



Pacific Rim International Journal of Nursing Research

Editorial: International Nursing Research Directions for the 21st Century

International areas of nursing research priorities are guided by several major national health problems, policy directions, and health care needs of the people we serve. The United Nations has moved the agenda from Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), but many goals still need to be pursued especially, the goals related to health.¹ Economic growth, modernization and urbanization have resulted in the spread of unhealthy lifestyles, leading to chronic illness or non-communicable diseases NCDs. These factors, along with a rapid increase of aging populations and the advancement of medical and technology, have resulted in the high cost of care.¹ This perpetuates inequity and lack of access to health care services for poor and disadvantaged groups. In addition, maternal, child and adolescent health is still a high priority for under-developed countries. The issue of teenage pregnancy in some countries is rather high. Furthermore, the re-emergence of new diseases as endemics and pandemics are often a result of global warming or the increased migration of people around the world. At the same time, both human and material resources are limited especially evidenced in nurses and health workers shortage and maldistribution among difference countries, and within the rich and poor, while consumer expectations and demand are increasing.²

Our success in nursing research is apparent in the USA, where the National Institute of Nursing Research (NINR) was established and receives funding from the government to support research every year. In addition, training researchers in both doctoral programs and post-doctoral fellowships help to expedite the advancement of nursing research. In other countries nursing research is progressing at different rates due to many local and national contexts. However, the change of healthcare needs along with rapid increase in medical science and technology requires nursing practice to be grounded in science.³ Thus, nurses need research skill in both conducting and implementing findings to promote healthy living, manage care during illness and recovery, reduce the risks for disease and disability, enhance quality of life for those with chronic illness, and care for individuals at the end of life.³

International nursing research priorities

Many of the priorities and directions of nursing research identified in the NIIR³ in US are global issues such as 1) more emphasis on health promotion and the prevention of disease, 2) symptom management of acute and chronic illness to improve quality of life, 3) improvement of palliative and end-of-life care, 4) development of innovation in practice, and 5) strengthening the development of the new nurse researcher.³ However, each country may have to generate research questions based on that country's context as well as the stage of knowledge development of the profession.

In the area of enhancing health promotion and disease prevention, there is a need to examine how various factors (individual, environments, sociocultural) impact individual, family and community health especially in disadvantaged groups. There is also a need to develop and test strategies and behavioral interventions to reduce health risks for individuals, communities, and populations, as well as to develop models for preventative care.⁴

Symptom science has emerged as a focus of nursing research to alleviate suffering and improve quality of life of acute and chronic illness.³ Pain, fatigue, impaired sleep, and depression affect millions of persons with chronic illness.⁴ Research that seeks to better understand these symptoms and improve the clinical management of them are needed to allow individuals to lead more productive lives.³ At present, studies on symptoms have moved to clusters of symptoms. But the studies are needed to understand mechanisms of biological as well as psychosocial factors associated with symptoms and symptom clusters.⁴ An individual intervention alone and combine interventions to improve management of symptoms and symptom clusters³ as well as design and test the local wisdom/complement therapy used in each culture are vital.

To improve quality of life for people with chronic illness, nursing research on self-management is important. Even though support self-management has already included in clinical practice guidelines in well-developed countries, in developing countries like Thailand, there is still need for further investigation of a tailored program for each group of people with different chronic conditions and socio-cultural aspects. Also, nurses need to develop self-management support skills among different experience and education and training backgrounds. Such research should emphasize patient/family empowerment.³ In addition, collaboration of care, adherence to medication and life style modification, costs related to transitions of care from hospital to home or from tertiary care to primary care setting and long-term care institution and back are beneficial to investigate. Also, to prevent readmissions or lengthy stay, instrument development to assess and monitor those in high risk groups is necessary.⁴

Palliative and end-of-life care is an area where nursing can make a significant difference in both research and practice. However, the cultural contexts are different in each country. Thus, knowledge to understand patients' and families' values, beliefs, and cultural practices is essential to design interventions, and to document the best practice and effectiveness of various integrative palliative care models especially in Asian cultures such as faith-based models, the Thai traditional model and home-based care models. Models of care need to be culturally relevant and not just imported from the west without testing for relevancy. In addition, there is need to develop and test bio-psycho-social and spiritual interventions that provide culturally-sensitive palliative care for individuals with chronic illness across the lifespan and diverse populations. In addition, to reduce physical and psychological burdens of caregivers, innovative system and strategies need to be developed and tested within each cultural context especially when the person for whom they are caring nears the end of their life.⁴

Health innovations are critical for the 21st Century. However, these innovations must be appropriate to the people and resources for each country. With the rapid progress in digital technology and information science, new technologies and informatics-based program for health promotion and disease prevention, self-management as well as the innovation programs to help the persons to access to health care service are challenging.⁵

Universal health coverage

The World Health Organization has stated that “*strengthening nursing and midwifery to support universal health coverage is a key for improving the health of populations* (p. 6)”¹ Nurses are studying access to health care, especially in disadvantaged groups. In most developing countries like Thailand, nurses are the cornerstone of primary care. However, much of nurses' work is invisible since it usually

falls under the work of a primary care cluster or a family health care team in which the physician is usually the leader. Thus, the works belong to the team. To make nursing visible to the public, we need research on what nurses do in the promotion of health, prevention of disease, diagnosis and treatment of common problems, management of those with chronic illness/conditions and end-of-life needs, both in specialty clinics and at home. Also we need to investigate the outcomes and factors facilitating nurses' roles to achieve universal coverage. To help vulnerable populations access health care, many nurse practitioners who work in the community have already developed the model of nurses as care manager to meet health care needs for independent elders with chronic illness, pre-school age children, and people with disability, mental health and psychiatric problems. However, further policy support is needed to expand this model throughout various countries. All this research will support nurses as autonomous practitioners, not as physicians' role substitutes. In addition, nurses need to document those jobs that they do that are not within nursing's scope of practice. Evidence is needed to really free nurses from the work that should be done by others so that they can maximize their time and contributions to the health of the people they serve.

