

Funding for Nursing Scholarship, Research, and Capacity-Building: An Interview With Dr. Dorothy Pringle

Sean P. Clarke: *What were some of the historical milestones and turning points in securing funding for nursing research and capacity-building?*

Dorothy Pringle: I would go back a little further than 10 years — to 20 years. Because 20 years ago nursing was dependent on funding from the National Health Research and Development Program. NHRDP was essentially our only source. MRC [Medical Research Council] had not to that point been particularly supportive of nursing research. In 1987–88 there was an announcement of a joint NHRDP/MRC initiative for 5-year non-renewable career awards for nurse researchers. This was the first money that covered 75 to 80% of faculty members' time. When this initiative came into being, we began to be able to identify the top nursing researchers in Canada. Early names included Hilary Llewellyn-Thomas, Annette O'Connor, Celeste Johnston, and Lesley Degner. Those researchers were given a leg up. In turn, through the excellent calibre of work they produced, they gave credibility to the notion of funding nurse researchers.

In the mid-1990s Henry Friesen made the decision to expand MRC's mandate to all of the health sciences, not just basic health sciences. And nurses were integral to that transformation. Mary Ellen Jeans, by the time of these developments, was Director General of NHRDP and also helped create new federal funding opportunities for nurses.

A major accomplishment was securing access by nurses seeking doctoral training to relatively higher levels of salary support from training awards — levels that were previously given only to physicians, dentists, veterinarians, and pharmacists seeking PhDs. These higher levels made securing research training a viable career option for nurses several years into their careers.

In terms of research funding, nurses were looking not to have exceptions made to accommodate their research career trajectories. They wanted opportunities to succeed. And when these opportunities were presented they made use of them. Not only did the first cohorts of funded nurse scientists produce excellent return on investments, [but] the availability of training and career awards helped change thinking about research and [created] positive environments for productivity for all nurse

faculty. These awards, and the success of the recipients, established in nursing deans'/directors' minds the need for faculty to have protected time in order to develop sound research programs.

In the late 1990s the Canadian Health Services Research Foundation [CHSRF] was established. This benefited our emerging strength in nursing administration. Those scientists now had a source of funding not available through any other funding body at that time. When Mary Ellen Jeans, as CNA [Canadian Nurses Association] Executive Director, convinced the federal government to make \$25 million available for nursing research over 10 years, the funds were entrusted to CHSRF and this benefited nursing research more broadly. Approximately \$500,000 per year was allocated to the Canadian Nurses Foundation to fund clinical research, in addition to the funds from CHSRF to stimulate nursing administration research. This fund also created five nursing chairs across the country: Linda O'Brien-Pallas, Lesley Degner, Alba DiCenso, Nancy Edwards, and Janice Lander. This was huge, particularly when considered along with the research scholar awards held through the MRC/NHRDP program. Finally we had excellent researchers who could devote most of their time to research.

In 2001, when the Canadian Institutes of Health Research [CIHR] emerged, NHRDP and MRC were both folded into this body, with perhaps more of MRC's traditions taken up. However, by this time nurse researchers had really demonstrated that they could succeed on the funding playing field and critical masses of scholars were coming together in university nursing schools from coast to coast, sometimes in clusters that had national recognition. A clear sense of research-intensive schools and faculties of nursing had taken root.

Over the past 10 years, drawing on successes and developments from earlier on, nursing has become an important and recognized player in the Canadian health research funding world — no more exceptions needed or requested for them. Drs. Nancy Edwards and Joy Johnson are directors of two CIHR institutes, nurses sit on advisory boards across CIHR and chair peer-review committees, and CIHR leaders have become well-informed about nursing and respectful about the research capacities of nurse researchers. And when Nancy Edwards was appointed to CIHR's governing council, she rapidly ascended to become its chair.

To sum up, over the past 10 years nursing research has become accepted into CIHR, led by the researchers who received funding in the MRC/NHRDP initiative.

The past 10 years has been a major turning point in funding for nursing. How did you prepare the ground?

I did a little, along with a lot of other people. I managed to become an insider on the funding front. In Canada, the path to influence is less through lobbying and more through demonstrating competence and expertise and showing that you'll step up when called upon. You demonstrate competence, which opens doors in the power structure in funding agencies, and you become one of the "go to" people who get called upon, which helps in gaining inside knowledge critical to success. And then, of course, you use the power you've gained judiciously. It's important not to use these opportunities for personal gain, but to use them to advance the careers of colleagues and students whenever possible....

I haven't been the only insider. Researchers themselves have a remarkable ability to bring ideas to competitions on the basis of the high quality of their work, and later by establishing their connections within funding agencies.

