

EDITORIAL

Canadian Nursing Scholarship: A Time to Celebrate, a Time to Stand Guard

As we embark on this, the 39th volume of *CJNR*, I am amazed at how far nursing scholarship has come in a relatively short period. There is much to celebrate this year. Here are but a few examples of recent achievements by nurse researchers in Canada:

- At the fifth annual Canadian Institute of Health Research (CIHR) awards, held in November, two of the seven awards went to nurses. Nicole Letourneau received the Peter Lougheed New Investigator Award as Canada's premier young researcher for her work in promoting healthy child development in high-risk, vulnerable families, and Anne Snowdon received the CIHR partnership award for her work with Daimler/Chrysler in promoting child health and safety (2006 Canadian Health Research Awards, 2006).
- Sean Clarke, an early graduate of one of Canada's first doctoral programs in nursing (at McGill University) and *CJNR*'s Associate Editor, was recently inducted as a Fellow of the American Academy of Nursing for his research on quality and safety issues in health care.
- Joan Bottorff and her colleagues report, in this issue of the Journal, on an intervention study of women's responses to information about mammographic breast density. This comes on the heels of the publication of the finding — widely reported in the media — by a landmark medical study that breast cancer is more common in women with dense breast tissue (www.cbc.ca/health/story/2007/01/17/breast-density.html). The concurrent publication of these two sets of results is an excellent illustration of nursing science's contribution to women's health and its complementary role to that of medicine.

There are many other indications that nursing is making an impact on health care:

- Nurses are key players in several of the (US) Institutes of Health and sit on many CIHR committees (Edwards, DiCenso, Degner, O'Brien-Pallas, & Lander, 2002).
- Five nurses hold 10-year investigator chairs awarded by the Canadian Health Service Research Foundation and the CIHR.

- Nursing research is funded by all the major national and provincial funding agencies.
- CIHR nursing grants have more than quadrupled, increasing from \$2.3 million in 2000 to over \$11.6 million in 2005. More significantly, financial commitments have gone from 30 in 2000 to 105 in 2005 (statistics provided by the CIHR).
- Between 1990 and 2004, 167 nurses completed PhDs in nursing at Canadian universities (Canadian Nurses Association and Canadian Association of Schools of Nursing [CNA and CASN], 2005).
- In the 4-year period 1998 to 2001, nursing research funding in Canada more than tripled, increasing from \$8.5 to \$27.5 million (Canadian Association of University Schools of Nursing, as cited in Pringle, 2006).

It has taken a mere 17 years to develop this critical mass of nurse scholars who have already made an unmistakable impact on the nursing profession and on health care. Although the Canadian nursing community built these successes, not all will remember the battles that were fought to arrive at this point. Those of us who were around in the early days never imagined how quickly the seeds of change, once planted, would take root and produce this amazing growth.

I consider myself a member of the second generation of nurse scholars, and I was both a witness to and a participant in the changes. As a young scholar, I attended the research meetings of the Canadian Association of University Schools of Nursing (CAUSN) in 1978 and 1980 where the first generation of nurse scholars developed strategies for establishing PhD programs in Canada. Among those who led the charge were Moyra Allen (McGill University), Marie-France Thibodeau (Université de Montréal), Shirley Stinson (University of Alberta), Helen Glass (University of Manitoba), and Marilyn Willman (University of British Columbia). They decided that the first PhD program would be a joint program of McGill University and the Université de Montréal. In the early 1980s a joint submission was made to the two universities, only to be rejected by the Faculty of Medicine at McGill because the powers that be did not understand nursing scholarship and did not believe there was enough science to support it. It took almost another decade for the University of Alberta to secure approval for a PhD program in nursing; 2 years after that, the university received funding to admit its first student.

In the meantime, as McGill and the Université de Montréal regrouped and prepared to resubmit their request, McGill mounted a PhD program in nursing through an “ad hoc” route, under the Faculty of Graduate Studies and Research (reserved for departments without formal PhD programs in their own discipline). The first student was

admitted in 1984. The first graduate was Francine Ducharme — in fact she was the first recipient of a doctorate in nursing from a Canadian university. Once Alberta's program received its funding, the McGill/Université de Montréal joint program was approved by both universities and the Quebec government. These programs were followed in quick succession by programs at the University of Toronto, the University of British Columbia, and McMaster University. The tipping point had clearly been reached.

The securing of funding for nursing research and the support of young investigators was yet another hard-fought battle. Through persuasive arguing, lobbying, and networking, the Canadian Nurses Association and CAUSN, under the able leadership of Dorothy Pringle (University of Toronto) and Mary-Ellen Jeans (McGill), earned respect and, more importantly, funding for a joint initiative of the Medical Research Council and the National Health Research and Development Program to support nurse scholars. The year was 1988. This infusion of financial support launched the research programs of many of today's senior scholars, including Celeste Johnston (McGill), Annette O'Connor (University of Ottawa), and Janice Morse (University of Alberta). There were three cycles of competition before the program was phased out. This initiative not only gave a tremendous boost to the research careers of these scholars, but also demonstrated to the granting agencies that nurses had the talent and skill to make a significant contribution to health-care research and to successfully compete for funds.

