

Investing in the Research Process: Nursing Health Services Research Unit – University of Toronto Site

Linda O'Brien-Pallas, RN, PhD, FCAHS is a Professor in the Faculties of Nursing and Medicine at the University of Toronto and Director, Co-Founder and Co-Principal Investigator of the Nursing Health Services Research Unit (University of Toronto site). Dr. O'Brien-Pallas is acknowledged globally for her pioneering and innovative research in health human resources modelling, quality of work life for nurses and nursing workload measurement. The rigour of her research has been praised by respected researchers at

international conferences, and her expertise is sought by governments and stakeholders at all levels in Canada and throughout the world. She is frequently called upon by the World Health Organization and the International Council of Nurses to provide high-level consultation on matters including midwifery and health human resources planning. Dr. O'Brien-Pallas has provided leadership to many boards and committees and is a co-founder of the Dorothy M. Wylie Nursing Leadership Institute, which received the 2003 Ted Freedman Award for Innovation in Education. She has received numerous awards for her research and innovative contributions to nursing, including the Canadian Nurses Association's prestigious Jeanne Mance Award in 2006.



Linda O'Brien-Pallas

Q: How did the Nursing Health Services Research Unit come about?

A: In the late 1980s, we were experiencing a lot of dissatisfaction in nursing. At about this time, the Meltz report came out, which was a first-time-ever exposé on nursing in Canada. The results suggested that things were not going well in the shop. The government decided it needed to pay attention to this, and so there was a call, in late 1989, for people to submit proposals to look at the quality of work life for nurses. That [request] could be taken very broadly and since that is my area of research, I decided we would put in a proposal in collaboration with a group at McMaster University. We believed we were the only two groups at the time that would be equipped to go after the funding, and we didn't want to compete against each other. So that's how it went and how it's been funded ever since. ... The first funding, I think, was \$175,000 at each site, for infrastructure.

Q: What exactly did that cover?

A: It covered one research assistant and one secretary, plus some start-up money for researchers at that time, and then the day-to-day maintenance of the unit. We were able to send doctoral students to various conferences with some of the funds to help develop them in their research area.

Q: And then? That was the early money; what's the level of funding now?

A: It's \$10 million over five years, \$1 million to each site each year. As we began to prove ourselves to be more reliable and sophisticated, and were able to demonstrate that we were developing skills in people who could then do things that were meaningful for the Ministry [of Health and Long-Term Care], we were able to win their trust.

Q: What advantages does having that infrastructure funding bring?

A: The advantage for our unit, not the McMaster unit, is that we have a number of the Ministry-related databases, like management information systems, long-term care and the community one. We are able to keep them clean and up to date to answer research questions; if the Ministry asks a question, the Minister needs a quick answer. These databases are also available for the professors who are co-investigators in the unit themselves, or for their students. Users need to sign confidentiality agreements and can't take the data out of the unit. I think [the databases are] very helpful, particularly to the students, but sometimes to the investigators, too.

[The databases] have helped build capacity in the area of research, because when we started it was me, Linda McGillis Hall and Diane Doran who did this kind of work. Now we've got Ann Tourangeau's and Raisa Deber's students accessing the data. Learning to work with large amounts of data requires the user to develop some particular skills not available to me or others of my era. If we think of how many

students have graduated from the PhD program, we've really been able to help support the development of some exceptional nurse researchers in the country.

The other thing that we have been able to do is demonstrate, for many outsiders who may be skeptical about nursing research, that nurses can be a mighty force and can do very good research. Ontario has invested in the research process. We're like the cheerleaders of the country, and I think the most important thing we've done is the research that has helped direct policy.

Q: From your position as unit director, how do you go about attracting academic staff to work in or through your unit?

A: The original co-investigators, Diane Doran and Linda McGillis-Hall, and staff Michael Villeneuve and Elisabeth Peereboom, joined because the unit served as a meeting space where we could talk and receive significant support for our work. Because until we came along, the Faculty [of Nursing] had conducted primarily clinical research.

Even with the first research unit, we had non-nursing researchers involved because we realized we needed a variety of disciplines to answer the complex problems we address in nursing health services research.

Q: Is it true that other people outside the Faculty of Nursing want to be members of the unit because they've heard it's the place to be?

A: Yes, that has been the case. We have people from Kingston, London, North Carolina and Halifax. We also have Christine Duffield from Australia as a member of the unit, and Sioban Nelson, our new dean from Australia, has now become a co-investigator.

Q: Within the faculty, then, or within the university? Because you go beyond just the Faculty of Nursing.

A: Professors and their students can apply for and receive funding from the research unit to try out different research studies to answer policy questions.

Q: Let's talk about the role of interdisciplinarity in the research that you do and in the people you try to attract to your unit. Is this a policy of the unit?

A: Yes, it is; it's not written policy, but it's a practice that we use all the time because we realize that we need interdisciplinary points of view in order to understand certain phenomena fully. So we've gone after people like Stephen Birch, who is a health economist; Mike Carter, who is an engineer; and George Pink, who is a financial whiz. Those are examples of people that are non-nurses.

Q: Is there a difference in how you go about attracting non-nurses to the unit, as opposed to nurses?

A: Yes, there is a difference, because you have to convince them. Many times they will say, “Well, I don’t know a whole lot about nursing.” Take George Pink, for example; when we recruited him, he said, “I don’t know what I’m bringing, but if it’s going to help the nursing problem, then I’m in there.”

Q: So it’s a harder sell?

