

Happenings

Research on Interventions and Transitions: Montreal Research Group Created

Celeste Johnston, Céline Goulet,
and Marc Pellerin

The health-care system everywhere in Canada is in a period of transformation. Recent economic, technological, and socio-demographic changes are seriously challenging the capacity of the health-care system to deliver timely and comprehensive services to the population. The shortage of health-care professionals, especially nurses, the growing number of acute clinical cases, the increasing proportion of patients being cared for in the community, and the introduction of new technologies all have a profound impact on the way that health services are being delivered.¹ In addition, nurses are challenged to stay abreast of the latest knowledge on best practices in nursing, which are evidence-based.

In order to have a nursing knowledge that is evidence-based, we need extensive research by nurse scientists who know both the substantive and the contextual positions of nursing in health care, as well as sophisticated methodologies. One of the main recommendations of recent reports by Canadian nursing leaders is that nursing move more into the area of research on interventions.²

While the need for more research is clearly acknowledged by policy-makers and key funding institutions, the nursing profession in Canada remains challenged by a serious shortage of nurse scientists. Less than 1%

¹ For an overview of the state of health care in Canada, see Statistics Canada/Canadian Institute for Health Information (2003).

² See the proceedings of *Pathfinding for Nursing Science in the 21st Century: Think Thank of Canadian Nurse Scientists and Policy-Makers*, held October 3–4, 2002, in Toronto (http://www.hc-sc.gc.ca/onp-epsi/english/current_research/index_e.html); and *Listening for direction: A national consultation on health services and policy issues*, summary report, June 2001, Canadian Health Services Research Foundation (<http://www.chsrf.ca/>).

of nurses in Canada hold a PhD and it is estimated that no more than 0.5% of nurses are doing research as a primary activity (Canadian Nurses Association, 2001). Even allowing for the fact that nursing research is an emerging field, the number of experienced scientists remains insufficient to have a sustained influence on the future of health care.

It is in this context, and largely in response to the issue of the shortage of nurse researchers available to study nursing interventions, that the Montreal Inter-university Group for Nursing Research/Groupe de recherche interuniversitaire en soins infirmiers de Montréal (GRISIM) was officially launched in April 2003, thanks to the support of Richard and Satoko Ingram of the Newton Foundation, the Fonds de la recherche en santé du Québec (FRSQ), the Ministère de la Santé et des Services Sociaux, and the Ministère des Finances, de l'Économie et de la Recherche. It is the first inter-university research entity in Canada devoted specifically to nursing interventions and transitions.

A project of McGill University and the Université de Montréal, GRISIM is committed to three goals: (1) to develop studies of nursing interventions and evaluate their impact on the health of populations, (2) to create and consolidate a critical mass of nurse scientists, and (3) to carry out knowledge transfer activities that will influence nursing practices, especially in clinical settings. Its long-term objectives are to become a centre of excellence in nursing research on interventions and to place Montreal in the vanguard of research in the field of nursing interventions.

Supporting Research on Nursing Interventions

Nursing interventions can be effective in promoting health, coping with illness, and decreasing symptoms, all of which can lead to decreased costs to the health-care system. For example, a meta-analysis by Heater, Becker, and Olson (1988) found that patients who receive research-based nursing interventions can expect 28% better outcomes than patients who receive standard nursing care. This is why GRISIM's main purpose is to support research-based activities or interventions that will be conducive to positive health outcomes. Following are some examples of innovative interventions that have been developed recently or are in the process of being developed: brief (20-minute) focused interventions with HIV patients to decrease anxiety and increase coping ability; maternal interventions to provide analgesia for critically ill infants; use of computers to teach newly diagnosed cancer patients how to cope with chemotherapy; interventions to foster intergenerational learning between adults and adolescent mothers; and interventions to promote coping among adoles-

cents with chronic illness as they move from pediatric to adult services (see Coté & Pepler, 2002; Johnston et al., in press; Loiselle, Edgar, & Batist, 2002–05).

Transition is a concept that is central to the discipline of nursing and one that will grow in importance in the coming years (Meleis, 1997; Schumacher & Meleis, 1994). Nurses are increasingly dealing with a number of patients who are undergoing a transition, defined as a passage from one state to another (Meleis). The majority of nurse–patient interactions begin with disequilibrium caused by a transition that is either developmental or illness-related (Schumacher & Meleis). Furthermore, persons undergoing a transition often have multiple contacts with health workers in different care settings — for example, in the hospital and in the community. A transition can have serious consequences for health status, depending on how a clinical issue is resolved — individually or collectively.

Today's health-care environment raises new concerns in that more and more people are acting as caregivers, especially in the context of an ageing population afflicted with acute and chronic illnesses. It is estimated that 80% of elder care in Canada is provided by family members (Patriquin, 1998), while nearly 90% of all cancer care in the United States is delivered in outpatient settings (National Cancer Institute, 2003). This situation places increased responsibility on the patient and family or on the community and requires a coordinated approach from within the health-care system. Considering the inability of existing mechanisms and approaches to adequately support the person or the family as they cope with a transition, we need to know which intervention models are best suited to particular types of transition and what impact they will have on patient outcomes.

