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Discourse

Looking Back, Looking Forward: Conceptual and Methodological Trends in Nursing Research in Canada Over the Past Decade

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I am deeply honoured to have been invited by Professor Laurie Gottlieb to contribute to this anniversary issue. Since the last anniversary issue, in March 1999, nursing research has gained new ground in Canada, and *CJNR* has been in the forefront, publishing topics at the cutting edge of nursing science. I want to reflect here on the outstanding achievements of the Canadian nursing research community in the past decade and some of the factors that shaped these developments. I also want to consider conceptual challenges and opportunities for the future.

Looking Back

Opportunities Over the Past Decade

The giant steps forward within the fairly short time span of 10 years have been made possible, in part, by the synergies created through the resources that became available to the nursing research community, enhanced research training, interdisciplinary collaboration, and a climate that has fostered the communication of nursing research. One of the milestones in Canadian health research has been the launching of the Canadian Institutes of Health Research (CIHR) in the year 2000. This has had a profound impact on the development of nursing science in this country and on the conceptual shifts over the past decade. CIHR's mandate is to "excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health-care system" (CIHR Web site: http://www.cihr-irsc.gc.ca/e/7155.html). Without a doubt, CIHR's conceptual focus on health research (inclusive of but not exclusive to medical research), with the emphasis on research training, interdiscipli-

narity, partnerships, collaboration, and knowledge translation, has benefited nursing research. The mandate of CIHR has created new opportunities for investigation in substantive areas that might have remained untapped in the nursing community. Funding opportunities have opened up investigation not only in biomedically oriented and clinical research but also in population health and health services research, with attention to the complex historical, sociopolitical, economic, and cultural contexts of health. These concepts are central to the development of nursing science, as we seek to understand the tangled nexus of the human experience of health, illness, suffering, and recovery across population groups.

The launching of research-intensive doctoral programs in nursing across the country, and the pursuit of doctoral studies by nurses in complementary disciplines, prepared a generation of researchers to be ready for new funding opportunities as they came along. But all of this did not happen by chance. I would be remiss to reflect on how far we have come without acknowledging the leaders who paved the way. Not only have nurse researchers provided leadership in CIHR since its inception, but generations of nurse leaders before them worked tirelessly and selflessly to promote baccalaureate education for nurses, launch master's programs, and, later, establish research-intensive doctoral programs in nursing. This was often done in a climate where scepticism about the merits of academic nursing ran rampant. Many of our leaders engaged with governments, funding bodies, and academic administrators to interpret the discipline of nursing to them, even when faced with questions about the legitimacy of nursing as a profession. During the transition from Medical Research Council to CIHR, many nurse leaders played a key role in the restructuring process, and in charting the new direction for health research in Canada. They insisted on a broader definition of health research, inclusive of different health disciplines, and on research conducted in partnership with other scientists, clinicians, government policymakers, health-care administrators, and consumers. Nurse leaders have continued to interpret nursing science and nursing scholarship to their colleagues from other disciplines on peer-review panels. They have done so in order to open up funding opportunities for new generations of nurse researchers. So, to use a well-worn expression attributed to Sir Isaac Newton, if we "have seen further, it is by standing on the shoulders of Giants."

Conceptual and Methodological Trends

Alongside the increased opportunities for research funding, the visionary leadership of the *Canadian Journal of Nursing Research* over the past decade has been key in the communication, and hence the development, of nursing science in Canada. In reviewing Journal issues as far back as

1969, one can track the conceptual shifts that have marked our profession. For example, a question posed in the November 1969 issue was "Profession or Union: Who Will Call the Shots?" (Gilchrist, 1969). Concern with "the profession" has been giving way, over the decades, to development of the knowledge base for nursing practice. Among the areas addressed over this past decade have been issues pertaining to health, illness, healing, and health-care delivery systems, and how health-care systems *shape* the experiencing of illness, across the lifespan and across different population groups (including Aboriginal peoples, women, and people living in rural communities), and the translation of this knowledge into practice and policy.

