



Michael Smith Foundation for  
**Health Research**

## BC Nursing Research Initiative

### **Recommendations to Build Research Capacity and Address Research Priorities**

September 2008

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## **Introduction**

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### **The BC Nursing Research Initiative (BCNRI)**

The BC Ministry of Health has provided \$8 million to the Michael Smith Foundation for Health Research (MSFHR) to support broad health services research related to the nursing workforce and associated policy initiatives. Working with the Nursing Directorate, MSFHR developed Terms of Reference for a Nursing Research Advisory Council (NRAC) to provide direction for the BC Nursing Research Initiative. The Council is co-chaired by Dr. Lynn Stevenson, Vice President, People, Organizational Development, Practice and Chief Nurse Executive for Vancouver Island Health Authority and Dr. Pamela Ratner, MSFHR Senior Scholar and Professor, UBC School of Nursing.

Under the NRAC Terms of Reference, the Council was charged to consult and develop recommendations regarding strategic and funding priorities to develop capacity for and to undertake applied research that is focused on issues related to professional nursing practice environments, nursing education, nursing workforce and related service and program initiatives in the BC health system.

### **Planning Process**

In October 2007, the Nursing Research Advisory Council approved a vision, goals and principles to frame BCNRI planning and program development. The Council also struck two planning Task Forces: one to develop recommendations to address capacity building needs and a second to identify research priorities. The Task Forces met in December and January and developed a set of Preliminary Recommendations that were posted on the MSFHR website on February 1, 2008. The posting was accompanied by an e-mail alert to the health services practice and academic communities asking for feedback by February 20, 2008. The community input was compiled and reviewed together with the Task Force Report by the Nursing Research Advisory Council on March 14, 2008. At that meeting, NRAC endorsed the Task Force recommendations and directed staff to develop program options and funding recommendations for addressing research and capacity building needs for consideration at their next meeting. During March, April and May, staff continued to make presentations to Health Authorities and academic institutions around the province to build awareness of the BCNRI initiative and to obtain additional feedback on proposed programs. On May 30, 2008 the NRAC reviewed the staff recommendations and finalized the plan or priority programs.

### **Approval Process**

High level recommendations will go forward for approval by the MSFHR Board on September 26, 2008. Thereafter, staff will develop detailed program plans and an implementation budget for approval by the Board at a subsequent meeting.

## **BCNRI Planning Framework**

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In developing their recommendations, the Research Priorities Task Force and the Capacity Building Task Force were guided by approved Terms of Reference and the BCNRI vision and goals outlined below.

### **BCNRI Vision Statement**

Better health outcomes for British Columbians and a high quality work life for nurses achieved through excellent, practice-relevant health services research focused on the roles of nurses within the context of the broad health services practice community.

### **Mandate**

Build capacity for and fund practice-relevant health services research that addresses issues related to the nursing practice environment, nursing education and related services and program initiatives to inform the role of nurses within the context of the broad health services practice community.

### **Goals**

- Identify, prioritize and support research relevant to the vision and mandate of the BC Nursing Research Initiative.
- Identify short and longer term needs and implement programs to build the capacity for BC's nursing workforce to support, conduct, evaluate and apply research that is relevant to the vision and mandate of the BC Nursing Research Initiative.
- Build linkages among academia, nurses and the broad health services practice and policy communities to inform research priorities and the conduct and application of research that is relevant to the vision and mandate of the BC Nursing Research Initiative.
- Leverage funds, resources and partnerships to maximize the opportunities and impact of the BC Nursing Research Initiative

**Principles:** Excellence, Collaboration, Accountability, Transparency

The Task Forces also considered the following factors in developing their recommendations:

- Existing capacity to undertake research
- The need for BCNRI initiatives to address the realities of the nursing workplace
- The necessity of balancing “quick wins” to demonstrate a bias for action with the reality that research and capacity building are not short term propositions and require longer term strategies
- The need to ensure that BCNRI supports strategies and activities that have the potential for meaningful and lasting impact.