There is a growing body of evidence with regard to the advantages of applying comprehensive nursing practices during a transition.³ Transitional care models have already been tested, with favourable results, in various patient groups such as very low birthweight infants; elders with medical and surgical cardiac diagnoses; common diagnostic related groups (DRGs); and women undergoing unplanned caesarean birth, high-risk pregnancy, or hysterectomy. Various studies with these groups have found that comprehensive discharge planning and home follow-up by advanced-practice nurses can reduce the risk of multiple hospital re-

³The National Institute of Nursing Research in the United States (National Institutes of Health) provides various documents (research briefs, news releases, etc.) with regard to research initiatives on advanced nursing practices and on transitional care (<http://www.nih.gov/nimr>).

admissions and significantly reduce post-discharge costs (Brooten et al., 2002; National Institute of Nursing Research, 2003; Naylor et al., 1999; York et al., 1997).

Recognizing the centrality of transitions to health, GRISIM will focus on three types of transition and the circumstances under which they occur: (1) developmental transitions, such as birth, death, and passage to adolescence, menopause, or old age; (2) health crises such as a heart attack, suicide attempt, or life-threatening diagnosis; and (3) transitions through health-care environments such as from critical care to “step-down” units or from pediatric to adult services. Projects will treat subjects as individuals, taking into account how they responded to the care they received and their living conditions.

Besides using the framework of transitions, and keeping in mind the importance of continuity and coherence of care, GRISIM will also focus on innovative and creative approaches. This includes generating ideas from the nursing literature and from the creative thinking of its own members and benchmarking from other domains such as educational technology and rehabilitation therapy.

Capitalizing on a Pool of Competencies

As capacity-building in nursing research is central to the mission of GRISIM, one of its objectives will be to consolidate the expertise of nurse scientists from McGill University and the Université de Montréal. The 22 current members of GRISIM are established researchers who have published extensively on a variety of issues in health care. They are well positioned to train a new generation of nurse researchers. Collaboration between the two institutions already exists: since 1993, a total of 24 students have graduated from the McGill University-Université de Montréal joint PhD program in nursing. A major goal is to attract the best candidates, who will constitute the next generation of researchers. With talented people recruited and brought together in one collaborative setting, the potential for greater research spin-offs in the long term is indisputable.

Multidisciplinary and national/international collaboration will take place within the GRISIM collaborative framework so that a better understanding can be reached regarding broad crosscutting issues related to nursing interventions and transition at patient, family, and population levels. Nursing interventions and transitions are also regarded as a public health issue beyond our national borders, especially in the context of global ageing of populations (see Raymond, 2003). Many cross-national comparative studies of health transitions are already being carried out in

order to better estimate the demand for care and support and to develop transitional-care models adapted for vulnerable clienteles, particularly elders and children.⁴ GRISIM will team up with key investigators around the world in collaborative research initiatives that will monitor international trends with regard to transition issues and assess the impact on nursing practices.

Making Knowledge Beneficial

One of GRISIM's main concerns is to avoid conducting research in a vacuum. Indeed, efforts will be made to share findings and to elaborate dissemination strategies. Among other things, it will endeavour to have results published in prestigious journals and to have researchers attend international and multidisciplinary conferences. Since the transfer of evidence-based knowledge into practice is a priority, major partners will be encouraged to place research results in the clinical milieu, particularly teaching hospitals, university institutes, and university affiliates, and prove their added value. While the studies will be led by nurses, multidisciplinary collaborations will be sought in order to enrich the knowledge transfer. Finally, GRISIM will be instrumental in the training of students and will include students in research initiatives, especially with regard to the development of interventions. As students and young researchers will be the main actors in tomorrow's health-care system and will be producers of knowledge, they are an essential component of knowledge transfer initiatives.

Given that both universities are established authorities in their respective areas of research, the proposed goals are within our grasp. This new research group will join the ranks of other groups currently funded by the FRSQ. Subject to a favourable evaluation of its strategic plan and scientific program by an FRSQ peer review committee, GRISIM will receive \$2 million to cover its work for the next 4 years, which will be a first step in reaching out to other donors and partners who believe in its mission and the added value of its work in the long term.

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⁴ An example of such cross-national studies is the Comparative Study of Aging and Health in Asia (<http://aha.psc.isr.umich.edu/description.html>), a multi-country collaboration funded by the National Institute on Aging and based at the University of Michigan's Population Studies Center, the Michigan Center on the Demography of Aging, and the Population Council in New York.

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Celeste Johnston, PhD, is James McGill Professor and Associate Director for Research, School of Nursing, McGill University; Consultant, Nursing, Pain, and Palliative Care services, Montreal Children's Hospital; and Consultant, Nursing Department, Royal Victoria Hospital, Montreal, Quebec, Canada. Céline Goulet, PhD, is Titular Professor and Dean, Faculty of Nursing, Université de Montréal, and Director of Nursing Research, Centre de recherche du Centre hospitalier de

l'Université de Montréal et du CHU Mère-enfant-Sainte-Justine, Montreal. Marc Pellerin, MSc, is Project Coordinator, Montreal Inter-university Group for Nursing Research/Groupe de recherche interuniversitaire en soins infirmiers de Montréal (GRISIM).