There is emerging attentiveness to examining the social context of experience and to addressing the complex ethical issues that underpin the advancement of science, practices within health-care delivery systems, and new approaches to conducting research. One surmises that the scope of the research now being undertaken will continue to shift, and hence continue to redefine the conceptual boundaries of our discipline. We know that knowledge is "not just out there" waiting to be "discovered"; it is constructed within complex sociopolitical, cultural, economic, and historical contexts, and is shifting, partial, and incomplete. So, alongside our deep commitment to translating nursing knowledge into practice, we are always exploring innovative strategies for translation that make transparent the tenuous nature of "truth" and its contextual embeddedness. Increases in operational funding, new opportunities for research training, and improved communication technologies, among other factors, are all coalescing to fuel knowledge construction and translation. Not only are we witnessing a shift in the questions being addressed; a new approach is being taken to addressing "old" questions. For example, Estabrooks (2008), in discussing the emergence of knowledge translation science over the past 10 years, apprises us of developments since the publication of the Research Utilization issue in June 1999, namely opportunities for international collaboration, joint research, shared trainees, and so forth. Similarly, Jillings and Thorne (2008), in their Guest Editorial for the September 2008 issue on Chronic Illness Management, tell us: "This issue of the Journal differs from previous issues dedicated to the topic of chronic illness in that it highlights a new conceptual 'spin' on the theme of documenting the chronic illness experience" (p. 5).

The new conceptual "spin" on "old" topics goes hand in hand, I think, with our receptiveness to different methodologies and our conceptualizing of "science" and "scientific rigour." The legitimacy of different methodological perspectives necessary to pursue the broad spectrum of research that makes up our discipline is now more widely accepted. We have made significant strides, both in conceptualizing the content

and scope of nursing knowledge and in using methodological approaches that will allow us to pursue complex questions. As I look back on nursing research in Canada and internationally, I am struck with how far we have come in the debates about methodological issues. Clearly, we are moving beyond the polarizing, sometimes simplistic, either/or, quantitative/qualitative, positivist/interpretive, critical perspectives that were so prevalent in the 1980s and into the 1990s. For the most part we recognize the multiplicity of perspectives that make up our science. As we have matured in our interpretation of science, and as we have embraced the complexity of our discipline, naturalistic, critical, and interpretive methods of inquiry and other innovative approaches have found a place in the construction of nursing science, alongside rigorous quantitative methods of inquiry. We now accept that the production of a rigorous science of nursing can be accomplished from different ontological, epistemological, and methodological perspectives. We have shown a willingness to explore new terrain. As Estabrooks (2008) says in her recent Guest Editorial: "We also have contributions that will challenge readers to think outside of their usual comfort zones. They are published deliberately in this issue of *CJNR* because it is important for us to think broadly and creatively" (p. 13). She refers to articles on knowledge translation that review, for example, appreciative inquiry as a knowledge translation intervention and that provide a feminist critique within knowledge translation science.

We now take "our place at the table" among scientists and scholars from other disciplines, as leaders in explaining innovative research methodologies and how we can bridge different disciplines. In fact, as I speak with colleagues from other disciplines I find that many are now looking to nursing scholars for leadership in different methods of inquiry. Many of us continue to explore how different perspectives complement one another, so we can do better science and generate knowledge that will be translated into practice and policy. We acknowledge that to understand and respond to the complex phenomena that are nursing's prerogative, and to engage in interdisciplinary research, we need to be able to measure, describe, and interpret — quite often in the same program of research. No longer do some of us believe that feminist and postcolonial inquiry, for example, can be pursued solely through a "qualitative" lens; no longer do we think of gender studies as synonymous with "women only." In fact, a nurse scientist, Dr. Miriam Stewart, led the CIHR Institute of Gender and Health, as its first Scientific Director, to promote interdisciplinary research, to forge new conceptualizations of gender studies, and to open up this area as a field of inquiry inclusive of men and women, boys and girls. We now recognize that the inclusion of men and women in gender studies does not minimize, diminish, trivial-

ize, or obscure women's health issues; to gain greater conceptual clarity we need to view the issues in broader perspective.

The research conducted under the umbrella of the Institute of Gender and Health (now being led by Dr. Joy Johnson, another nurse scientist), sometimes in partnership with other CIHR institutes, provides an excellent example of how biomedical scientists, nursing scientists, social scientists, and scholars from other disciplines have developed programs of research that require the use of different methodological perspectives. Perhaps more importantly, researchers have learned to make the distinction between multidisciplinary research and interdisciplinary research, the latter requiring the learning of a new language to facilitate the construction of new knowledge beyond the boundaries of any one discipline.