## Research Priorities

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The Nursing Research Advisory Council (NRAC) endorsed **four priority areas of health services and policy research** identified for attention by the NRAC Priorities Task Force. They also concurred with the recommendation that “**inter-professional approaches and teams**” is an important cross-cutting theme that should be addressed within each of the priority areas.

### Health Services and Policy Research

#### ***Cross-Cutting Theme:***

**Inter-professional Approaches and Teams**

#### ***Four Priority Areas:***

##### **1. Care Delivery**

(Care delivery includes: health promotion, prevention, treatment, care management, palliative and end-of-life care, etc.)

- Innovations in care delivery
- Models of care delivery

##### **2. Nursing Health Human Resources**

- Work force innovation
  - skill mix (RNs, RPNs , LPNs, Care Aides, etc) for achieving optimum team composition for safe, effective and efficient care/service
  - multi-generational issues (e.g. provisions for elder care/child care and responsive shift scheduling to enable nurses to come to work)
- Inter-connection of retention/recruitment with the economic and social context of BC (e.g. inter- and intra-provincial migration of workforce due to economic conditions)

##### **3. Practice-Relevant Education**

- Under-graduate, graduate and specialty education related to clinical judgment and skills (e.g. practice readiness of new graduates, changing skills and knowledge needed for advanced practice)
- Innovation in education for nursing practice that responds to the needs of diverse populations (e.g. cultural competence and safety)

##### **4. Quality and Safety of Practice Environments**

(Relates to work environment, not care)

- Impact of policy decisions and technology on the practice environment (e.g. Assisted Living, Tele-Health, Electronic Health Records)
- Awareness, prevention/promotion and management response to quality and safety issues

**Note:** The Nursing Research Advisory Council and its Task Forces stressed that BCNRI should not duplicate research already being undertaken in other jurisdictions unless there

is a BC context that is sufficiently different to require the implementation of a BC study or studies. They also noted that BCNRI should avoid duplicating research already undertaken by other agencies in BC such as Occupational Health & Safety Agency for Healthcare (OHSAH) or is already funded in BC by Canadian Health Services Research Foundation (CHSRF), Canadian Institutes of Health Research (CIHR) or other national funding sources.

## Undertaking Research

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The Research Priorities Task Force recommended and the Nursing Research Advisory Council endorsed that the following approaches/principles should be applied in undertaking research addressing the priority areas.

- The use of research teams when possible. Characteristics to include:
  - Synchrony between the focus of the research and the composition of the team
  - Led by a nurse with strong involvement of nurses on the team
  - Inter-professional when appropriate in line with BCNRI vision and mandate
  - Include policy makers when appropriate
- Must address important provincial needs (not multiple, unrelated, small projects)
- Implications for local relevance and impact as well as the potential for wider applicability (i.e. can serve as a model to other Health Authorities, the province and beyond)
- Multi-site when possible
- Must meet criteria for potential benefits for client/patient/family, staff and system but must have a staff and/or system focus to qualify as health services research
- Expand beyond current status in which most of the research has an urban-acute care focus
- Potential for leveraging funding and resources
- Strong focus on knowledge exchange
- Evaluation framework

## Capacity Building Issues

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The NRAC Capacity Building Task Force identified four barriers to achieving the BCNRI vision and goals. These are: lack of information on researchers and research activities; lack of linkages between nurses with practice issues and expertise/resources in academia and health authorities to address the issues; lack of opportunities and support for nurses and researchers to engage in practice-relevant research and lack of a “provincial presence” for nursing research. These were re-phrased in the planning process as four recommendations for action.

- Compile information on current research in BC (funded and unfunded) and on researchers; make it accessible to the practice and academic communities.

