

**GLOBAL HEALTH RESEARCH PRIORITIES: IMPLICATIONS
FOR NURSE RESEARCHERS**

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Abstract

Background: Globalisation and other phenomena mean that the health and well-being of one discrete geographical area has the power to influence the health and well-being of communities across the globe. The recent SARS epidemic is a powerful illustration of this phenomenon. Furthermore, the social, political and economic implications of globalized economies and national unrest have had considerable impact on the health and well-being of communities.

Aim: This paper seeks to document a strategic global agenda for nurses to inform nursing research scholarship by highlighting urgent areas for nursing research, and thereby, to improve nursing practice.

Method: Four discrete yet interrelated methods have guided this review: (1) electronic searches of databases CINAHL, Medline, EMBASE and the World Wide Web using the Google and Google Scholar search engines; (2) review of policy and consensus statements; (3) key informant consultations; and (4) documents and proceedings of the International Network for Doctoral Education in Nursing (INDEN).

Findings: Although regional priorities vary depending on the specific needs of that area, there are common priorities that include: health promotion, disease prevention, evidence-based practice, chronic disease and the targeting of infectious diseases. Of particular note in less well-developed countries, nursing research is focusing on the capacity building of nurse researchers.

Conclusions: These similarities in research priorities create an environment appropriate to the conduct of multi-site research. It is apparent from this review that our nurse colleagues in developing countries can benefit from collaborative research, mentorship and support, both to increase the level of scholarship in their respective countries, and to improve the health and well-being of communities as well.

Key words: international, health research priorities, nursing research

GLOBAL HEALTH RESEARCH PRIORITIES: IMPLICATIONS FOR NURSE RESEARCHERS

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Background

Globally research agendas are influenced by social, political and economic factors. Currently, less than 10% of worldwide health research is devoted to diseases that account for 90% of the global burden of disease (the 10/90 gap). In an effort to address this disparity, the Global Forum for Health Research [1] is striving to focus research on diseases representing the heaviest burden on the world's health and to facilitate collaboration between partners in both the public and the private sectors. Clearly, the health of communities is also dependent upon social stability and access to economic security. The World Health Organisation (WHO) currently emphasizes the conduct of research into diseases affecting the world's poorest and most disadvantaged. In November 2004, WHO convened the *Ministerial Summit on Health Research* in Mexico. This summit derived key aims in relation to health care research. These aims were to:

- Strengthen national health research systems through regional and international partnerships and cooperation, and
- Identify health policy and health systems research priorities with a view to mobilizing resources to accelerate the achievement of the health-related Millennium Development Goals (MDGs).

The United Nations (UN) Millennium Development Goals (MDG)

The United Nations (UN) has also derived a strategic approach to health research in order to target areas of global concern. Similar to WHO, MDGs are designed to target the vicious cycle of poverty and ill health. A statement by the Global Forum for Health Research in November 2004 noted that the capacity to achieve the MDGs will require an all-encompassing view of health and

determinants, as well as research that focuses on the needs of developing countries. The goals are to:

1. *Eradicate extreme poverty and hunger.* Specifically, reduce by half the proportion of people living on less than a dollar a day.
2. *Achieve universal primary education.* Completion of a full-course of primary schooling.
3. *Promote gender equality and empower women.* Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015.
4. *Reduce child mortality.* Reduce by two thirds the mortality rate among children under five by 2015.
5. *Improve maternal health.* Reduce by three quarters the maternal mortality ratio by 2015.
6. *Combat HIV/AIDS, malaria and other diseases.* Halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other diseases by 2015.
7. *Ensure environmental sustainability.* Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources. Reduce by half the proportion of people without sustainable access to safe drinking water. Achieve significant improvement in lives of at least 100 million slum dwellers by 2020.
8. *Develop a global partnership for development.* Address the special needs of the least developed countries, e.g., develop open trading and a financial system that is rule-based, predictable and non-discriminatory [2].

On the basis of the priorities identified above, research initiatives should not merely address the biomedical sciences, but also health policy, systems research, the social sciences, and behavioural and translational research. On the basis of developing this research agenda, more research is also needed on child health and maternal and neonatal health. These strategies will

serve to reduce mortality and morbidity, and in particular, improve prevention of HIV through the development of female-controlled methods of protection.

The Global Health Forum has also argued that achievement of MDGs will depend on greater attention to sexual and reproductive health. They also argue that research is needed that addresses inequities and promotes access and utilization of novel therapies [3]. The Mexico statement on health research from the Ministerial Summit on Health Research held in Mexico City in November 2004 recognizes that there are still serious obstacles to achieve the MDGs in many low and middle-income countries. Strong national health systems are needed for health care delivery to achieve the MDGs, and to address other communicable and non-communicable diseases, sexual and reproductive health issues, as well as injury, violence and mental ill health concerns [4].