A: It’s a harder sell, but you have to be able to tell them specifically what areas they can help in.

Q: What would you say is the major focus of the unit’s research, or the range of areas that the unit focuses on?

A: Healthcare, human resources, modelling, determining how many nurses we need, factors in the work environment that hold people in the job. We look a lot at workload measurement. ... We’re looking at violence. As secondary data become more available, we want to do more studies about the factors that push nurses out versus pull them in to the long-term care sector and psychiatry, because those are areas that have not been most studied.

Q: Who sets the research agenda for the unit?

A: Twenty-five per cent of our funds these past few years have been dedicated to Ministry-directed research. The other 75% goes to the co-investigators, but mostly to keep the shop running to assist co-investigators in their work. The research agenda that’s in that 25% changes every year because the Ministry asks us to look at different things. We have liaison committee meetings with the Ministry, and we do three presentations to Ministry staff who want to attend. We let them know what we’re doing, and that’s been quite successful, because the people who didn’t know about us are beginning to find us useful, and that often leads to another research question. The other 75% builds on the objectives that we put into the last renewal.

Q: And is that largely your responsibility, to identify those objectives? Or is there an executive team that puts them together?

A: We have regular research unit meetings where all the investigators are there and this has been the place where we have identified the basic direction we will take over the next funding period. Because there’s so little time for meetings, what I’ve done this year is to appoint Diane Doran as Deputy Director. I think we’ll get a small committee to look at what we’re going to suggest in the 2009 competition.

Q: You have many doctoral students in the unit. What role do they play? What is the advantage of their involvement – to the unit, and to them?

A: I think the advantage is that they learn things like the subtleties of research and the subtleties of knowledge transfer. They learn how to run data analysis and work with external stakeholders. I think this really enhances their research skills.

Q: And what is the advantage to the unit of having graduate students?

A: They help us with meeting the Ministry of Health's directed research questions because they often do the detailed literature reviews and start to pull together a proposal to answer them. Then, I'll work with them to refine that proposal. If the Minister agrees to it, then they help lead the study. The advantage is that they learn research "on their feet" as well as by reading the books.

Q: I would see that as a great advantage to their subsequent research career.

A: Yes, I think so.

Q: How would you describe your leadership style? Do you need a different style to lead the kind of unit that you lead, as opposed to leadership in other realms – in the healthcare system or in academia?

A: Yes, I think you need a different style, and I think I've had a fairly laissez-faire, day-to-day leadership style. I combine that with forward thinking, planning, that kind of thing, so it's a bit of both.

Some [of the work] is transformational. I have a vision that I share with many nurse leaders, and the Ministry, of what nursing could be or should be. But when you're working with a variety of staff, you need to give them lots of room to grow too. So that's why I tend to be a bit laid back at the unit level. But when it's called for, I'll push hard. I think [this kind of leadership is] different from the skills you need as a dean or a director of nursing, although the director of nursing uses a lot of the same skills. ... I watch and observe.

Q: What is your main source of funding for research?

A: The Canadian Institutes of Health Research (CIHR). It used to be the Canadian Health Services Research Foundation, but they're not going to be funding grants anymore – that funding has been transferred to CIHR for adjudication. We also get some grants from the Social Sciences and Humanities Research Council and the Ontario Ministry of Health and Long-Term Care.

Q: We're in a constrained funding environment right now. How does that affect – or not affect – what you do?

A: I don't think it has affected what we do right now because the priorities of the funding agencies are similar to the work that we do, and our researchers are very skilled in getting funding from CIHR in particular. They're active in review teams. I think the [funding agencies'] perception of [our] researchers is that they are very helpful, responsible people and good scientists – [even] great scientists. However, I am concerned that the funding environment will affect us in the very near future because the competition for grants is increasing all the time and the amount of dollars available is not expanding at the same rate.

Q: What return on investment do funding organizations get for the money they put into your unit, into either individual research studies or into the infrastructure?

A: It's funny; every year now, the Ministry's been asking for that in our annual report. I can't remember the exact figures, but we bring in far more from other funding agencies than the Ministry gives us as base funding, and so that's one measure of return.

Q: So it's a kind of leverage?

A: Yes, it's a leverage thing. And I think that the biggest return on investment is that with the work that is being done by ministries [of health] across Canada, there are extremely well-documented research studies that provide answers to questions that policy makers are looking at right now, both in the government and also in practice.

Q: So if I were to ask you what is the right metric for you to be reporting on the return on investment, would it be contributions to policy?

A: That would be one aspect of our contributions to science. Just at our site, we have a number of people who have been invited to join the Canadian Academy of Health Sciences.

Q: And Linda [McGillis-Hall] has just been invited and is a member of the American Academy of Nursing.

A: Yes, and so there's lots of recognition for people who work at the unit. So I think that these things are also very important parameters that people don't necessarily think about ... like the Jeanne Mance award for me and recognition of my life's work. Although it's very useful on your CV, I think that those who are evaluating the unit might not recognize the importance of those awards that our researchers have won.

Another point is that our unit is closely tied with my research chair, and the chair gives me access to a variety of situations where I might not normally be invited. So I think that the chair plus the unit is a unique combination that helps people to access the unit. They see – through the research that I've done and when I go out and talk to them – that we are an amazing group of people. [For example,] the National Nursing Sector Study was massive, and while it almost killed us, it brought us recognition around the country; the findings have been used a great deal. I think the individual reputations of our researchers have really put the unit on the map.

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