

EDITORIAL

Together We Move Forward

It is a privilege to assume the mantle of Editor-in-Chief of *CJNR*, a peer-reviewed general research journal that has played such a seminal role in the development of nursing scholarship throughout Canada and beyond for nearly five decades. The legacy of this journal is a source of great pride that can be shared by all nurse scientists, educators, clinicians, and administrators who have unwaveringly dedicated their professional lives to promoting academic nursing's rightful place in the learned decision-making hallways of health care.

It seems like only yesterday that I was invited to serve as the Associate Editor of *CJNR* under the inspiring leadership of Dr. Laurie Gottlieb. At that time (the early 1990s), doctoral programs in nursing were almost unheard of, the first fully funded Canadian nursing PhD program being established at the University of Alberta only in 1991. Since those early days, the commitment to excellence in nursing scholarship at the Journal has not wavered, nor has the belief that a journal should also reflect the values, concepts, and methodologies of its evolving discipline.

Taking stock is a normal exercise during a period of transition, and the process applies as much at *CJNR* as anywhere else. Turning to *CJNR*'s distinguished past for precious insights reveals a journal that has been fully implicated in the evolution of nursing scholarship in Canada and beyond. As a general research journal, *CJNR* may be said to embody the heart of Canadian academic nursing. Yet it also enjoys an international reach, offering an intellectually stimulating environment for exploring theoretical and methodological perspectives of common concern. By serving as a scholarly forum where ideas are proposed, challenged, tested, and integrated into the profession's growing scientific field of practice, *CJNR* highlights the unifying capabilities of a journal dedicated to developing nursing knowledge and clinical practice.

It seems obvious that *CJNR* will continue to serve academic nursing by honouring the discipline's epistemological underpinnings and the use of conventional and innovative methodologies to generate complementary forms of knowledge that enrich the profession's conceptual contexts, scientific knowledge, and scope of practice (Thorne & Sawatzky, 2014). The future holds the promise, however tentative, of narrowing the gap between research findings and clinical practice. Perhaps the same collective determination that distinguished the previous generation of nurse scholars may be called upon to ultimately enable the next generation of

clinical nurses to care for patients and families according to the full reach of the discipline.

A review of past *CJNR* issues offers insightful snapshots in the evolution of academic nursing. It seems to me that the development of the discipline over the last 45 years was nurtured by an obvious partnership between *CJNR* and nurse academics, who more often than not saw their shared aspirations for a fully actualized profession reflected, validated, and supported throughout the diverse columns of *CJNR*. When I reflect on the past, it becomes clear to me that the founding generation of nurse academics across the four arms of the discipline undertook their mission to develop nursing scholarship more in the name of the *nursing profession* than merely for the sake of their own *professional careers* — *the stakes for the future of the profession were that high*.

The accomplishments are impressive (Canadian Nurses Association & Canadian Association of Schools of Nursing, 2013):

- PhD-prepared faculty in tenure-track positions with successful research portfolios
- multiple funding resources at the federal, provincial, and university levels for nursing research
- entry to practice at the baccalaureate level, with the regrettable exceptions of Quebec, Nunavut, and the Northwest Territories
- nurse practitioner programs in 26 of Canada's 111 nursing schools

Yet the road ahead beckons with unfulfilled professional aspirations. How will nurse academics in the 21st century harness their tremendous intellect to shape and enhance the scientific scholarship of practising nurses across the clinical landscape? One inventive strategy has been the initiation of quality improvement studies in the clinical field. Yet these innovative studies are, for the most part, carried out within clinical environments framed by traditional hierarchical nursing administrative structures, medical paradigms, and standardized policies and procedures that together tend to strangle any incentive for generating tailored clinical interventions based on the integration of the scientific evidence filtered through aesthetic and personal ways of knowing (Thorne & Sawatzky, 2014).

