Deciding on research in times of fiscal restraint: Can nursing risk the cost?

By Lorna Butler

Abstract

When a hospital states that its mission includes a dedication to excellence in research, how existing resources are allocated to further research initiatives and support the development of clinical investigators requires careful consideration. This paper describes how the nursing division responded to the challenge of meeting the hospital's mission by developing a program of nursing research. Given the decentralization of the nursing division into six portfolios, the research component was aligned with oncology, one of the hospital's principal clinical thrusts of academic excellence. The identified roles of the vice-president, directors of nursing, head nurses, clinical nurse specialists, educators and the hiring of a clinical scientist to conceptualize the research model and move the research process into practice will be presented.

Introduction

In times of health reform and fiscal restraint, expanding a department by creating new positions arouses attention which may result in administrators being challenged on their decisions. For nurse administrators in acute care hospital settings, developing a strategic plan that reflects the hospital mission for excellence in patient care implies a model of decision-making and policy development based on accurate and timely information. To meet this challenge, nurse administrators have identified and supported the inclusion of research programs to guide clinical practice, policy development and administrative decision-making (Smeltzer & Hindshaw, 1993).

Despite the existing fiscal constraints, the vice-president of patient care services at the Victoria General Hospital created a nurse research position. The focus of the research role was to develop a model for nursing research within one of the hospital's principal clinical thrusts (PCT) of excellence. Oncology was chosen as the clinical specialty to evolve nursing research and to provide leadership within the nursing division. Determining a process to examine the readiness of an institution to support nursing research activities, an implementation model and the administrative support required to develop and sustain a research component within a nursing division became the focus.

Background

The nursing division had established a research committee and research time was designated for clinical nurse specialists (CNS). The research committee was comprised of representatives from staff nurses, head nurses, clinical nurse specialists, educators and nursing directors. In addition to the committee, an honorary joint appointment position for nursing research was created between the hospital and a faculty member from a university school of nursing. Emphasis was placed on making research activity visible within the nursing division, with an effort to introduce the notion that nurses are responsible to question procedures and move toward evidence-based nursing practice. The role of the CNS was also highlighted as maintaining a research focus. To make this aspect of the CNS role more explicit, a portion of time (20%) was allocated to research with the intent to monitor the effectiveness of that dedicated time.

While the goal to make research an important aspect of nursing was good, the feasibility of both conducting research and assisting nurses to use research findings in practice was daunting. Nursing administration identified that there was a need to allocate resources appropriately to carry out the work of research. From a practical viewpoint and knowledge base, this was a demanding task for the research committee members. It was equally demanding given the existing workload of the CNS. Organizationally, the hospital also had to assess whether existing resources could respond to the needs that nursing research would place on the system. In a major tertiary care centre that is a teaching hospital with involvement in pharmaceutical and medical clinical trials, it would seem that research support is likely quite strong. However, the issue was raised of whether the existing resources were geared to respond to nursing's needs and if the associated costs could be met to support and sustain the research activity.

The introduction of nursing research depends on a number of factors within a nursing division. For example, in our hospital 83% of the nurses were diploma prepared and of those, 46% were enrolled in BSCN programs. We could assume, then, that many were not familiar with, or may never have undertaken computerized literature searches. To request a search from our library incurs a cost. Who was to be billed for the search, the nursing unit or the library, and how many requests could reasonably be handled by the library? It was also important to think about who would teach nurses the "how to" of conducting searches and how time was to be allocated for staff assigned to deliver patient care on the units. From a cost perspective, an added responsibility would be placed on the head nurse to budget extra time and for educators to respond to a time-consuming request, both incurring added costs.

The vice-president of patient care services envisioned research as a major component of the nursing division. Although initially this was not a well-developed plan, she invested in trying to sort out a reasonable and sustainable approach. The initial phase was an assessment of the hospital to determine human and structural barriers and to capitalize on existing strengths for creating nursing research roles. Essentially there were strong resources, but education was needed. Most sources of support were not accustomed to requests from nurses and what resources would be required to provide the services became a concern. For example, could the library manage the workload if several nurses were to start accessing library services? Could the nursing educators allocate time and resources to this function? The hospital's accreditation in 1994 demonstrated that the library was a medical library, not a health sciences library (as its name implied) which posed limitations for nurses. To access nursing databases required an external literature search at the neighbouring university. Staff nurses could not leave the hospital to conduct the search and therefore an added cost to the library and the nursing unit for requesting a search had to be considered.

