

GUEST EDITORIAL

**Risk and Safety:
The Current Landscape
in Health Promotion
and Health Care**

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The purpose of this first Journal issue on Risk and Safety is to provide a forum for discussing developments, presenting new research, and recommending future directions for these important related fields of research. Although we have been interested in reducing risk for disease and injury for many years, and have made significant gains in areas such as smoking cessation and prevention of injury through the use of protective devices, we would be remiss in failing to acknowledge the factors that are changing the way that risk and safety are situated in the context of health promotion and health care.

The concept of risk has become increasingly important in health promotion and health care. Rarely a day goes by without a reminder about the risks associated with a range of lifestyle behaviours. In these situations and in the context of health care, risk is typically associated with adverse outcomes, such as disease, injury, other types of morbidity, and mortality. Risk and risk management have become deeply embedded in decision-making related to health and health care. Nurses have been identified as ideally situated to assess risk for adverse events because of their close relationship with patients and their ability to direct appropriate interventions to those individuals who are at greatest risk (Ropka, Padilla, & Gillespie, 2005). Risk behaviours, risk factors, risk assessment, and risk communication for human health and in the context of health-care management have therefore become important foci for all health professionals, but particularly nurses.

The importance of the concept of risk is clearly demonstrated in several papers published in this issue of *CJNR*, each addressing a different health issue. Mary Jane Esplen describes the rapid developments in medical genomics that have heralded an increase in genetic testing for risk prediction and significant changes in the way that health and illness

are experienced. Not only do genetic risk assessments have the potential to disrupt people's taken-for-granted life worlds, but a diagnosis of "at risk" for hereditary diseases such as breast cancer or Huntington disease gives unaffected individuals the status of being neither sick nor healthy and can introduce new concerns (Scott, Prior, Wood, & Gray, 2005). Esplen highlights current and future impacts of developments in genomics on the delivery of health care, and she provides examples of emerging new research programs focused on developing counselling methods and clinical tools to assist individuals and their families to comprehend, cope with, and use genetic information. Karen MacKinnon and Marjorie McIntyre discuss the impact of risk discourses and biomedical constructions of risk on the everyday lives of women who are diagnosed with preterm labour. They expose the physiological consequences of these discourses and underline the need for critical reflection on practices that medicalize risk. Finally, two experts in the field of patient falls demonstrate important links between the concepts of risk and safety. Janice Morse provides a comprehensive summary and critique of the patient falls research that has taken place over the last two decades. She argues that falls risk prediction scales need to be used for rating patients' falls risk at regular intervals (just as we use thermometers to take temperatures regularly), to direct the implementation of falls prevention interventions when patients are at highest risk. David Oliver takes a different perspective, suggesting that the focus should be on reversing common risk factors for *all* patients, and using full assessment when patients have fallen to guide the implementation of management plans. Differences like this are not unusual in emerging fields of research and are important because they challenge us all to critically reflect on our approaches to clinical problems and the theoretical perspectives that guide research. What is clear is the need for research that is methodologically rigorous and ethically sound. This is as evident in the field of falls risk prediction and assessment as it is in human genomics. Not only is the field of falls risk research very complex, but the use of poorly developed tools in clinical settings can have dire implications.

The concept of safety is also the focus of several other papers in this issue. This is not surprising, because patient safety has been described as a "bandwagon" in health care (Storch, 2005). There are reasons why patient safety has become front and centre in the minds of health professionals, researchers, and the public. The issue is highlighted not only by media reports and legal cases, but also by estimates that 37% to 51% of adverse events arising from health-care management are preventable (Baker et al., 2005). Efforts are now being made to clarify risks related to health-care management in a variety of settings, all with a view to improved patient safety. As part of its first research funding competition,

the Canadian Patient Safety Institute recently funded 28 patient-safety-related research and demonstration projects across Canada. And Safer Healthcare Now!, a grassroots campaign, is actively enlisting health-care organizations in the implementation of six targeted evidence-based interventions in patient care to reduce morbidity and mortality.

The papers included in this issue of *CJNR* provide excellent examples of the kind of research that is needed to examine the root causes of errors and to direct attention to the larger health-care problems that influence both patient and nurse safety. In an invited piece, Patricia Marck calls for a whole new approach to patient safety research, one that has the potential to transform health care in positive ways. Michele Balas and her colleagues make an important contribution to the emerging literature on health-care error by providing concrete examples of things that can go wrong for nurses and patients during a typical work shift in critical care. Their descriptions of errors and near errors should stimulate critical reflection on the significance of such events for clinical practice, education, and research. Sherry Bergeron and colleagues take a new look at the impact of the SARS experience by focusing on community nurses. The data they present bring a new understanding and appreciation of the burden of this crisis on nursing. Their findings show that with the rise of new communicable diseases we need to be much more concerned about the safety of nurses working in communities and homes, and to examine the impact of risks associated with diseases like SARS on nurses' ability to practise in their usual ways.

Anne Snowden and her colleagues remind us that safety is also important in our communities and make a noteworthy contribution to child safety in their research on vehicle safety devices. This study provides important descriptive information related to safety seat use by parents, highlighting particular problem areas such as premature transition to seat belt use. These findings, if used to stimulate routine safety seat assessment, tailor educational efforts, and build a national strategy to promote effective use of safety seats, have the potential to significantly reduce morbidity and mortality among children riding in vehicles.

Risk and safety issues form a large part of health promotion and health services today. These papers illustrate very clearly the importance of this field of research for nursing practice. They also illustrate the great potential for building programs of research on topics related to risk and safety, and the eventual impact of that research on health. What we need most are researchers committed to taking on the challenges of working in this complex field, interested in developing comprehensive and innovative research approaches, and capable of collaborating on interdisciplinary teams. I look forward to seeing the commentaries and research reports included in this issue of the *Journal* stimulate nurses to partici-

pate in the development of a better understanding of risk and safety, and to use these concepts in examining ways to improve health promotion and health services.

References

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