Put succinctly, many nurse researchers now acknowledge that addressing complex questions requires interdisciplinary collaboration and multiple methods — measurement and rigorous qualitative methods go hand in hand. As Thorne (2008) puts it, "nursing indelicately straddles the social and biomedical sciences to find its methodological direction" (p. 15). By recognizing the strengths that different theories and methodologies have to offer, we can creatively explore new ways to address pressing issues in health and health care. Furthermore, receptiveness to different epistemologies and methodologies has allowed us to address questions that previously we did not think it possible to address. As we celebrate how far we have come, we must look to the future and contemplate the challenges that lie ahead, because with challenges come new opportunities.

Looking Forward: Conceptual Challenges and Opportunities

Reading through back issues of *CJNR* leaves me with no doubt that nurses have been deeply concerned with a broad range of topics, including the biomedical aspects of disease, the human experience of illness, and the delivery of health care/illness care. These issues cut across population groups. The increasing attentiveness to *the contextual dimension of health and illness* is striking. This marks a major shift in the conceptualization of nursing knowledge over the past 20 years, and especially during the past decade, as we have gained deeper insights into the complex context in which human experience is nested. Alongside this, knowledge translation science as a topic for nursing research has loomed large, and one expects it will continue to be pivotal in the decade ahead.

The focus on "context" meshes well with the discourse on the social determinants of health that is now centre stage in health research. It is not that social determinants are always named as such, but pertinent con-

cepts are finely threaded throughout many of the Journal's issues, such as those on home care, culture and gender, women's health, and chronic illness. One focus issue is devoted to a social determinants perspective. "The strength of a social determinants perspective," Wuest (2006) tells us,

> is its acknowledgement of the influence of social context, at macro and micro levels…, not only on health outcomes but also on patterns of promoting, maintaining, and regaining health. Neither biology nor personal responsibility are ignored, but rather they are understood within the context of social, economic, environmental, and political contexts at the societal, familial, and individual levels. (p. 3)

One expects that a social determinants perspective will continue to gain ground in nursing research, given the ever-expanding literature on the topic and the conceptual issues that remain to be addressed. Raphael (2007) notes: "Study after study finds that the experience of living under conditions of material and social deprivation is the best predictor of health outcomes, and its effects swamp the influence of behavioural risk factors such as diet, physical activity, and even tobacco use" (p. 239). The Canadian Nurses Association underscores the importance of social determinants in nursing practice: "Working on the front lines of the health care system, nurses see the impact of the social determinants of health every day" (2005, p. 5).

So, my intention is not to privilege the social determinants perspective over other areas of nursing science. Rather, I want to draw attention to major conceptual trends over the past decade, and what is sure to be in the forefront in the decade ahead. The social determinants of health intersect in powerful ways with nursing's mandate. This body of knowledge is as relevant to the nurse who practises in an acute-care setting as it is to the nurse who practises in a walk-in community clinic or a wellness clinic. The recovery of a patient from an acute illness, for example, may well depend on the economic resources available to him or her and the social networks within the social environment; similarly, material or social deprivation may play a major role in the quality of life of a woman living with a chronic illness, or a family caring for a chronically ill child, or an aging person living in isolation in his or her home. Understanding these concepts and how they operate in people's lives enables nurses to work with their patients, to harness the resources that foster health or recovery from illness. I am reminded of a story that was told to me by a nursing instructor some time ago. A patient to whom one of her students was assigned was quite restless after his surgery. According to the nurse on the previous shift, he was a "difficult patient" who was not "complying" with the medical regimen and was putting his postoperative recovery at risk. When the student engaged with the patient, she learned that he was

worried about his finances, his work situation, and the welfare of his family. The student was able to work with him so that he could deal with the issue (this might have been no more than helping him to set up his immediate environment in a way that allowed him to make some phone calls). After this intervention by the student, the patient became calm and continued his recovery without incident. While this anecdote may not portray how we conceptualize social determinants in all of its complexity, I use it to show that a nurse's appreciation of the social context of people's lives (reflected in the minutiae of everyday existence) can have a significant impact on patient outcomes.