## BCNRI Recommendations to Build Research Capacity and Address Research Priorities

- Build linkages among researchers, between researchers and the practice community, and between nurses with practice questions and resources in academia and health authorities to address the questions.
- Support academics and the practice community to engage in practice-relevant research.
  - Begin by supporting (training/mentoring) the practice community to find, evaluate, and apply evidence and build towards supporting them to work with academics to identify gaps in evidence and engage in original research. Will require incentives for academics to collaborate in this fashion; also support (e.g. buy-out) for practitioners to engage.
  - BC has a lack of nursing researchers. While not the focus for BCNRI funds, MSFHR was urged to consider this capacity gap as part of its Personnel Program review (i.e. the need for scholar practitioner awards and research training support).
  - BCNRI should support strategies for identifying existing researchers with an interest in nursing practice innovation and linking them with the nursing practice community that has problems/issues requiring an evidence-informed approach.
- Build/increase a “provincial presence” for nursing research

NRAC and its Task Forces also noted that a key underpinning for the success of the BCNRI initiative is support for building and fostering a “spirit of enquiry and evidence-based change in the practice setting.” The members recognized that BCNRI is limited in its ability to address this issue directly as it is primarily an institutional role and responsibility. They stressed, however, that BCNRI strategies and programs should model and encourage this direction.

## **Capacity Building & Research Strategies**

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Based on The Capacity Building Task Force deliberations and community feedback, members of the Nursing Research Advisory Council endorsed the following strategies for achieving the BCNRI vision and goals.

**Strategy # 1:** Develop the infrastructure to support communications, awareness-building, data collection/analysis, and stakeholder linkages. This is essential for identifying and addressing capacity building needs and for supporting effective planning and priority setting around research over the short and longer term.

**Strategy # 2:** Provide infrastructure awards to develop research teams in the priority areas

**Strategy # 3:** Provide funding to support research activities. These programs should take the same partnered approach – i.e. support practice-relevant research projects but also contribute to capacity-building by partnering practitioners/policy makers with researchers to inform the research and support the full cycle of knowledge exchange.

**Strategy #4:** Implement strategies to build a provincial presence for nursing research

**Strategy #5:** Quick wins

## **Summary of Proposed Programs**

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Based on the endorsed strategies, NRAC has approved and prioritized the following programs as mechanisms for addressing the strategies (Appendix 1).

**Appendix 1 - SUMMARY OF PROPOSED PROGRAMS FOR BCNRI**

PROGRAM	STRATEGY ADDRESSED	DESCRIPTION	PURPOSE	TYPE OF FUNDING
<b>FIRST PHASE – DEVELOP BASE INRASTRUCTURE FOR LASTING IMPACT (NETWORK) &amp; IMPLEMENT QUICK WINS</b>				
Nursing Health Services Research Network (NHSRN)	#1 #4	<ul style="list-style-type: none"> <li>• A provincial network to:               <ul style="list-style-type: none"> <li>○ link nursing researchers and the practice and policy communities</li> <li>○ undertake provincial planning &amp; strategy development around BC nursing research needs (priorities, tools, skills, etc.)</li> <li>○ build a provincial presence and promote nursing research throughout BC &amp; nationally</li> <li>○ develop and maintain a website to facilitate communication</li> </ul> </li> <li>• Draw on MSFHR Health of Population Networks (HoPN) model</li> <li>• NHSR Network to be developed by identifying &amp; facilitating town hall meetings of key stakeholders; staff facilitates until group selects leaders to co-ordinate the funding proposal. Proposal undergoes formative review; follow-up financial &amp; performance reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Build awareness and communications</li> <li>• Develop a provincial/national presence</li> <li>• Facilitate future long-term planning of provincial research priorities and strategic initiatives</li> <li>• Provide a mechanism for linking stakeholders and research ideas</li> <li>• Quick-win – development process can be started immediately</li> </ul>	<p><u>Development Award</u> to organize network &amp; develop a 4-year plan</p> <ul style="list-style-type: none"> <li>• 6-month term</li> </ul> <p><u>Network Award</u> to implement approved plan</p> <ul style="list-style-type: none"> <li>• 4-year term</li> </ul>

