◆招聘講演Ⅰ◆

Academic Nursing Practice: Nurses Transforming Health Care in Japan

ULois K. Evans, PhD, RN, FAAN
vanAmeringen Professor in Nursing Excellence
University of Pennsylvania School of Nursing

Abstract

Academic nursing practice is the intentional integration of education, research and clinical care in an academic setting for the purpose of advancing the science and enhancing the structure and quality of health care. Academic practice provides a living laboratory that enhances the richness of students' learning, access by faculty to settings and patients for research, and a natural environment for developing and testing evidence-based practices. Examples from the University of Pennsylvania are used to illustrate academic practice missions and outcomes. Possible futures for Japanese schools of nursing are suggested that could profoundly affect the state of health care for the future.

Introduction

Philadelphia holds a special place in United States history as it is the home of our first government, formed in 1776.

The University of Pennsylvania School of Nursing in Philadelphia, Pennsylvania had been founded ten years prior, in 1765, by one of the leaders for that new government, Benjamin Franklin. The mission of the University has, since its founding, embraced Franklin's philosophy that the creation, discovery and dissemination of new knowledge should be integrated with its practical application… for the common good. Franklin believed that a university should teach practical subjects, discover new knowledge, and prepare future leaders. A school of nursing, with an emphasis on teaching, knowledge discovery and clinical care, thrives in such an environment.

I am pleased to be invited to share with you some thoughts about academic nursing practice as you gather this week to focus on 'exploring nursing's origins and creating its future.' I recognize that what works in one environment may not be well suited to another. Thus, while I hope that these remarks may resonate with you in fruitful ways, I also realize that you must continue on your own journey of 'creation and discovery of new knowledge and its practical application.' And I look forward to knowing what will emerge.

What is Academic Nursing Practice?

Like medicine, nursing is a practice discipline. Throughout modern ages, academic medicine has represented the best of medical care, provided by physicians who are both scientists and skilled practitioners. In the process of discovering new knowledge and applying it, academic physicians train the next generations of physicians and physician scientists. Only recently have we in nursing come to truly understand the value in this model. The earliest 'training programs' for nurses were housed most often in hospitals, the site of clinical care. The teachers were physicians and nurses who provided that care, not necessarily those who 'discovered new knowledge' through research, or who were trained as teachers. As schools of nursing worldwide gradually moved into universities, the focus on 'higher education' and then 'nursing science' has often trumped the value placed on practice. Unlike 'academic medicine,' nursing somehow has created and maintained a chasm or split between the academy and the practice setting.

This chasm is especially difficult to breach because paradigms, cultures and goals in the academy appear to be so different from those in the clinical service sector. A weak or severed linkage, however, impedes evolution of the discipline. More recently, faculties in schools of nursing have gradually come to re-value the necessary and intimate connection between education and clinical care in a practice discipline, and to recognize and even embrace the important role that research plays in evolving the science underlying today's nursing care. Further, there is a firm belief that nursing has much to offer in solving many of today's health system problems of access, quality and cost. Thus, there is now a renewed focus in academia on implementing a tripartite mission – one that values the integration of research, education and practice as critical to survival and evolution of the discipline.

At the University of Pennsylvania, we have stated one of our strategic goals to address this chasm: 'Advance the science and shape the structure and quality of health care by systematically integrating education, research, and clinical care to meet current and future health care needs.'

Academic practice, then, is construed to mean 'the intentional integration of education, research and clinical care in an academic setting for the purpose of advancing the science and shaping the structure and quality of health care' (Lang, Evans & Swan, p.63). The integration must be deliberate, planned. More simply stated, academic practice refers to those clinical, administrative or

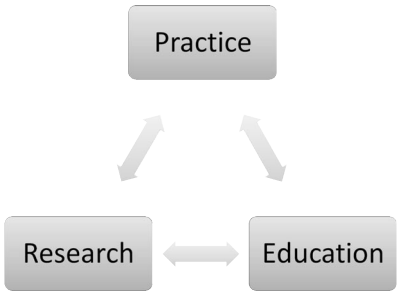

Figure1: Academic Nursing Practice:
A Tripartite Mission

consultative services associated with university schools of nursing that provide clinical care in the context of discovering science and translating it to evidence-based practice while modeling and teaching it to our students. It is those practice arrangements that support clinical work by faculty in schools of nursing and advance the field by consciously and consistently using, facilitating, supporting and producing contemporary research, thereby generating new insights and clinical questions and developing new leaders in the field (Evans & Lang, p. 39).

What are some models of Academic Nursing Practice?