In an era of growing medical and technological complexity, the question begs to be asked: What should constitute the evolving theory, scientific knowledge base, and clinical skills of nurses working in different roles and capacities across clinical environments, the majority in general hospital units? Should not evidenced-based knowledge through the prism of middle-range models increasingly serve as the principal driver of practice? Policy and procedures have their place, but within the larger epistemological context of the discipline. Moreover, what innovative

organizational structures might be introduced to enable clinical nurses to function more autonomously, according to the philosophical assumptions (values), epistemological foundations, and clinical skills of the discipline? For, in the final analysis, nursing as a profession is truly “known” only by the quality of the *evidence*-based care that is experienced by the public.

Not to be overlooked are the emerging scientific discoveries that may have important practice-based implications for the future of the nursing discipline within the field of health care. These scientific developments deserve our serious consideration, as they throw into relief the question of what new phenomena should be incorporated into the evolving scientific scope of our professional practice. For example, a core value of nursing is a focus on the “whole person.” But how should we effectively apply this value in clinical interventions? Scientific advances in the biological and molecular sciences (including genetics) would likely serve to deepen nursing’s knowledge of the complex and dynamic bio-psychosocial and spiritual dimensions of the whole that give rise to developmental and healing processes.

Another nursing value, “the whole is greater than the sum of all contributing parts,” is not always clear (Verhoef, Vandenheyden, & Fønnebo, 2006). One interpretation is that the components of any interventional strategy have multiple synergistic and distinct effects throughout the human organism. Does a multi-modal, multi-targeted approach aptly reflect this value in clinical practice? Should nursing research evaluate the effects of the components of a clinical intervention on biological (as well as psychosocial or behavioural) targets that have been shown to modulate psychological and behavioural endpoints, reflective of the health or overall resilience of the whole person (McEwen, Eiland, Hunter, & Miller, 2012)? Knowledge of nursing interventions that can induce a healing or restorative effect on an array of known biological targets would augment nurses’ clinical decision-making capabilities on behalf of their patients (Pavlov & Tracey, 2005). We need nurse scientists who will collaborate with geneticists and physiologists for the purpose of advancing our knowledge of the whole person, from the molecular to the spiritual, as conceptualized through the prism of nursing.

Interestingly, in the past decade the use of complementary therapies has seen an exponential rise among patients with chronic illnesses wishing to optimize their health. This trend has begun to attract scientific attention among researchers in medicine and psychology, yet only rarely among nurse researchers. Ironically, as early as 1969 the nursing regulatory body in Quebec published a policy statement recognizing mind-body modalities such as relaxation response (a form of breathing), massage, imagery, and reflexology (a form of touch) as clinical strategies consistent with the goals and objectives of the nursing profession.

A growing body of scientific evidence suggests that these therapies promote healing at the psychological, behavioural, and biological levels; other research has begun to yield the underlying biological mechanisms of action, including the switching on/off of specific genes associated with these complementary therapies in relation to the potential attenuation of many chronic illnesses (e.g., Dusek et al., 2008). Given that mind–body therapies are thought to lie within the purview of nursing and appear to induce an array of health benefits, particularly in distressed patients who are concomitantly under medical treatment, they deserve our scientific consideration as clinical interventions that might be integrated into a therapeutic approach to promote the health and healing of patients before, during, and after medical interventions.

“Tailoring nursing care” according to the preferences and beliefs of patients is also a well-known nursing value, and it has led to the study of new methodologies that challenge the underlying precepts of deductive models. Guided by the philosophical assumptions of the nursing discipline, Dr. Souraya Sidani and her colleagues have been courageous leaders in the quest to identify innovative research methods that are consistent with nursing values and that provide reliable, defensible scientific evidence that can be applied to nursing’s field of practice. *CJNR* is pleased to publish two such methodological articles in this issue. These articles and their ilk, though controversial, challenge our conventional thinking and call upon us to explore new methodological frontiers that can advance evidenced-based practice according to the values of our discipline (Thorne & Sawatzky, 2014; Verhoef et al., 2006).