PROGRAM	STRATEGY ADDRESSED	DESCRIPTION	PURPOSE	TYPE OF FUNDING
Database of BC Researchers and Their Nursing Research Activities	#1 #5	<ul style="list-style-type: none"> <li>• Database of those involved in nursing research and their current nursing research activities hosted in BC’s post-secondary institutions and Health Authorities</li> <li>• To include both informal and formal research activities</li> <li>• NRAC Task Force to initiate planning and development; ownership and maintenance TBD</li> <li>• Linked to MSFHR Directory of Researchers</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a comprehensive understanding of nursing research in BC</li> <li>• Provide access to current information and resources for decision-makers, practitioners and researchers</li> <li>• Provide an aid for future strategic planning</li> <li>• Serve as a tool for those linking researchers and the practice community</li> <li>• Quick-win – can be started immediately</li> </ul>	<p><u>Contract</u> for development awarded through RFP process</p> <p><u>Contract</u> for maintenance</p>
Communications Plan	#4 #5	<ul style="list-style-type: none"> <li>• Develop and implement a comprehensive communications plan that includes a website and proactive use of nursing research success stories</li> <li>• NRAC to initiate – site hosted by MSFHR initially while Network being established</li> <li>• May be incorporated into NHSRN in future (transition the site into the Network’s site)</li> </ul>	<ul style="list-style-type: none"> <li>• Create a provincial and national presence and identity for BCNRI and its programs</li> <li>• A “go to place” for information about and to educate stakeholders about how practice-relevant nursing research is making a difference</li> <li>• Support linkages between policy, practice and research community provincially, inter-provincially and nationally</li> <li>• Quick-win – can be initiated immediately</li> </ul>	<p><u>Contract</u> for communication services</p> <ul style="list-style-type: none"> <li>• Two years</li> </ul> <p><u>Contract</u> for website development and hosting</p>

PROGRAM	STRATEGY ADDRESSED	DESCRIPTION	PURPOSE	TYPE OF FUNDING
Nursing Research Facilitator/ Liaison in Health Authorities	#1 #5 (to be initiated within 6 months)	<ul style="list-style-type: none"> <li>• Salary support</li> <li>• Position to be similar to those supported through HSPRSN Health Authority Capacity Building awards</li> <li>• Each Health Authority to define a position to fit with their organization (in some Health Authorities the position may be able to work with the HSPRSN – supported research facilitation group or research infrastructure)</li> <li>• Formative evaluation of the defined positions to ensure maximum benefit realized</li> </ul>	<ul style="list-style-type: none"> <li>• Create a “go to” person within Health Authorities for information on their nursing research and research needs</li> <li>• Provide a contact point for researchers, practitioners and policy makers seeking assistance with linkages, local resources, etc.</li> </ul>	<u>6 Awards</u> for salary support of a 1.0 FTE plus benefits <ul style="list-style-type: none"> <li>• 2-year term</li> </ul>
National Partnerships	#3 #5	<ul style="list-style-type: none"> <li>• Operating funds available for BC groups of researchers, practitioners, &amp; policymakers to partner with a recognized research team from outside BC to extend the research to BC</li> <li>• External merit review of applications</li> <li>• Follow-up performance &amp; financial review</li> <li>• Applications accepted at any time until funds depleted</li> </ul> <p><i>Do not want to duplicate HSPRSN Partnership Funding for national competitions</i></p>	<ul style="list-style-type: none"> <li>• Take advantage of expertise outside of BC to apply to BC priorities/needs</li> <li>• Build provincial capacity</li> <li>• Develop presence &amp; build links outside of BC</li> <li>• Provide ability to respond to/participate in national initiatives</li> </ul>	<u>Grants</u> awarded following external review <ul style="list-style-type: none"> <li>• 2-4 grants</li> </ul>