World Health Organisation Health Priorities

The 2004 report from the WHO Task Force on health system research priorities for equity in health recommended five priority areas of research. These priorities were driven by the need to achieve widespread social, political and economic reforms to improve the health and well-being of the global population:

- 1) Global factors and processes that affect health equity.
- 2) The specific social and political structures and relationships that differentially affect people's chances to be healthy.
- 3) The interrelationships between individual factors and the social context.
- 4) Health care system factors that influence health equity.
- 5) Documenting and widely disseminating effective policy interventions to reduce health inequity [5].

The World Health Organisation also listed eleven global health priorities for 2004-5: These are tuberculosis, HIV/AIDS, cancer, cardiovascular disease and diabetes, tobacco usage, maternal health, health and environment, food safety, mental health, safe blood, and health systems. All of these priority areas are dependent on interdisciplinary practice. Nurses have a pivotal role in each of these priority areas and there is significant latitude to develop and refine nursing science and scholarship.

Global Priorities for Nursing Research

Nursing research priorities reflect those of key bodies, such as the World Health Organisation, and other peak professional bodies, such as the International Council of Nurses (ICN). The ICN is a federation representing more than 120 national nursing organisations. ICN has identified nursing research priorities in two broad areas: Health and Illness (health promotion and disease prevention); and Delivery of Care Services (impact of interventions on health related outcomes, evidence-based nursing and work environment issues) [6].

The Arista Series

The Arista3 Nurses and Health conferences were a series of five multinational, multidisciplinary (nursing, medicine, international health organisations, health policy institutions, administration and foundations) conferences that discussed the preferred future of nursing in addressing health issues, the profession's contribution to achieving healthy communities, and strategic areas of action to aid in realizing this future in six WHO regions [7]. Each conference concluded that nurses in every world region could make the strongest contributions to:

- 1) Evidence-based care delivery
- 2) Policy development
- 3) Professional advocacy.

Additional Arista recommendations are provided under different WHO regions.

Similar to ICN priorities, the majority of the conferences identified health promotion and disease prevention as areas where nurses can make the strongest contributions. Common research challenges discussed at the conferences were: developing the science of nursing; conducting research to support nursing actions; accessing evidence; and developing and integrating research methodologies, practices and programs into nursing practice [7]. The report recommended the need to define nursing research priorities.

WHO Regional Research Priorities

The following is a breakdown of nursing research priorities by WHO regions (refer to Appendix One). Information reported was based either on recommendations of the Arista conferences, major nursing organisations, or research findings that used Delphi methods or other consensus approaches.

South East Asian Region--SEARO

Thompson [8] argues that there is willingness, enthusiasm, and commitment from nurses in Asia to contribute to evidence-based nursing. The real barrier is that there are limited research opportunities and resources in terms of capacity and funding. Korea, Hong Kong, Taiwan and Thailand have performed specific nursing priority research. Some of the common priorities that have been identified using Delphi survey methods are health promotion and disease prevention, targeting infectious diseases, evidence-based practice and quality of care in terms of development/improvement of nursing interventions, and the impact of nursing interventions on outcomes (see Table 1). These priorities address MDG numbers 4, 5 and 6, and are similar to the recommendations of the Arista3 conferences.

Some of the Asian countries in this region were represented at the Arista3 conferences in the Pacific region, described later under the Western Pacific Region.

The Region of the Americas -- AMRO

In order to address national health priorities, America developed a set of 28 disease prevention and health promotion objectives titled *Healthy People 2010* [9]. It is designed to reach two main goals: to increase quality and years of healthy life, and to eliminate health disparities. Examples of areas include infectious, chronic, respiratory and sexually transmitted diseases; health service access, and maternal, infant and child health. The idea is to allow diverse groups to work in a multidisciplinary way. These foci address MDG numbers 4, 5 and 6.

Arista3 recommendations. In the Arista3 report, experts from the Americas identified the following seven areas where scholarly work is needed to support nursing's optimal contribution to the health of people: conducting research, establishing standards and competencies, developing new models of practice and education, improving availability of human and material resources, contributing to policy development, and increasing dissemination access [10]. Another recommendation was the need to develop and teach nurses about the science of nursing. In order to implement recommendations, the Americas expressed the need for establishing links between and networks among disciplines influencing health with specific countries, and the need for reaffirming and applying the Pan American Health Organization (the regional office of WHO) action plan for nursing development in the region.

American nursing organisation recommendations. The National Institute of Nursing Research (NINR) supports clinical and basic research to establish a scientific basis for the care of individuals across the entire life span. Their nursing priorities are similar to those of the *Healthy People 2010*, addressing the issues of health promotion and disease prevention, as well as issues of end-of-life care and the harnessing of advanced technologies. They also address the MDG goals of reducing health disparities [11].

