

## Council for the Advancement of Nursing Science

# Engaging members and partner organizations in translating a nursing science agenda

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## National Policy Recommendations in Support of Nursing Science

In the last issue of *Nursing Outlook*, the Council for the Advancement of Nursing Science (CANS) addressed the topic of setting priorities for nursing science to meet the contemporary health care needs of our communities. CANS is an open member affiliate organization of the American Academy of Nursing. The CANS leadership is composed of elected officers as well as appointed members from the National Institute of Nursing Research (NINR), Sigma Theta Tau International, American Nurses Foundation, and the four regional research societies, (Midwest, Eastern, and Southern Nursing Research Societies and the Western Institute of Nursing). This broad representation positions CANS to collaborate with our current and potential partners to raise and distribute funds for competitive research grants in areas that are strategically important for nursing science. In this column, we propose recommendations for translating research priorities into an action plan. The topics of funding, education, and training of future scientists, as well as ethics are examined.

## Funding

After 12 years of stagnant budgets, the National Institutes of Health (NIH) received a \$2 billion increase in

funding for fiscal year 2017 (Nether & Scott, 2015). Much of this increase is targeted to specific areas including the Precision Medicine Initiative, Alzheimer's research, the BRAIN Initiative, research on antibiotic-resistant bacteria, and institutional development. The NINR will receive some funds to support National Research Service Award salary increases, but there is no across the board increase for the institute. CANS will advocate for NINR to receive additional funding to increase the number of individual research awards (R-series) and center grants with a focus on priority areas identified in its strategic plan. Funding of health care research is vital to the health of the nation, the strength of research-intensive universities, and for individual scientific careers (Kerr, 2016). How ironic and counter-productive then, those nurse scientists who have led cutting edge research on primary and secondary prevention of disease, symptom management, and end-of-life care have not received increased funding for this vital work (Kerr, 2016). Moreover, NINR is one of only a few institutes at NIH that has a specific strategic goal focused on health promotion and illness prevention. These areas are also integral to the Affordable Care Act, and yet there does not appear to have been any increased funding to support research that is targeted to health promotion and chronic disease prevention.

While advocating for significant increases in NINR funding, it is also important to remember that nurse scientists generate knowledge across a wide variety of patient, families, communities, and specific focal areas funded by other institutes within the NIH, and

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thus, CANS supports the growth of all NIH funding to benefit the health and well-being of society. For example, a focus on vulnerable and often disenfranchised populations to overcome the continuing disparity in health among racial, ethnic, and sexual/gender minority groups is central to nursing science and a priority for NINR and other institutes. Thus, nurse scientists should cast their net widely for funding from other institutes, federal agencies, and foundations that share this priority. It is vitally important that nurse scientists continue to explore disparities in disease, health care, and populations to achieve health equity. We would like to acknowledge and make explicit that these funds are limited at the macro level (e.g., across the board for nursing) and at the micro level (e.g., individual awards have funding limits that constrain the science that can be conducted).

The scientific landscape is rapidly changing with the commitment to new discoveries that require thoughtful incorporation of pioneering new methods into study design and analytic approaches. CANS will advocate for NIH, particularly the NINR, and other federal agencies such as the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Centers for Disease Control, and the Department of Defense that enable nurse scientists to incorporate pioneering approaches into their programs of research. For example, additional funding for areas of science important to nurse researchers may be available from the Patient-Centered Research Institute (PCORI). PCORI, which was initially funded by the Patient Protection and Affordable Care Act of 2010 and is now supported by all U.S. citizens through contributions from insurance premiums and the U.S. Treasury, was established to address challenges patients, families, and communities experience when deciding on best health care interventions for their individual situations. PCORI funds patient-centered comparative clinical effectiveness research and challenges its investigators to disseminate research results in ways that patients find useful and valuable. These goals are highly congruent with those of many nurse scientists, and we recommend that PCORI continue its efforts to engage nurse scientists and other stakeholders in shaping future research agendas. We also recommend that nurse scientists submit their patient-centered research to PCORI and build partnerships with specialists in fields on the forefront of pioneering methods and analytics (e.g., computer science; data science) to obtain support for increased funding.

## Education and Training

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Enrollment in PhD programs in nursing science has increased by only 15% since the publication of the

Future of Nursing Report (Institute of Medicine, 2011) in 2011; this is a serious concern to advancing nursing science but also to educating the next generation of faculty. To address this threat, there is a great need for additional tuition support, support for student research, support for trainee activities (e.g., health insurance, conference registration fees, travel, and publication costs), as well as support for new faculty hires in order to advance disciplinary knowledge and improve the health of individuals and health care delivery. We must better prepare our PhD students in the areas of informatics, omics, economics, biological measures, and palliative care (Wyman & Henly, 2015). In addition, PhD graduates must successfully integrate biological, behavioral, and environmental determinants of health to conduct rigorous research with potential high impact. Many schools of nursing continue to embrace a curricular model of standardized courses rather than a model of apprenticeship recommended by the Carnegie Initiative (Benner, Sutphen, Leonard, & Day, 2010). Certainly nursing faculty, in particular, should be highly encouraged to consider curricular design that positions graduates to be more competitive in the funding arena. Offering funding incentives to support innovative PhD programs, less focused on standardized curricula, and more focused on mentoring and participation in scientific activities is one option to facilitate such changes.

However, following such a recommendation would require that nursing faculty have well-established, rigorous, well-funded programs of research. This is not the case in most schools of nursing, including many with PhD programs. It is time for some soul-searching introspection and discussion on the part of nursing faculty and school of nursing administrators about what changes are needed to further advance nursing science. It may be that the proliferation of PhD programs in nursing is not to our advantage; we might consider it wasteful, in times of limited resources, to offer PhD programs that fail to adequately prepare graduates to pursue research careers in meaningful areas of science. Instituting evaluation of PhD programs and outcomes may be another option for ensuring high-quality research training and program quality.

Unintended consequences of the growth of doctor of nursing practice (DNP) programs are also having an adverse effect on PhD programs. In some schools of nursing, faculty research is an increasingly low priority because faculty are now required to advise DNP students in designing, implementing, and evaluating time-consuming scholarly projects. This new demand on research-intensive faculty is taking a toll, especially for junior faculty, who may not have adequate time to devote to pursuing extramural funding. While DNP programs have put enormous new strains on research faculty, there are also demands from expanding undergraduate and direct entry programs, requiring extensive teaching and clinical supervision. Without funding to support research work, faculty are placed in a catch-22 situation; less time to devote to research and

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