The department of information services (IS) provided excellent support for computer hardware and were accessible to support the existing software used in the hospital. However, statistical skill and assistance were not available and IS could not assist with software brought into the agency to perform statistical analyses. A major task for nursing, then, was to establish linkages between the hospital and the neighbouring university so that nurses could benefit from research services and support provided by the university and faculty members. Again, the

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need was presented to develop collaborative partnerships with nursing researchers when no exchange of dollars was feasible.

Another task was to assess the nursing division's responsiveness and willingness to consider a plan for research. It was not really known how much nurses within the institution valued research and if evidence-based practice was a familiar term.

**Putting nursing research in practice**

Members of the nursing research committee plus representatives from the nursing division went on a retreat to decide how research could be operationalized within the division. The purpose of the research retreat was to develop strategic goals and critical success indicators to determine a research focus which supported the nursing division's strategic plan. The following questions related to the organizational components of research were distributed to members in preparation for the retreat (Eagle, Fortnum, Price & Scruton, 1990).

1. What focus of research is needed by the nursing division?
2. What does the nursing division require as the ongoing function of a research committee?
3. What functions would a researcher role carry out within the nursing division?
4. What arrangements need to be developed to support research through joint appointments with the university?
5. What has to happen to develop an administrative infrastructure that supports research activity?

**Research focus.** Four key foci were presented for the retreat members to determine where the emphasis for research activity should be placed. These foci were clinical, administrative, program evaluation/quality assurance and a generic role. Members were asked to decide if all foci of nursing research should receive equal emphasis. If nurses' attitudes/beliefs toward a particular research focus differed based on the value presently placed on nursing research activity, and if there were available nursing resources for research to support the focus they wished to select. Members were asked to identify gaps in answering the above questions and what changes were needed in order to achieve a selected research focus.

The members broke into small groups keeping a mix of nursing roles in each group of clinical, administration, and research to discuss the questions. A matrix system was used to rate the four research foci. Results indicated that the most frequently rated focus was for clinical practice research. Weighting of the relative emphasis placed on research focus also identified clinical practice. While the emphasis was on clinical practice, this was not a unanimous choice. Sixty per cent identified clinical practice as their preferred research focus. Tentative outcomes identified as successful indicators for clinical practice research included the following themes:

- level of thinking/enquiry raised
- practice questions raised by staff nurses
- collaboration between researchers and practitioners for participation in research
- meaningful outcomes with practice implications as a result of research
- sharing of results - support for publication
- contributions of all are recognized
- demystify research process.

**Nurses' attitudes toward the research focus.** To consider the question of nurses' attitudes toward accepting a clinical research focus, the groups were asked to think about the differing roles within the nursing division, the various aspects of the research process and what they believed the members of the nursing division should do to meet the research goal. Predominant responsibilities for members of the nursing division were identified. It is of interest to note that role clarity was achieved for administrative staff, but was less well-defined for nurses actively involved in the clinical practice areas. Differences in opinions tended to exist in defining who would be responsible for conducting research and who would be a participant or coordinator of research activity. To further clarify expectations of support within the nursing division, roles/responsibilities were identified for research utilization and research conduct. Consensus was reached for all categories (See Table One).

The internal strengths of the nursing division to support research activity were assessed. When considering if the existing nursing resources could provide the expertise and support required to develop a clinical research focus, agreement was not uniform. A final question related to what changes had to occur to support research activity within the nursing division and among the health disciplines within the hospital. Areas within the nursing division that were identified as requiring the most significant amount of change included:

- hiring of a nurse researcher
- establishment of linkages between the nursing division and the university school of nursing for research activities
- commitment of financial resources such as small grants to support beginning research work
- determining the value of research and the attitude of nurses working with the division toward conducting research and research utilization
- recognizing combination and initiatives by nurses participating in scholarly activities such as publications

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**Table One: Expectations of nursing division to support research**

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<tr>
<th>Incorporate changes to practice standards and policies</th>
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• supporting and encouraging graduate students in nursing to conduct their research within the hospital.

Within the allied health disciplines at the hospital, managers met regularly at a vice-president’s council. There was a will to work together, but no initiatives had so far been instituted. It was also identified that an administratively-supported structure was not present to facilitate or coordinate interdisciplinary research within the council.