In the United States, a number of models have evolved over the years to recognize and help support this intimate relationship between the academy and clinical practice. These span a broad range from unification or partnership models such as that at the University of Rochester or Rush University in Chicago; to faculty practice plans similar to those developed by academic physicians to support faculty practice and produce revenue for the school of medicine; to joint or collaborative practice appointments within health care agencies or private practices that charge directly for services, to models in which the practices are fully owned and operated by the school of nursing. Some schools of nursing have an explicit expectation that all faculty practice in one way or another, either providing direct, hands-on care or indirectly through consultation. Higher educational environments that value research and/or teaching above clinical application, such as research intensive universities or liberal arts colleges, challenge the implementation of any type of academic practice model. Yet it is in research-intensive universities that the opportunities for advancing academic practice has the highest potential payoff.

Why would a school of nursing embrace academic practice?

Academic nursing practice is dynamic. The overall learning environment is forever changed when there is a close relationship between patient care, research about the problems experienced by our patients and teaching. In such an environment, critical questions for research are identified and studied and their answers fed back into the practice arena through the work of the clinicians and informed graduates. It is an environment where students are armed with the latest evidence to support practice.

Academic practice is a medium for multiple agendas. Access to data-based knowledge is key to both quality practice and education. A living clinical learning laboratory in which faculty control the kinds of care that will be delivered…beyond the classroom or simulation in the laboratory…and into the real world of care delivery…it enhances the richness of the students' learning. In living laboratories that operate in the real world, the best evidence-based practice is delivered to the benefit of patients and learners who see it, experience it, do it, and expand it. New models of care are demonstrated and evaluated or tested. It also assures faculty access to patients and health care providers who may serve as research participants. Faculty also gain experience with the 'business' of healthcare management and financing, so important for gaining a respected 'place at the table' for making health systems. The resultant knowledge and experience can contribute to public policy. Further, providing excellent nursing services provides opportunity for a school of nursing to offer community service and develop community partnerships, both essential for developing the kinds of trustworthy relationships necessary for participatory research.

So there are many potential benefits of academic nursing practice. These include the opportunity to:

- test innovative models of healthcare delivery;
- generate new knowledge and implement findings from faculty research;
- develop a common language to measure problems, interventions and outcomes…one that will support ongoing research as well;
- develop, test and implement evidence-based or best practices;
- maintain faculty clinical skills and certification;
- prepare the next generation for roles in health care leadership;
- generate practice revenue that can help support the other missions of the school;
- inform public policy, and
- provide a needed service to a community.

At any one time, it may not be feasible for each faculty member to be simultaneously engaged in practice, teaching and research. When the mission and vision for the entire school embraces academic practice, however, the goals of academic practice will be achieved by the collective faculty according to its strategic plan.

Examples of academic practices at the University of Pennsylvania.

Penn Nursing has implemented three related but different models for academic practice.

In one, the partnership or affiliation model, our faculty serve in leadership and clinical roles in our academic health system hospitals under a written agreement for joint collaboration that is aimed at achieving the highest quality of evidence-based care. Here they have the opportunity to help produce quality nursing