But as important as understanding social context is, the social determinants of health as a framework for nursing research poses conceptual challenges that are yet to be resolved. Wuest (2006) tells us, in referring to research on women's health:

> While nurses recognize the importance of a social determinants model…, rarely do they explicitly situate their research studies in this framework. More often, the social determinants framework is introduced after the fact. If a social determinants model guides the research, frequently the focus is on one or two determinants or solely at an individual level. (p. 3)

One of the challenges in pursuing this area of research is, I believe, a challenge that many social scientists have grappled with: *making the conceptual links between the micro level of experience and macro social structures* and addressing the complexity of intersectionalities among the ever-growing list of social determinants and the pathways that mediate relationships. For example, Raphael (2007) argues:

> Race is also becoming an important pathway mediating the poverty and health relationship. The poverty situation of Aboriginal Canadians is well established.... Other people of colour in Canada earn less income, are more likely to be unemployed, and experience more precarious employment than other Canadians….This all comes together to produce higher rates of poverty for people of colour in Canada. (pp. 253–254)

The Canadian Nurses Association also recognizes that "Aboriginal people and people of colour are more than twice as likely to live in poverty and three times as likely as the average Canadian to be unemployed, despite their level of qualifications" (2005, p. 4).

Some scholars have been trying to explain how concepts such as "race" and "poverty" — the ones mentioned above — intersect with one another in determining health. The attempt to understand intersections is not new. As far back as the early 1990s, scholars such as Patricia Hill Collins (1990) provided insights into the workings of intersections (e.g., gender, race, and class), and Rose Brewer's (1993) thoughtful work on the

"simultaneity of oppressions" has provided the conceptual scaffolding for understanding intersections not as additive but as multiplicative. Yet there are conceptual challenges. How do we conceptualize "race," for example? Often this term is conflated with "ethnicity," "culture," and the like; some conceptualize it as sociopolitical, others as "biological." And how do we make the *conceptual link* between race and employment? *Why* is "race" a pathway to poverty? And how do we conceptualize "class" relations in intersection with other health determinants? Estabrooks (2008) makes an excellent point: "A thoughtful class analysis or series of class analyses is long overdue, and is of particular relevance to nurses working in the rigidly hierarchical systems still found in hospitals and other health-care organizations" (p. 14).

The cataloguing of determinants, or the examination of determinants in isolation from one another, is not what is needed at this time. We need to grapple with conceptual issues and move towards an understanding of how determinants work in order to construct knowledge that can be translated into both policy and practice. This will require theoretical and methodological perspectives that allow us to engage in historical, social, political, and economic exploration that encompasses both rigorous narrative description and complex quantitative analyses, so that we can unpack the conceptual linkages between micro and macro levels. This kind of rigorous theoretical and methodological work may be beyond the capacity of any one discipline.

The opportunities to undertake the kind of rigorous work that is needed are to be found, I believe, in the structure of health research in Canada. The different CIHR institutes provide opportunities for collaboration among disciplines. With confidence in the science of nursing, we can move beyond the boundaries of our discipline, to work in collaboration with others to address questions that are complex and multifaceted. But the construction of interdisciplinary knowledge takes time and energy. The time-release opportunities for researchers available through CIHR should therefore facilitate the kind of engagement that is needed. The training opportunities for undergraduate and graduate students through CIHR are creating a new generation of researchers who are able to navigate the interdisciplinary terrain. Our discipline stands to benefit; the synergies created through interdisciplinary dialogue will strengthen nursing knowledge for translation into policy and practice.

Generations of nurses before us harnessed opportunities and demonstrated the political skill to move the profession forward to a place of which we can all be proud. The current generation of nurses must use the knowledge we have acquired, and construct new knowledge to advance nursing practice and strengthen health-care delivery systems. We can combine our knowledge with wisdom to work within health-care

systems and political systems to bring about policy change that will address the complex contexts of health and illness. And *CJNR* can help us to move our science forward by encouraging the same boldness and creativity in developing and sharing our ideas that it has fostered in the past decade.

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Memorable Passages From Editorials and Discourses of the Past Ten Years

Des passages mémorables tirés d'éditoriaux et de discours publiés dans les dix dernières années