

Editorial

Capacity building – a challenge for nurse managers

This editorial focuses on capacity building, its definition and the evidence that has been published in support of its necessity for future research on nursing management. I acknowledge Erik Elgaard Sørensen, clinical nurse researcher at Aalborg University Hospital, Denmark, who in May 2013 invited clinical nurse researchers to join the Nordic Health Research and Innovation Network (NRI-Nursing) in Norway. The purpose was to establish a network of nursing researchers at Nordic Hospitals and provide an opportunity for clinical nurse researchers to participate in a forum committed to nursing research. There had been no previous opportunity for clinical nurse researchers to jointly explore aspects of the research process or share ideas and knowledge. It was hoped that the academic workshop would make it possible to share new clinical research knowledge and discuss current and future opportunities and challenges (Sørensen *et al.* 2011, E. E. Sørensen, Unpublished presentation). The conference was very interesting and creative in terms of developing best nursing practice and nursing research. There are several answers to the question of how to resolve the challenges that will face clinical nurse researchers in the future, one of which is capacity building. Alleyne and Mansour Olawale (2007) defined capacity building as an essential process for the survival of any individual or organization. Capacity is thereby the sum of processes, values and climate within an organization. In practice, the processes of capacity building and capability development are complex, iterative and spiral. Clinical nurse managers and researchers are the leaders of tomorrow. What do clinical nurse researchers need in terms of knowledge, leadership, academic supervision and financial resources to be able to drive research in the future? At present, clinical nurse researchers do not have sufficient resources such as time and infrastructure and in my opinion they are not valued as highly as they should be.

Several questions need to be answered before clinical nurse researchers can be successful in developing and disseminating clinical research. Examples of capacity building can be found in the literature. McCance *et al.* (2007 p.57) identified three key areas that have implications for building research and development (R&D) capacity in the disciplines of nursing

and midwifery. These three areas, which will serve as the structure of this editorial, are: (1) strong and visible leadership, (2) research expertise that enables the nursing profession to deliver research programmes and (3) increased capacity of individuals and organisations to engage in development activities. Capacity building has the potential to enhance the performance of R&D (McCance *et al.* 2007). Thus, it is closely linked to research capacity, i.e., the ability to conduct research by developing new knowledge using scientific methodologies and approaches (McCance *et al.* 2007). A gap exists due to the lack of empirical studies necessary for understanding the situated process of implementing and evaluating capacity building.

Strong and visible leadership

Leadership as well as health care reforms and innovations are absolutely necessary. Innovation requires knowledge such as clinical guidelines for its implementation. Implementation research is closely related to policy reforms that impact on the effectiveness of care, as well as on the organization of health care, resources and collaboration. In this issue Begley *et al.* explore the views of key health care policy-makers on the impact of clinical specialist, advanced practice and midwifery roles. On municipal level the concept of collaboration is often described as interaction and cooperation (Liljegren 2013). However, research has demonstrated that reforms and innovation do not always lead to the intended changes. This can be explained by nurse leaders' capacity, styles and behaviours associated with relational, emotionally intelligent transformative leadership (Battilana *et al.* 2010). The term 'management' is very closely related to leadership and in health care includes an impersonal, system-based and practical approach. In this issue Zhu, Rodgers and Melia's grounded theory study explores why nurses leave nursing practice in China. The main category was nurses' loss of confidence in the safety and quality of health care. When nurses could not meet this essential prerequisite, some of them were unable to compromise their nursing values and left voluntarily to avoid the physical and mental stress. Thus, strong and visible leadership is of the utmost

importance for preventing a shortage and high turnover of nurses.

Research expertise that enables the nursing profession to deliver research programmes

Evidence from our study suggests that research barriers are related to factors perceived by nurses as hindering the implementation of research findings in practice due to individual, socio-political, contextual and knowledge production aspects (Akerjordet *et al.* 2012). Clinical nurses want to become involved in research, identify an actual research area and design a research project over the course of 2 years (Akerjordet *et al.* 2012). However, barriers exist in the clinical setting due to lack of designated time, knowledge, research supervision and support. In general, clinical nurses' research-related knowledge, education and research culture are insufficient. This indicates a basic knowledge need and a growing interest in learning more about research and its utilisation, which will contribute to improved health care outcomes as well as patient safety.

Increased capacity of individuals and organisations to engage in development activities

A well-known and acknowledged fact is that clinical nurse researchers rely on grants or funding to develop research. They are also dependent on the political will, long-term commitment and investment as well as environmental support. Clinical nurse researchers need access to a research infrastructure, computers, data programs, personal support and mentoring strategies to balance research and teaching as well as clinical and administrative demands. In addition, they need to develop supervisory skills to guide research staff and ensure strong role models for nurse-led research teams (Edwards *et al.* 2009).