These developments, however, tell only part of the story. Equally noteworthy are the courage, commitment, and chutzpah that nurse scholars have shown — daring to be different in the face of repeated rejection. Some of these pioneers tried to fit their ideas and projects into existing academic environments, but without success. Others chose to move beyond traditional medical-epidemiological approaches to health research, favouring holistic, patient-centred, patient-empowered approaches to care. These nurse scholars were at the vanguard of a new movement. They developed theories and methodologies consistent with clinical realities. They embraced participatory-action research designs and feminist theory; used qualitative methodology; focused on the health needs and concerns of marginalized groups; created translation models to narrow the gaps between scholars, clinicians, and patients; and found ways to make a difference by developing and testing approaches together with patients/clients. Many nurse scholars continue to favour these theories and methods today, but with a difference — where once they had been outsiders, they are now virtually in the mainstream. There is growing recognition of these approaches within other disciplines and increasingly more discourse around such issues within granting agencies.

Other nurse scholars have used the more traditional positivist model to their advantage to address their research questions, and have gained recognition for this work; many have published widely in nursing, medical, and interdisciplinary journals.

In short, nurses have emerged from their insular and isolated world wrapped in feelings of inferiority and have gained the self-confidence needed to dare to be different. Many have become exemplary leaders, earning the acceptance, recognition, and respect of their peers in nursing and in other disciplines, and have played key roles in advancing interdisciplinary, collaborative work in their fields of research.

The first generation of leaders dreamt about what could be and knew that investment in education was the key to opening up the frontiers of nursing and health-care knowledge. They worked together for a common vision. They were relentless in their pursuit of this vision and refused to take no for an answer. In short, they were warriors. The battles they waged seemed unwinnable at times. In the beginning, there were few victories. What kept them going was mutual support, cooperation (with some competition), and conviction. Like all visionaries and pioneers, they were ahead of their time. Nonetheless, their work prepared the ground. When the timing was right, their ideas won them allies and supporters and eventually took hold.

Those of us who belong to the first and second generations of nurse scholars are proud of the accomplishments of the third generation and have confidence in the abilities of the fourth. The achievements of the new generation have been remarkable. These nurse scholars have the courage and negotiating skills necessary to thrive in an ever more competitive and difficult research environment (only 15% of submissions to the CIHR are successful). The new generation of scholars have succeeded because of hard work, solid training, high standards, willingness to make sacrifices, knowledge of the rules, and determination to stand their ground.

In short, they “get it,” just as their mentors “got it.” Many are now in mid-career and have developed exciting research programs. They have impressive publishing track records, have built sound research programs, and have produced, along with their students, an enviable body of work. They are respected scholars and mentors. Many have contributed to *CJNR* as reviewers or as authors of well-designed studies. They are now serving as guest editors, lending their considerable talents and expertise to advancing the knowledge of nursing science and providing knowledge for the practice of nursing and to the improvement of health services.

And yet as I write these words I see some disturbing trends. In recent years there has been a significant increase in the number of PhD

programs in nursing in Canadian universities. There are now 15 Canadian universities offering doctoral training in nursing, with 350 nursing students currently enrolled (CNA and CASN, 2005). We need to pause and think about where we are going and what is driving us as a profession and as a discipline. We need to consider whether we have the resources to support this number of high-quality doctoral programs. We need to ask ourselves: Do all of these programs have a critical mass of professors with the advanced nursing knowledge and research expertise necessary to train good scientists? Can all of these programs provide environments that are not merely adequate but rich and stimulating? How many doctoral students can a program support? What are the repercussions — for the number and quality of clinicians and advanced practitioners — of diverting resources from undergraduate and master's programs to doctoral programs? Some of these issues were raised by our colleagues in the United States when doctoral programs there were growing at a prodigious rate regardless of whether they possessed the resources and know-how to ensure high-quality training (Holzemer, 1990; Lenz & Hardin, 2001).

There is mounting evidence that we may be producing doctoral nurses who are inadequately prepared and will have difficulty making meaningful scientific contributions and competing successfully for grants. At *CJNR* we regularly receive manuscripts from doctorally prepared authors reporting on studies with fatal conceptual and methodological flaws, as well as “half-baked” manuscripts being rushed to submission for publication. We also receive submissions based on research studies that employ designs inappropriate for the questions being addressed, as well as papers that offer stunningly superficial interpretations of findings simply because the authors lack foundational knowledge in the underlying field. The list goes on.

The success of the last 17 years has been built on a strong foundation of nursing science and well-considered doctoral curricula implemented by well-trained, experienced, established, respected nurse scholars able to truly mentor newcomers by guiding them through a variety of research experiences. It is hardly surprising that graduates of these programs have been able to compete with the best and brightest scientists from other fields.

We are at a critical juncture. If we compromise quality and lower our standards, we run the risk of endangering the reputation of nursing as a serious science and, more importantly, providing poor science for the practice of nursing. We must stand on guard in order to protect what has already been built and determine the conditions that have to be in place to train first-rate nurse scientists. In the coming decade, we will have to go from strength to strength, not weakness to weakness. It is time for us

to pause, take stock of our successes, and reflect on current trends so that nursing as a discipline can continue to celebrate excellence.

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