PROGRAM	STRATEGY ADDRESSED	DESCRIPTION	PURPOSE	TYPE OF FUNDING	
Commissioned Research	#5	<ul style="list-style-type: none"> <li>• Within priority areas, commission research to address key issues or evaluate key initiatives</li> <li>• Issues, initiatives are brought to NRAC for recommendation for attention as they arise and until funds are depleted</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure effective evaluation of innovative changes already happening in nursing practice in BC</li> <li>• Quick-win – enables funding to be responsive to immediate priorities/needs</li> </ul>	<u>Contracts</u> awarded through RFP process <ul style="list-style-type: none"> <li>• 2-4 contracts</li> </ul>	

PROGRAM	STRATEGY ADDRESSED	DESCRIPTION	PURPOSE	TYPE OF FUNDING
<b>SECOND PHASE ACTIVITIES</b>				
Research Teams	#2	<ul style="list-style-type: none"> <li>• Support for researchers, practitioners and policy makers to work together to plan and implement a program of research to address a research priority area</li> <li>• Program of research to include: synthesis, training, research implementation, knowledge transfer, etc.</li> <li>• Support to be available in three levels: <ul style="list-style-type: none"> <li>▪ Level One – Team Planning</li> <li>▪ Level Two – Team Start-Up</li> <li>▪ Level Three – Established Teams</li> </ul> </li> <li>• Utilize MSFHR competitions for applications and external review if possible; NRI to provide funding for applicants who meet standards, but not funded by MSFHR. This enables NRI to take advantage of frequent competitions, thorough reviews, and opportunities for unsuccessful applicants to re-apply</li> <li>• Follow-up financial and performance evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Build a strong, cohesive group of researchers, practitioners policy makers in each priority areas that is visible in practice &amp; policy communities</li> <li>• Support teams to determine the best way to address each priority area</li> <li>• Build research capacity by partnering researchers and research users to provide mentoring for both</li> <li>• Build research capacity through training new investigators</li> <li>• Enhance the relevance of the research &amp; knowledge transfer through involvement of practitioners and policy makers</li> </ul>	<p><u>Level One – Team Planning</u></p> <ul style="list-style-type: none"> <li>• Up to 4 awards – ideally 1 per research priority</li> <li>• 1-year term</li> </ul> <p><u>Level Two – Team Start-Up</u></p> <ul style="list-style-type: none"> <li>• Up to 4 awards – ideally 1 per research priority</li> <li>• Up to 3-year terms</li> </ul> <p><u>Level Three – Team Support</u></p> <ul style="list-style-type: none"> <li>• Up to 2 awards within the initial 4 year period</li> <li>• 4-year term</li> </ul>

PROGRAM	STRATEGY ADDRESSED	DESCRIPTION	PURPOSE	TYPE OF FUNDING
Research Project Grants	#3	<ul style="list-style-type: none"> <li>• Provide funding to undertake:               <ul style="list-style-type: none"> <li>○ research synthesis projects,</li> <li>○ demonstration projects,</li> <li>○ pilot research projects, or</li> <li>○ research transfer/knowledge translation projects</li> </ul> </li> <li>• Require researchers &amp; practitioners and/or policy makers to work together</li> <li>• Competition with external merit review to determine best projects for funding</li> <li>• Follow-up financial and performance review</li> </ul>	<ul style="list-style-type: none"> <li>• Support practitioners &amp; policy makers to get involved in research (partnered/mentored)</li> <li>• Encourage the use of research in practice and policy communities</li> <li>• Build capacity by linking practice and policy communities with researchers</li> <li>• Provide seed funding to nurture research projects to become competitive for national funding</li> </ul>	<p><u>Grants – Synthesis or Transfer/Knowledge Translation Projects</u></p> <ul style="list-style-type: none"> <li>• Up to 8 grants</li> <li>• 1-year term</li> </ul> <p><u>Grants – Demonstration or Pilot Projects</u></p> <ul style="list-style-type: none"> <li>• Up to 8 grants</li> <li>• 2-year term</li> </ul>
<b>ADMINISTRATION</b>				
		<ul style="list-style-type: none"> <li>• Administrative support for NRAC and all programs implemented</li> <li>• Development and implementation of programs, including initial review process, and follow-up performance and financial reviews</li> </ul>		