Research issue on nursing workforce

WHO¹ recognizes that nurses and midwifery are the largest health care workforce in almost all countries globally, since they comprise of more than 50% of all health care providers. Nurses are providing health care services at the frontier everywhere in the hospitals, clinics, homes, schools, jails, factories and elsewhere in the community. In hospital settings, Aiken et al⁶ has provided evidence to support that nurses can reduce the risk of post-hospital complications and readmission by carrying out the following actions: 1) ongoing monitoring and early detection of complications and initiating interventions to manage complications or reduce risk; 2) coordinating care provided by others; and 3) teaching and coaching patients and family members for discharge. These interventions are very important in cost savings. However, sufficient staff nurses are required. The evidence has confirmed that increased staffing results in reduced lengths-of-stay.⁶ Further evidence also has shown that better educated nurses help to reduce morbidity and mortality among hospital patients.⁶

However, nursing shortages are a global phenomenon more severe in developing and under-developed countries. In Thailand, in spite of the government funding a project to increase the production of nurses for more than 20 years, but the problem of nursing shortages has never been solved. One reason is the attrition rate of nurses being too high, for example, in Thailand nurses leave around 22.5 years after their graduation because they are not satisfied with the job and low payment compared to other health care profession.⁷ In my view, nurses are the foundations of health care systems and are the ones who have helped the government achieve universal health care coverage in Thailand.

The International Hospital Outcomes Study (IHOS) led by Aiken and colleagues⁸ has provided evidence to support the importance of work environments on hospital outcomes in nine countries. The results revealed that nurses in every country in the study have burnout at various levels with Germany as the lowest and Japan as the highest. In addition, negative outcomes for nurses and quality of care are associated with poor hospital work environments. Thus, studies on how to improving work environments is essential for nurse retention and better quality of patient care.⁸ Also, replicating studies such of those of Aiken and colleagues in Asia and South East Asian (SEAS) are needed since the culture and resources in these areas are different from those in Western world.

According to the Strategic Directions for Strengthening Nursing and Midwifery in 2016–2020 by WHO,¹ support is needed in every member state to maximize nurses' and midwives' potential to contribute to people health. This can be done through the willingness of policy makers and politicians to invest in the development of an effective nursing and midwifery workforce. Also, leadership development among nurses and the opportunity to be involved in making national health policy, especially on nurses' manpower development and utilization, is crucial. Nurses need to take up this challenge and get involved in policy making more, to have a place at the decision-making table. This area is complex and needs inter- and intra-professional approach to address research problems clearly.

The Magnet Recognition Program in US⁴ is known national wide to solve severe nursing shortages. The findings as indicated by Kenner⁴ argue that *"the key to a success depends on a chief nurse who has a visionary and enable to empower the nurses to take responsibility for improving health outcomes and working conditions (p.4)."* This is challenging and requiring studies on how to prepare and empower nurse leaders in Asia. In addition, a nursing skill mixed team has been proposed to solve the problem of nursing shortage. The team is composed of caregivers, practical nurses, staff nurses and nurse specialists, thus how to mix them for each setting according to the health care needs of persons requires careful examination.

Emerging New Field: Translation Science

As Hinshaw⁹ stated *"for the 21st Century translating nursing knowledge into nursing practice and using knowledge to shape health policy is the focus p.117"*. However, the context of practice is different in various places, thus further evidence to support evidence-based practice (EBP) is required. The new field of improvement science or translation science has emerged to focus on generating evidence about EBP to guide decision-making in quality improvement, and to reinforce efforts in the utilization of the evidence.¹⁰ Also, systematic and comprehensive research information on a topic, to draw conclusions about the state of evidence which is a foundation of EBP, is necessary. At the same time rigorous research designs with the replication of studies among various groups of clients in different sociocultural context is needed to confirm the findings.¹¹ Increased visibility of nursing research through publications in reputable journal being listed in international data bases, such as SCOPUS, and the Web of Science, the world's largest abstract and indexing database, are the aims of most journals. However, writing for public use in one's own language is necessary to develop nursing in their own countries.

Collaborative Development of the Next Generation of Nurse Scientists

One important international collaborative research is developing the next generation of nurse scientists. Many countries have developed doctoral programs; however, a collaborative program among various countries helps to widen students' perspective as well as strengthening research skills. In addition collaborative international research among faculties who supervise the students' research is possible. An example of an excellent model about this is with the faculties at The University of Michigan that are mentoring doctorally-prepared nurses to strengthen their chronic illness research capacity in Thailand. The program not only expands knowledge around chronic illness, but also has enabled US and Thai investigators to grow in the area of culturally informed research.¹²

In conclusion, nursing research has made a lot of progress at various levels in most countries. International collaboration and networking is underway but the needs more to strengthen the production of research, the translation of this research into practice and policies on the production of the next generation of nurse scientists. All these efforts will contribute to the SDGs, which will be of benefit to improve health of mankind.

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