

Happenings

Nurse Researchers Contributing to Seniors' Independence in the Community

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Canadian nurse researchers have made substantial contributions to the field of health services and policy research with seniors. The realities of an aging population are now on the agenda of policy-makers. Thus new challenges and promising opportunities await nurse researchers.

First, we present a brief overview of some pivotal nursing research with older adults in Canada. Next, we offer an example of an evolving program of research targeting falls among seniors. Finally, we describe how emerging policy frameworks provide direction for future research.

Canadian nurse researchers have made longstanding contributions to health issues among seniors. The following examples illustrate the breadth and depth of their research. Mohide and Pringle led early studies of support and respite services for caregivers of older adults with disabilities and cognitive impairments (Mohide, 2002; Mohide et al., 1990). Other investigators are advancing this research, identifying the impacts of service delivery that emphasizes self-reliance, autonomy, and supportive environments (Forbes & Janzen, 2004). Predictors of health among male caregivers are a focus of investigation by Ducharme, Lévesque, Lachance, Vézina, and Zarit (2005). Other researchers have explored the influence of gender on the health practices of elderly immigrant populations (Olliffe, Grewal, Bottorff, Luke, & Toor, 2007). Brown, Markle-Reid, and colleagues have examined the cost-effectiveness of community-based health service delivery for frail elderly home care populations (Markle-Reid et al., 2003), while McWilliam's studies have provided insights into the value of interdisciplinary work and the impact of the culture of home care nursing on client outcomes (Gantert & McWilliam, 2004; Hall & McWilliam, 2006). The development of practice guidelines for the assessment and management of leg ulcers and wounds has been shaped by Harrison's work (Graham, Harrison, Cerniuk, & Bauer, 2007; Harrison et al., 2005), while Skelly and colleagues have advanced our

understanding of urinary incontinence (Swanson, Kaczorowski, Skelly, & Finkelstein, 2005; Swanson, Skelly, Hutchison, & Kaczorowski, 2002) and researchers on the west coast have focused on the prevention of falls (Gallagher & Scott, 1997; Herman, Gallagher, & Scott, 2006; Scott, Votova, Scanlan, & Close, 2007).

Although there are many examples of innovative knowledge translation strategies developed by these and other nurse researchers, there has been a tendency to concentrate such efforts on changes in the health-care sector. If we are going to substantially help seniors to age in place, new partnerships for research and knowledge translation will have to be developed with community agencies and policy-makers outside the health-care sector.

Our work on falls prevention illustrates the need for a shift in both research questions and knowledge translation strategies. Research in the late 1980s focused on risk factors for falls, a significant precursor for intervention research. Many intervention strategies have now been tested, including those that focus on individual behaviour change and those that target the larger community. In the late 1990s we decided to concentrate our efforts on modifications to the built environment. Falls on stairs and in bathrooms were of particular interest as these represent a large proportion of all falls and of falls with higher rates of injury. Consistent with a population health approach, we identified building codes as a critical focus for our knowledge translation efforts. This was new territory for us, and it called for the development of skill in working with other disciplines and sectors, including biomedical engineering, the housing and construction industry, and those responsible for modifications to the codes. Although our early intervention studies encouraged seniors to install bathroom grab bars and to examine the safety features of their indoor and outdoor stairs, providing input on the building codes required a different set of research questions. Specifically, we needed to determine (a) whether there were differences in the use of grab bars that were universally installed versus those installed by the owner of a home, (b) what configuration of grab bars seniors found easier to use, and (c) what features of indoor and outdoor stairs seniors found hazardous. Addressing these questions necessitated an expansion of our research team to include those with backgrounds in engineering and ergonomics. Our research portfolio grew to include laboratory studies. Gaining familiarity with the national and provincial processes for changes to building codes was essential as we refined our knowledge translation strategies. We used invitational symposia to obtain the input of decision-makers on the processes required to make changes to building codes. This helped us to gain a better view of how we might bring our research findings to the policy table. More recently, Edwards's

Table 1 Examples of Provincial Frameworks for Aging		
Province/Territory	Framework	Policy Elements
Nova Scotia	Continuing Care Strategy for Nova Scotia: Shaping the Future of Continuing Care	Supporting individuals and families and community solutions, investing in providers, strengthening continuing care services, and investing in infrastructure (Nova Scotia Department of Health, 2006)
Newfoundland and Labrador	Provincial Healthy Aging Policy Framework	Improving access to prescription drugs, increasing the seniors' benefit, eliminating the mandatory retirement age, and placing a focus on health promotion (Government of Newfoundland and Labrador, 2007)
Manitoba	Advancing Age	Coordinated and comprehensive framework of legislation, public policy and programs designed to address health care, community living, and security (Manitoba Seniors and Healthy Aging Secretariat, 2003)
Ontario	Aging at Home Strategy	Integrated continuum of community-based services: facilitating seniors to reach their health potential, improving access to services, building system capacity and responsiveness, and expanding housing options (Ontario Ministry of Health and Long-Term Care, 2007)
Saskatchewan	Provincial Policy Framework and Action Plan for Older Persons	Strategic directions for housing, transportation, health care, active living and lifetime learning, safety and security, and recognition of the contributions of older persons (Saskatchewan Provincial Advisory Committee for Older Adults, 2003)

membership in a group responsible for making recommendations regarding changes to national building code standards for stairs, ramps, guards, and handrails has provided an avenue for putting research findings into action.

As nurse researchers consider priorities for research in the next decade, it is important that they be aware of policy frameworks for older persons announced in several provinces. Examples are shown in Table 1.

These frameworks remind us of the many sectors that influence seniors' independence and health status. They also highlight the importance of knowledge translation strategies that address the array of services and policies required to support seniors' independence. Thus the next generation of research undertaken by nurse researchers calls for the establishment of strategic intersectoral links and the identification of opportunities to bring evidence to the iterative and often long-term processes of policy formulation and implementation.

Canadian nurses have made substantial contributions to research with community-dwelling seniors. Much work still needs to be done. As governments become aware of the impact of demographic shifts on our social structures and health-care systems, they are developing policy frameworks to address these challenges. It is essential that we consider both what research questions arise from these frameworks and what knowledge translation strategies are needed to inform policy. The renewed interest in policies that support independent living for older adults in the community presents a critical opportunity for nurse researchers. There is no doubt that we are poised to address this challenge.

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