a dip. So we need to make sure that there's somebody in the Office for Nursing Policy at Health Canada and CNA and the head of CASN who have this kind of political savvy.

*Final word, final statements of wisdom?*

Actually, when you think about the development of nursing science, I think the last 10 years have really been remarkable, comparatively speaking. And we're on a roll, and I think we'll keep going. We've certainly got — when you can remember a handful of people — now we've got hundreds.

*It's remarkable that we have lived to see this period.*

When you see your own students who have now become deans and chairs and leaders of all types. And I think we'll see more men in nursing — more women in medicine, more men in nursing.

*Thank you, Mary Ellen, for a fascinating hour.*

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*Mary Ellen Jeans, RN, PhD, is President and Chief Executive Officer of Associated Medical Services, Inc., Toronto, Ontario, Canada. She served as Director General of the National Health Research and Development Program from 1992 to 1996 and as Executive Director of the Canadian Nurses Association from 1996 to 2001. In addition, she was Director of the School of Nursing, McGill University, Montreal, Quebec, Canada, from 1983 to 1992 and Editor-in-Chief of CJNR from 1984 to 1993.*