

EDITORIAL

Made in Canada? In Search of a National Research Identity

To even the most casual observer of nursing internationally, the embracing of research by nurses as a guide for practice decisions over the past decade has been nothing short of remarkable. But a common response to the absence of “home-grown” research in many countries has been to borrow thinking and writings from the West, in particular from the United States. That is, up until now. Automatic recourse to American nursing texts and publications is being rapidly replaced by varying degrees of resistance to, and even antagonism towards, American research, theoretical work, and educational trends. Separate or special editions of American textbooks tailored to academic markets in Canada and other countries are now seen widely in nursing and other disciplines. This development raises some intriguing questions if we look beneath the surface, beyond the reflex to read “Canadian” (or at least to not automatically read “American”). What, for instance, makes scholarship Canadian? What purpose or purposes does the label “Canadian” serve? How can academic nationalism, if you will, be a positive force in moving the discipline of nursing forward?

Pose a question along the lines of “What makes Korean research Korean?” in virtually any country but the United States and a lively debate is likely to ensue. At least two streams of discussion will emerge. One will deal with the geographical origin of a piece of scholarship and the other will address notions of how place influences the origins and expression of ideas, the interpretation of data, and so forth.

Is a research project automatically Canadian because its subjects are North Americans who reside above the 49th parallel? Are there topics that are inherently “of” a particular country or region, because of history, geography, and politics? One immediately thinks of the Canadian health-care system and its enduring values and problems. We could easily add the experiences of the Aboriginal people in Canada and those of nursing students and their professors in CEGEPs (the junior college system in Quebec). These experiences may be similar to those of Aboriginal peoples in Australia or the United States and nursing students and pro-

fessors in associate degree programs in the United States, but there may be things about them that are truly distinct. Which of the distinctions are truly important, and why? Is the social context of the nursing profession in Canada so different, in terms of definitions, constraints, and cultural values, that virtually any nursing research study conducted on Canadian soil qualifies as “Canadian”?

Perhaps a research study is Canadian because of the nationality of the researchers conducting it, or their institutional affiliations at the time of the study, or because of the population that is being studied or the location of the study, or because of all four of these factors. It is well accepted that any pretence of bias-free research is foolery. But is there something about being born in, living in, being trained as a researcher in, or working as a researcher in a specific culture that leads to a particular research slant? Thus, is a US national working in Canada Canadian? What about a Canadian-trained researcher working in the United States? One could argue that the historical, geopolitical, and economic realities of Canadian society lead researchers to discover a reality filtered through a Canadian lens. Otherwise put, perhaps a particular study is Canadian because of the cadences and inflections used by the researchers in asking and answering their research questions. The flavour of nursing scholarship in Australia appears to have been heavily influenced by historicism, critical theory, and postmodern philosophies and methodologies. How does this relate to Australia’s history and political realities, and its systems of nursing and nursing education? Are there tendencies, biases, or filters that researchers bring to the framing of a research question or the interpretation of data that could be considered uniquely Canadian?

Why even attempt to answer any of these questions? We think that important opportunities are missed for researchers, consumers of research, and indeed the profession itself when questions of place and nationality are sidestepped. Ultimately, we need to ask whether there are universal experiences of the human phenomena and the nursing care that nurses study, and whether universal elements in the development and execution of research projects transcend cultures. Surely there must be some commonalities. But where are national differences important and where are they trivial? In what ways are our clients, our care, and our approach to scholarship dependent on where we work? Do we really understand cultural differences at all, or are we merely pretending that our work has universal meaning and applicability? Is there such a thing as context-free nursing research?

The notion that country of origin should have more influence in determining the audience for a piece of work than the quality of ideas and their development is, of course, responsible for at least one stream of

anti-Americanism in the academic world. But at what point does a focus on what is Canadian and what is not become insular and parochial? At what point does it lead to a research enterprise that is self-perpetuating and self-satisfied? Open questions all. The real ones for us and for you are whether national distinctions serve the interests of science and the extent to which research reporting advances or undermines the pursuit of cultural competence and better care for nursing's clients. All of these issues need to be probed.

We both began our careers at a time when there were few or no Canadian nursing texts to be assigned, and when few researchers worked in Canada and even fewer purposely identified themselves or their research projects as Canadian. Ensuring a "home" for Canadian work can stimulate local pride (especially in the next generation of scholars) and can provide an outlet for researchers who may not have the resources or support to "compete" on a larger scale. We cherish the Journal's place as a home for scholarly work for the growing community of nurse researchers in Canada. However, the *CJNR* will consider publishing sound scholarship from any country in the world. It always has and, under our editorship, always will. Never in our recollection has any acceptable manuscript been turned away, whether from a Canadian or Canadian-based scholar or from a scholar living or working in another country.

If we may be so bold as to generalize, Canadians pride themselves on their sensitivity to national and cultural identity and their often heroic efforts to be outward-looking citizens of the world. In that spirit, we would like to make a modest proposal to the authors who submit papers to the *CJNR* as well as to our readers and the wider constituency of nurse scholars at all levels across Canada and the world. Let's consider specific elements of research questions and study designs and research reports that are uniquely Canadian (or Australian or American, whatever the case may be). Let's attempt to write clearly about the experiences or phenomena we believe are shared with other countries and regions and the ones we believe are distinct. Let's make more effort to explore similarities and differences in the experience of health and illness, in health-care delivery systems, and in the practice of nursing across countries and cultures, instead of taking for granted that we (and all of our readers) truly understand cross-cultural and cross-national issues in our work.

In the coming years, as a result of efforts to extend the Journal's reach and influence, you'll be seeing more research papers and integrative essays that take a comparative cultural approach to nursing scholarship. In the meantime, we encourage you to begin thinking more broadly about the role of nationality and culture in the research enterprise. Ask yourself,

your students, and your colleagues what exactly is meant when the label “Canadian” is used in your scholarly endeavours. Proud nationalism can be a great positive force, but open-mindedness and intellectual curiosity about the world beyond and how others see it are essential parts of the nurse scholar’s toolkit in any country or culture.

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