Other essential supports based within the hospital requiring a change included: library services, computerized/information services for programming and statistical support, access to graphic design, data linkage systems, and audio visual support for dissemination of findings by poster presentations and slide presentations. Available research resources at neighbouring universities and the hospital’s centre for clinical research (which predominantly supported contract research) required a change to foster clinical research. While changes may have been required for existing resources, the nursing division too had to begin to think about creative ways to access the supports in terms of finances and fiscal accountability.

Discussion

Hospital-based clinical nursing research programs are still fairly new and in their developmental phases in Canadian hospitals (Fitch, 1992; Thurst, Tenove, Church & Bach-Peterson, 1989). Critical to the success of implementing and protecting the longevity of such a program is the administrative commitment to negotiate on behalf of nursing research and a willingness to base decision-making on scientific rationale (Marchette, 1985). It is equally important for nursing to reflect on what research-based practice means within their institution, what components are essential for developing a strategic plan to realize the vision for research, and what the impact will be on nurses’ clinical practice (Fitch, 1992).

The steps taken by the nurses in this hospital indicated that there was strong administrative support to develop a research component within the nursing division. The hiring of a full-time research position with the initial emphasis on structuring and developing the hospital environment to acknowledge and accept nursing research became the first step in achieving research as a component of nursing’s strategic plan. The roles and the responsibilities of the nursing research committee were strengthened. While nursing traditionally had representation on the hospital research committee, it was on an individual interest basis. The nursing research committee assumed the responsibility for appointing a representative which provided opportunity for operationalizing the strategic direction of this aspect of the hospital’s strategic plan (Vinsey & Campos, 1992).

The CNS role has diverse requirements and demanding workloads for advancing nursing practice. To provide dedicated research time was a commendable initiative on behalf of administration. However, in the absence of a system that allowed for access to resources and delineated an agenda for conducting research projects, the expectations placed on the CNS and the likelihood for a successful completion of the on call requirement were ambitious. The difference between responsibilities for research utilization and for conducting research projects required ongoing discussion. The decision to maintain research as a priority component of the CNS role was acknowledged and agreed, however measuring an allotted time commitment in terms of research outcome was deferred.

The oncology nursing portfolio was selected as the clinical area for the development and implementation of nursing research initiatives. In conjunction with the CNS, nurses in the oncology portfolio began to raise the clinical questions that had been issues in their daily practice. To facilitate the movement of the questions from practice to a researchable forum, the vice-president allotted money to create a research grant which nurses could use to begin their studies. While nurses were motivated to participate, leadership and education about the research process were needed. It was important to develop a critical mass of nurses who were not only excited about research and ready to participate, but were knowledgeable and interested in using research findings in their practice (Bosstrom & Wise, 1994). To expand and maintain such a group of nurses required available resources within nursing to support the inclusion of nursing research as part of their role responsibilities and to assist with continuing learning opportunities. Educators, CNS, nurse managers and administrators were key to facilitating such programs, but staff nurses were the real consumers whose needs were just beginning to be identified.

To determine the clinical needs of nurses within the division so that a plan of research could be implemented, a study was conducted within the hospital to survey nurses’ knowledge and value for research-based nursing practice. It became clear that nurses were committed to evidence-based practice but had little experience in actually developing their own research ideas. Much of what nurses had experienced was a supportive role for investigators conducting clinical trials research on the nursing units. Results of this study are reported elsewhere (Butler, 1995).

Conclusion

Health reform demands new and creative ways to provide care in a more efficient and cost-effective manner. Now more than ever, care delivery is being questioned and health disciplines challenged to respond. Research provides a process for nurses to raise questions, test ideas, explore alternatives and advocate for change. To do this, nurses must value critical thinking, encourage new ideas and risk exploring the unfamiliar with an openness for change. Research is no longer a frill. It is an essential link that is integral to defining nursing’s role in the future of health policy and decision-making for care delivery.

This hospital has examined and reallocated resources for adequate utilization by all disciplines. The dollar cost has been minimal as the changes have been more in philosophical debates and beliefs about research activity within the organization. Since the initiation of this research plan, the hospital has experienced a merger with three other centres. Nursing research has survived the merger with a strong commitment by the new vice-president of nursing. Part of the strength of that survival has been grounded in the work and enthusiasm of staff nurses in the oncology portfolio, who are actively participating in the conduct of cancer nursing research.

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References