The following three education and research priorities are supported and strengthened by the AONE's (American Organization of Nurse Executives) commitment to incorporating technology, diversity and patient safety in all of its educational and research programs [12]: As per the Arista3 report, the National League for Nursing recommends the development of the science of nursing in terms of education. It also recommends reform in terms of innovation and evaluation of research in education [13].

As seen in Table 1, other research priorities of the United States of America (USA) are promotion of patient safety; genetic advances and implications for care; cost-effective care and quality of care, as well as care of the older person. These reflect the priorities of developed countries and the desire for efficiencies and equity in health care delivery.

For Canada, disease prevention, health promotion and the improvement of the health of vulnerable populations are priorities of the Canadian Institute of Health Research [14]. This addresses MDG's 4, 5, 6. It also expresses the need for a more productive health system and the need for strengthening the research community. One of Canada's nursing priorities is in the area of nursing sensitive indicators and patient safety [15]. As seen in Table 1, other Western regions share this priority.

The Western Pacific Region

Arista3 report. The Arista3-Pacific conference participants came from North America, Australia, Taiwan, Singapore, Mongolia, Korea, Indonesia, Thailand, India and Fiji. Again, action and evaluation of research related to the science of nursing was a priority in this region, as well as enhancing capacity to conduct, analyse and apply research; promoting evidence-based practice; and increasing dissemination of research [16]. One of the less common priorities was to stimulate the demand for research in both the public and in policy makers.

Other health and nursing organisation recommendations, and research findings;

priorities of Pacific countries. In Australia, national health research priorities are similar to other regions in terms of preventive health care and addressing the needs of vulnerable populations such as infants, children and older people [17, 18]. In Thailand, the nursing health priority concerns about health promotion and disease prevention are evident [19], as they are in Taiwan (ROC) [20, 21]. As seen in Table 1, the ROC has nursing research priorities similar to other regions, including health promotion and disease prevention; targeting of infectious diseases; the health of vulnerable groups; and nursing education.

The national health priorities of China as listed by WHO [21] are to increase, strengthen and improve already existing health services, in particular, preventative services in rural areas. [www.wpro.who.int/chip/chn.htm].

The European Region -- WPRO

Arista3 report. European countries represented in this process were Belgium, Russia, Iceland, Poland, Kyrgyzstan, England, Ukraine, Israel, Armenia, and the Netherlands. The recommendations from the European region were similar to other global regions. Research needs were perceived as generating evidence-based practice, collaboration among disciplines, institutions and countries, and evaluating the impact of nursing practice on outcomes [22]. The need for research funding was highlighted. These recommendations are not necessarily reflective of the MDGs, but address areas specific to the practice of nursing.

Nursing organisations, research findings and priorities. The Workgroup of European Nurse Researchers (WENR) has also expressed similar priorities [23]. The WENR also recommended that clinical outcomes should reflect the burden of disease. Nordic countries have recommended nursing research priorities that reflect several MDGs, and are similar to several other regions. These include health promotion and prevention, symptom management and care of the

elderly [24]. Other Nordic research has found priorities similar to other regions and those which reflect MDGs. As seen in Table 1, these priorities include health promotion and disease prevention, and other similar nursing priorities such as quality of care, chronic illness, developing the science of nursing, and care of vulnerable groups [25]. Nursing priorities of the UK are also similar, including chronic illness management, quality of care, and similar to that of the US, new technologies [26]. Continuity of care is also an issue for the UK [27], as well as Spain [28]. As seen in Table 1, Spain shares similar priorities to the other regions such as quality of care, consumer involvement in planning and evaluating care, end-of-life care, and the needs of primary caregivers. Although research in nursing and midwifery in Ireland is relatively underdeveloped [29], part of the National Council for the Professional Development of Nursing and Midwifery study's aim is to identify research priorities for nursing and midwifery for the short-, medium- and long-term. Promotion of evidence-based research is one of the strategy's purposes. Glazer and DeKeyser [30] noted that efforts to set up a plan for nursing research in Israel have met with little success. However, nursing in Israel has made significant progress in advancing nursing research. Glazer and DeKeyser believe that priority should be given to nursing research in Israel that addresses the relationships between quality of care, costs and outcomes.

The African Region -- AFRO

The Arista3 conferences representing AFRO were Kenya, Sudan, Ghana, Mali, Uganda, Lebanon, Germany, Zambia, Botswana, South Africa, and Pakistan. The main research priorities focused on collaboration and sharing of research knowledge both regionally and internationally; developing models of care, evidence-based practice and capacity building in terms of conducting research; publication of research findings; and improving infrastructure to conduct research [31]. There was a specific need expressed to increase translation of materials so that research articles could be accessed.