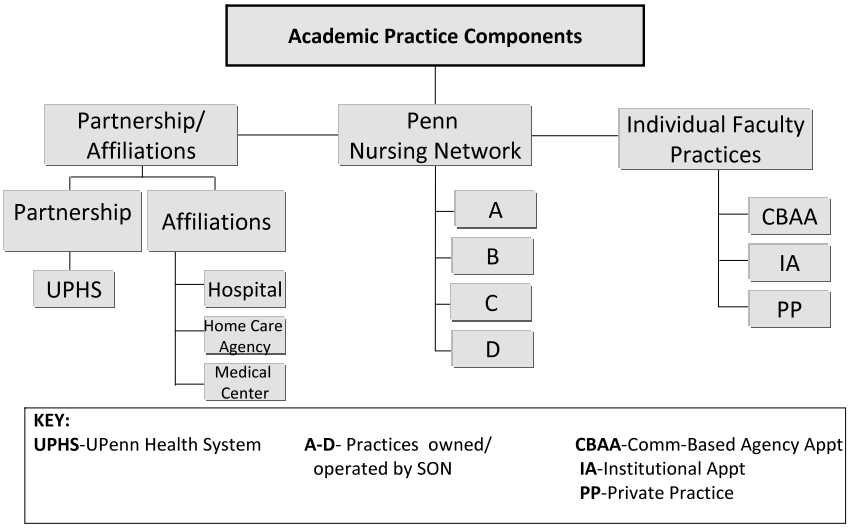

Figure2: Penn Nursing Academic Nursing Practice Components

care, control access to patients and units for student learning and research, collaborate with other faculty to conduct research and translate those findings into practice. Our flagship hospital, the Hospital of the University of Pennsylvania, recently achieved magnet status from the American Nurses Credentialing Center, the highest recognition given for exemplary nursing care. Jointly appointed faculty played major leadership roles in helping develop the nursing service to reach this point of excellence. Further, the Chief Nurse Officer contributes to the educational mission of the school through her faculty role in nursing administration. Secondly, a key faculty position in place since 1983 is that of Clinician Educator, a track equal to and parallel to the tenure track faculty. Clinician Educators take intentional advanced practice or leadership roles in a variety of settings, including private practice, where they integrate evidence-based care with their teaching and help to implement evidence-based practice throughout the system. An example is a Clinician Educator who, through her role in our affiliated children's hospital, has implemented a hospital-wide program to ensure that all infants, including those with birth defects, have safe access to human milk based on the evidence that human milk is so important to thriving. Another serves as director of research and evidence based practice in one of our hospitals where she influences the way nursing is practiced based on existing research, and facilitates nurses conduct of clinical research to develop the best practices. As described, clinician educators may practice in one of the partnership or affiliated settings, or negotiate individual arrangements with community agencies, institutions or private practices; finally they may also practice in the school owned and operated practices. Over a period of years, our school of nursing developed and operated a range of community-based clinical practices under an umbrella called the Penn Nursing Network (PNN).

These included a specialized service for managing incontinence in older adults, nurse midwifery services, a nurse managed community-based health center that delivered both primary care and health promotion and preventive services, and a geriatric nursing consultation service. It is important to know that each was developed based on community need, with a clear research agenda and educational opportunities for undergraduate and graduate students, a plan for an adequate funding stream and assurance of safe ongoing care for those it served. In most cases, the practices were designed to demonstrate the effectiveness of an advanced practice nurse role with a specific population group, be it older adults, childbearing women, or families in the community. We viewed these as opportunities to demonstrate and test innovative models, and then to transition them to other community-based owners. In some cases, practices were closed as a result of changing health care reimbursements. Two practices that focused on older adults—the CARE Program and LIFE, which is celebrating its tenth anniversary this year-- serve as exemplars of successful academic practice in a school of nursing and in a few moments I will describe each more fully.

As in Japan, the United States' population is rapidly aging and every projection suggests grave shortages of health care providers and services for elders in the near and ongoing future. Given the real need to prepare more nurses with the knowledge and skill to care for older adults, the need to solve the types of health care problems experienced so frequently by them, and to influence models for the delivery of health care to this population, many of Penn Nursing's academic practice efforts have focused on older adults. We were able to build academic practices based on successful educational programs in gerontologic nursing at undergraduate, masters and doctoral/post doctoral levels and solid lines of research by several faculty.

The CARE Program.

CARE was a demonstration program designed to provide rehabilitation services to very frail, older adults in the community. It was designed to fill a gap in the existing continuum of services, and based on data from a systematic needs assessment and knowledge of the population. Borrowing from the British model of the geriatric day hospital, older patients were referred for rehabilitation services either following hospital discharge or directly from primary care practices in the community in order to prevent premature admission to nursing homes. Interdisciplinary in nature, the service was directed by an advanced practice nurse prepared in gerontologic nursing; other advanced practice nurses provided clinical health and mental health care, while speech, occupational and physical therapists, social workers, and physicians rounded out the team. After an initial comprehensive assessment, elders came to the day program 2-3 times per week over a four to six week period where an individualized plan of care was delivered by members of the team. The patients were average age 78 with ¼ over age 85; ¾ were minorities; ¾ were not married; and their average length of stay was 6 weeks.

CARE was designed from the beginning as an academic practice, with planning for education of nursing and interdisciplinary students-- undergraduate through graduate levels. We developed an electronic healthcare record that supported practice, facilitated teaching, and enhanced the conduct of research including the evaluation of overall practice outcomes.

Over the course of its 5 ½ years, over 700 frail elders received services in CARE, more than 640 students had clinical experiences in this practice, and 6 faculty- or doctoral student-initiated research studies and 9 publications were supported. We demonstrated significant improvement in physical cognitive and emotional function for both cognitively intact and impaired patients, high adherence to their individualized programs of self care after discharge, and low use of the emergency department, hospital and nursing home. Patients and referrers alike were highly satisfied with the care.

The CARE Program was closed only due to a precipitous change in federal health care policy that reduced reimbursement by more than 70% and precluded its survival from a business perspective.

Living Independently For Elders.