Who were the major players?

I have to say the researchers themselves who capitalized on the opportunities to grow their programs under the big national funding sources, especially CIHR. But a number of nurse researchers — I think of Drs. Kathryn King and Heather Arthur in cardiovascular nursing research and Lesley Degner in cancer in particular — have built a national profile in the foundations dedicated to advancing research for particular diseases, and have had enormous influence on the access of nurses to existing and emerging programs through these groups.

Why has the past decade been such a great time for nursing research?

In a word, PhD program development. For the first time, we needed more than two hands to count the number of good nurse researchers in Canada. The early 1990s saw the development of the big doctoral training programs in the country, and by the late 1990s they were producing high-quality graduates. We still need more nurse researchers, but until we began to have this critical mass of well-prepared investigators we weren't in any position to advance things to the level they are at now.

Disappointments, surprises?

When CIHR was being developed you could apply to develop an institute and the CHSRF made money available for the purpose of developing application. CIHR had made it very clear that they were not going to fund discipline-specific institutions. Nursing decided to try anyway. The CNA, CANR [Canadian Association for Nursing Research], and CASN [Canadian Association of Schools of Nursing] applied for and received funding to develop a proposal for an institute — we held a 3-day meeting at the University of British Columbia. We were split.

Half of us were saying that we should pay attention and not write a nursing-specific proposal. Half of us felt that NINR [National Institute of Nursing Research] was so successful in the United States under the National Institutes of Health structure that it was too tempting not to propose something similar. Caregiving, a broader term that could accommodate many areas of research nurses were interested in but encompass concerns beyond the profession, was the umbrella term we worked on. So we proposed a National Institute for Nursing and Caregiving as a compromise. It didn't get funded — not accepted. At the time it was disappointing, but it forced us to get a toe-hold in the institutes that were created. Nurses weren't segregated in their own institute and so established their presence on the inside of the multidisciplinary institutes that were formed. In retrospect, if we had been successful with the proposal for a NINR-like institute we would not have seen the development of nurses as insiders at CIHR to the degree that we have.

More recently, I think that while at the beginning of the past decade funding was more available to nurse researchers, we're now in a phase where CIHR's funding is not increasing fast enough... At one time a lot of researchers were funded as new investigators and then moved on to career awards and chairs. Now, as the result of funding cuts that have resulted in the cancellation of scientist and senior scientist awards, the path doesn't exist the same way. We have to figure out what we can do to secure lines of funding for excellent nurse researchers across their careers, to help them maintain their productivity.

If you were to put on your prophet's hat, where do you think nursing scholarship/science will be 10 or 20 years from now?

The development of nursing research in a country is an incremental process. I don't necessarily see any striking changes in the next decade or two...nursing research will continue to grow and our discipline — and especially our best scholars — will be even bigger players in the pond.

What do we need to be concerned about?

We are handicapped by not having a clear national voice for nursing research in Canada. Stakeholders complain about [lack of clarity] regarding which people to go to when they have questions or need representatives — apart from individual researchers... We don't necessarily have only one view of nursing research in Canada, but we need a clear voice that represents all of us.

We need to be cautious about the balance between education and research in academic units that has historically handicapped the development of research programs. The education enterprise can be huge, and

the details involved in coordinating large programs can swamp research if we're not careful.

And I don't think we've established ourselves (except maybe for RNAO [Registered Nurses' Association of Ontario]; CNA is developing this capacity) as the "go to" discipline for health-policy issues. I think we have to have a louder and more authoritative voice. I think our researchers are some of the best people to do this, because they can speak from an evidence-based perspective. It's not common enough for nurse researchers to be consulted by the press or to come forward with new policy suggestions. When you read Canadian Medical Association documents and attend CMA conferences, the minister of health is there and policy proposals are being actively discussed. We're not there in nursing yet; it's part of an evolutionary process.

Any advice to this generation of leaders with respect to funding?

Try not to whine [about nursing's status in the world of research]. It doesn't help much and we don't need to. CIHR has been good news for nurse researchers. We're now insiders at CIHR and are an accepted part of its work and its funding — not exceptional or remarkable.

Never frame efforts to advance funding opportunities just for nurses; work to advance opportunities for health professionals on the applied side who may need special programs and mechanisms and considerations to advance their research. Family medicine and the rehabilitation professions are some of our natural allies in terms of the types of career paths their members pursue, the questions that are of most interest to them, and the research designs they employ.

Finally, organized nursing in Canada has to be seen as an active and strong supporter of CIHR every chance it gets. The other professions are there. We need to be seen as part of the research establishment. It might cost us a bit of money, but it's the price you pay for being a member of the club.

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