As opportunities for research funding shrink, multidisciplinary collaboration on studies with shared yet distinct purposes is becoming a greater imperative, and one that nurse researchers will surely capitalize on, to the profession’s benefit. Another imperative for the profession is to address the growing gap between nursing science and the nature of clinical practice, and the related gap between academic preparation and clinical expectations in the workplace. These discussions are essential not only for advancing a unifying vision of practice over the next quarter century but for articulating a cohesive strategy for enabling the future practice of nursing to the full extent of its discipline. Whether such discussions lead to a meaningful re-integration of the four arms of practice may also determine whether the profession is able to fend off current and future politically and economically induced encroachments on our practice. One lesson we can learn from nursing’s past is the formidable potential of academic nurses working in unison to realize the goals of the discipline. Today’s challenges in the workplace have become more complex and the professional stakes are just as high.

So, who will constitute the nursing vanguard of the future? The obvious response is nurses from all four arms of practice, but in a science-valued society the vanguard that will likely be publicly recognized is the growing cohort of nurse scientists who can speak from a position of scientific credibility. Nurse researchers, however, represent a small fraction of the nursing profession — and their scientific achievements, while laudable, tend to have minimal impact on the quality and type of care experienced by the majority of patients and families. In the public's mind, it is still medicine more than nursing whose professional authority is derived ultimately from *evidenced-based* clinical interventions. We need to change that perception. If our scholarship, and particularly our clinical research, is not seen to be directly relevant to the quality of care of patients and families, then our discipline has a credibility problem. The methodological traditions associated with the qualitative and quantitative empirical findings that have informed nursing must include pilot studies and, especially, controlled trials that can evaluate the effectiveness of nursing interventions in the health and healing of patients and families.

Compounding the clinical challenges inherent in the paucity of nurse researchers in the health-care field is the growing proportion of nurse scientists publishing in specialty and medical journals, driven by the understandable contention that doing so will enhance their professional credibility and prestige. Nonetheless, this scholarly published work tends to remain buried in these scientific silos well beyond the collective reach of nurses in education, clinical practice, and administration. Yet all nurses should have easy access to this research so that the profession can advance as a cohesive whole. We are only as strong as our weakest link.

By publishing in a general research nursing journal, nurse scholars stand to expose their findings to a diverse academic nursing audience, fostering the conditions for cross-pollination in vital areas such as curriculum development and clinical practice. Without such academic forums for contributing directly to the four arms of the profession, the nurse scientist's relevance in the nursing profession may be weakened. We are inextricably connected, and the nurse scientist, I believe, can play a leadership role in advancing nursing practice in the 21st century — contingent upon producing nursing research that is seen to advance and inform all arms of practice.

As a general research journal, *CJNR* has consistently embodied the essence of the nursing discipline — exemplifying its core values, key concepts, and frameworks, while debating issues, airing concerns, and exploring possibilities emanating from the four interrelated arms of practice. It has enabled the kind of reflection that has engaged the whole profession. Indeed, *CJNR's* legacy suggests that we *all* have a collective responsibility to advance the nursing profession above and beyond pursuing our indi-

vidual career paths. To that end, the Journal remains an invaluable vehicle for promoting the nursing profession across the four arms of practice.

In keeping with *CJNR*'s distinguished past, the Journal is committed to publishing high-quality articles that address the study of theory, science, and practice in the field of health and illness, as well as scholarly discourses on diverse health-related topics of relevance to the profession and the public. In the future, we will offer articles on knowledge synthesis by leading researchers and on quality-improvement initiatives in the clinical workplace. From time to time we may offer a "focused cluster" of articles in a specific field of inquiry, in keeping with the Journal's mandate to cover the depth as well as the breadth of nursing's scientific knowledge. This March 2015 issue, Volume 47, Number 1, with its cluster of methodological articles, re-launches the Research Methods section as a regular feature.

Finally, as a general nursing research journal with global reach across the four arms of practice, *CJNR* will continue to serve as a unifying force for nursing scholarship and debate. We must all continue to grow together as a profession worldwide, firm in the belief that as a unified voice we can achieve the shared actualization of our profession.

Mary Grossman
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