Africa's human health is suffering greatly from HIV/AIDS and other infectious diseases [32]. In addition, the periodic outbreak of war-like conditions dictates certain research concerns [33]. Thus, African nursing priorities based on research are related to prevention, care and epidemiological studies of HIV/AIDS; effects of war and displacement on health; and, as for other regions, the health of vulnerable groups such as older people, infants, children and women [32].

The Eastern Mediterranean Region -- EMRO

The Arista3-Southern Europe/Mediterranean Countries included Spain, Greece, Italy, Morocco, Portugal, and Malta. As for many other regions, the research priorities focused on evidence-based nursing models (development and evaluation), evaluating the impact of nursing interventions on outcomes, and enhancing collaborative research [34]. There was a need to develop knowledge of research among nurses and to exploit technology, and there was a need to improve dissemination of research from this region.

A group of Jordanian nurses developed and submitted research priorities for their country, which may also be applicable to other countries in the region. They are listed below:

A. Priority health needs: (1) Family health: child abuse, gender issues, child-rearing practices, care of the elderly, accidents. (2) Life-style issues: nutrition, exercise, stress management, smoking, drug misuse, sexuality. (3) Occupational and environmental conditions. (4) Illness conditions: management of acute and chronic illness (cancer, cardio-vascular conditions, diabetes), communicable diseases.

B. Health system and policies: quality of care and services, legal and ethical standard setting, interdisciplinary collaboration and impact on care, awareness of emerging health risks, cost of health care, empowerment of nurses, nursing shortage, appropriate use of human resources, human rights in health services, sustainability, and job satisfaction of nurses.

C. Priorities relating to the profession of nursing: competency level of educators and clinical instruction, image of nursing, role of nurses in decision making, lack of balance in enrolled nursing students (majority are male).

Table 1

Summary of Global Nursing Research Priorities

Nursing research priority	Country/Region
Health promotion and disease prevention	USA [11], Australia [17, 35], UK [26], Thailand [19], Nordic countries [36], Canada [14], Republic of China (ROC) [20, 21]
Targeting of infectious diseases (e.g., HIV/AIDS)	Africa [32], ROC [20], [21], International Council of Nurses (ICN) [6], Canada [14], Thailand [19]
Promotion of patient safety (incl. nurses sensitive outcome measures)	USA [12], Canada [15], Australia [18]
Quality of care: <ul style="list-style-type: none"> 1) Development/improvement of nursing interventions; 2) Impact of nursing interventions on outcomes. 	USA [11, 12], Thailand [19], UK [37] Korea [33], UK [37], Spain [28], Hong Kong [38]
Evidence-based practice	USA [11], Australia [17], Hong Kong [38], Thailand [19], Pakistan, Europe (including UK) [6]
Capacity building of nurse researchers (e.g., grant and journal writing, exposure to research)	AFRO [31], WPRO [39]
Care of the older person (both ill and well)	Europe (including the UK) [24], Australia [17], Spain [28], ROC [20]
Advocacy and promotion of health of vulnerable and marginalised communities	Canada [14], ROC [21], USA [11]
Consumer involvement in planning and evaluating care	Spain [28], UK [37], Australia [17]
Nurses' working conditions: <ul style="list-style-type: none"> 1) creation of positive and healthy work environments, 2) retention, 3) satisfaction with work. 	USA [12], ICN [6]
Continuity of nursing care	UK [37], Spain [28]
End of life care	USA [11], Spain [28]
Chronic illness and its management	USA [11], UK, ICN [6]
Genetic advances and implications for care	USA [11], Australia [17]
Needs of primary caregivers	Spain [28], UK [26]
Cost-effective care	USA [12], Nordic countries [25]
Nursing education	USA [12, 13], ROC [20, 40]

Conclusions and Implications for Nursing Practice, Research and Scholarship

Although the country research priorities vary depending on specific needs of a country, there are some common priorities: health promotion, disease prevention, evidence-based practice, and targeting of infectious diseases. Of particular note in less well-developed countries, nursing research is focusing on capacity building of nurse researchers. This capacity development includes writing for publication, grantsmanship and encouraging nurses to apply evidence-based research to their clinical practice. Education and information can be seen as emancipatory forces to drive improvement in health and social settings. It is also apparent that the health and welfare of individuals and communities is inextricably linked to social and economic stability [37]. Therefore nursing research activities should not be considered in isolation, but as interfacing clinical and policy sectors on both a local, international and global level. This report of global research priorities underscores the importance and potential of collaboration to create synergies and efficiencies between discrete research efforts. Further, this report represents a call to action for nurses globally to harness their collective intellectual and scientific endeavours to improve the health and well being of communities globally.

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