The work of clinical nurse managers and researchers is of major importance and must be supported. Successful planning is therefore an essential part of the phenomenon of capacity building. Who will come next, who will follow us and how can we inspire them to develop research in a range of clinical areas? Research capacity that has taken years to develop can be easily destroyed through inadequate support, poor management or negativity associated with both the internal and the external environment. Thus, capacity building is a challenge for research managers. In management terms, capacity building reflects a commit-

ment to quality improvement and characterizes a learning organization (Senge 1991). My definition of the term 'research' is holistic: it is the basis of effective and efficient health care that reflects the growing recognition of an evidence-based approach. The quality of management can make or break research capacity. Prioritizing and fostering research at national and organisational levels require appropriate structures (Segrott *et al.* 2006) that facilitate the investment of vision, time and energy, thus gradually leading to successful outcomes. An effective team needs good organizational management, in which the members share knowledge and are committed to development, quality improvement and mutual negotiation (White 2002). What competence is required to effectively influence others to achieve goals? Intelligent use of the Internet, replacing text books by international journals, educating research managers and creating an atmosphere characterised by freedom from fear of failure as well as acceptance of uncertainty are essential components (White 2002). The development of grant application writing skills should also be included. Grant application writing workshops can strengthen research activity in an institution and raise the standards of internal peer review (Segrott *et al.* 2006). Leadership should be seen as a dimension of practice for all nurses, not just those in formal leadership roles (Scott & Miles 2013) and consequently as part of becoming an expert nurse. Research managers and clinical nurse researchers have an obligation to publish their findings in journals. They must also communicate with the public through press releases. This requires both the development of a dissemination plan and following it through. Knowledge and improved practice strengthen research capacity but require just as much attention to good management practices as to the research itself in addition to mentorship by senior nurse leaders (McPhee *et al.* 2011).

Conclusion

In conclusion, the future perspectives of nurse researchers working in clinical practice are related to capacity building to facilitate evidence-based clinical nurse leadership. In order to lead the research of tomorrow, maintain quality of care and patient safety, clinical nurse researchers need knowledge, leadership, academic supervision, mentorship and financial resources. The questions are: How can nurse leadership capacity be improved? and How can we encourage our national leaders to become aware of the importance of building research capacity?

Elisabeth Severinsson MSc, RPN, RNT, DrPH
 Editor, Professor/Director of Research, *Centre for Women's,
 Family & Child Health, Vestfold University College,
 Tønsberg, Norway*
 E-mail: elisabeth.severinsson@hive.no

References

- Akerjordet K., Lode K. & Severinsson E. (2012) Clinical nurses' attitudes towards research, management and organisational resources in a university hospital: part 1. *Journal of Nursing Management* **20**, 814–823.
- Alleyne J. & Mansour Olawale J. (2007) Building the capacity for evidence-based clinical nursing leadership: the role of executive co-coaching and group supervision. *Journal of Nursing Management* **15**, 230–243.
- Battilana J., Gilmartin M., Sengul M., Pache A.-C. & Alexander J. (2010) Leadership competencies for implementing planned organizational change. *The Leadership Quarterly* **21**, 422–438.
- Edwards N., Webber J., Mill J., Kahwa E. & Roelofs S. (2009) Building capacity for nurse-led research. *International Nursing Review* **56**, 88–94.
- Liljegren A. (2013) Strategic collaboration councils in the mental health services: what are they working with? *International Journal of Integrated Care* **13**, 1–11. URN:NBN:NL:UL:10-1-114286.
- McCance T., Fitzsimons D., Keeney S., Hasson F. & McKenna H. (2007) Capacity building in nursing and midwifery research and development: an old priority with a new perspective. *Journal of Advanced Nursing* **59** (1), 57–67.
- McPhee M., Skelton-Green J., Bouthillette F. & Suryaprakash N. (2011) An empowerment framework for nursing leadership development: supporting evidence. *Journal of Advanced Nursing* **68**, 159–169.
- Scott E.S. & Miles J. (2013) Advancing leadership capacity in nursing. *Nurse Administration* **37** (1), 77–82.
- Segrott J., McIvor M. & Green B. (2006) Challenges and strategies in developing nursing research capacity: a review of the literature. *International Journal of Nursing Studies* **43**, 637–651.
- Senge P.M. (1991) The fifth discipline, the art and practice of the learning organization. *Nonprofit Management & Leadership* **30** (5), 37.
- Sørensen E.E., Delmar C. & Pedersen B. (2011) Leading nurses in dire straits: head nurses' navigation between nursing and leadership roles. *Journal of Nursing Management* **19**, 421–430.
- White F. (2002) Capacity-building for health research in developing countries: a manager's approach. *Pan American Journal of Public Health* **12** (3), 165–171.