Building on our success with the more limited set of services than were allowed by The CARE Program' s reimbursement mechanism, we undertook development of a relatively new program which in Pennsylvania is called LIFE [Living Independently For Elders]. LIFE follows the national PACE Model (Program of All-inclusive Care for the Elderly), which now has a 30 year track record of successfully helping elderly individuals remain in their homes and communities. Originating from the On-Loc program in Chinatown, San Francisco, PACE provides comprehensive, round-the-clock care for very frail, dependent elders living in the community. Funding comes from Federal and State insurance plans. LIFE promotes independence and the highest levels of functioning while allowing choice and dignity for its members and their families. Serving only residents in the neighborhood surrounding our University, Penn LIFE provides all needed preventive, primary, acute, and long term health care services so that older individuals continue to live in their homes as long as possible.

These encompass primary care, ,medications, transportation, rehabilitation and activities, specialty services such as behavioral health, podiatry, dental care; skilled nursing facility, acute care hospital, in- home services and day health care center and social services. The practice model, while necessarily interdisciplinary, is heavily influenced by advanced practice and registered nurses who provide much of the clinical and administrative leadership and by nursing faculty, including Clinician Educators, who serve in practitioner, consultant and leadership roles.

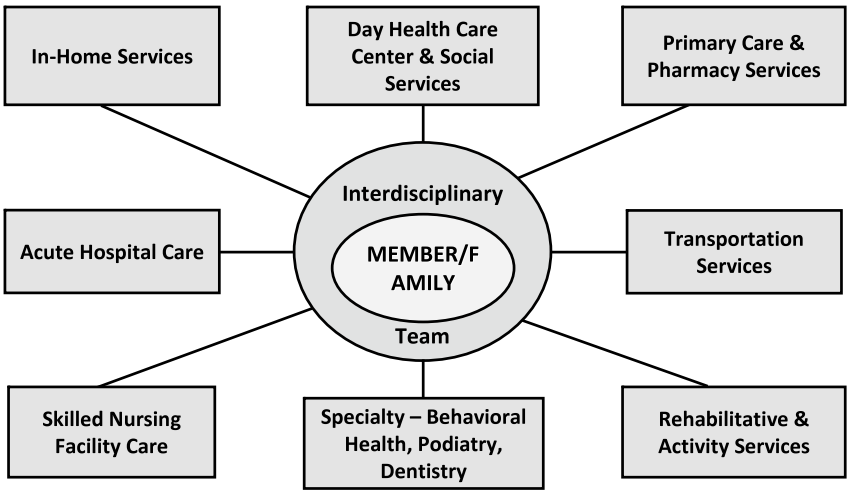

Figure3: Living independently for Elders (LIFE) Nurse Led Integrated Model of Care

Although all PACE members must be in need of nursing home care to enroll, only about seven percent of PACE members live in a nursing home nationally. PACE members have a lower use of in-hospital services, slower decline in functional status and a lower mortality rate.

At the hub of the program is an Adult Day Care Center to which members are transported several times a week for primary care, socialization, meals, recreation and so on. In home services are provided as needed, as are hospital and nursing home care. Several governmental agencies monitor quality and regulatory compliance. Penn LIFE remains the first and only PACE in the nation to be owned and operated by a school of nursing. Approximately 375 elders are served on a 7 day per week, 24 hour per day basis. On average, the members are 80 years old, female, African American, have 8 health conditions, take 8 medications daily, and 1/3 live alone.

The Circle of Care, a special program for those with dementia, operates within the adult day center and innovative activity, exercise, nutrition, and health promotion programs for all are offered.

As it matures, LIFE increasingly contributes to our academic practice mission. This exemplar of academic nursing practice provides high quality direct care to patients, learning opportunities for students, and rich sources of data for researchers studying a range of health concerns. This past year LIFE implemented an electronic healthcare record using a standard nursing language to support clinical care, quality improvement, student learning, and research. The practice provided clinical educational experiences for some 147 students from nursing and a range of other disciplines including education, business, medicine, social work, occupational therapy, physical therapy and art therapy. Currently, faculty are engaged in some five funded research projects on topics including physical exercise, health related quality of life, member transitions from nursing home to supported housing, information systems, and RN leadership training in long term care. Previous studies were focused on urinary continence, palliative care, family decision-making re: long term care services, spirituality in hypertension treatment, and functional status.

Embracing Academic Practice as one component of the Mission

Dr. Joan Lynaugh, a nurse historian with expertise in nursing education and practice, has stated that we should 'think of academic practice as both a work in progress and as the best evidence of the rapid development of higher education in nursing over the last 50 years.' (Lynaugh, p. 36)

I would like to invite you to speculate with me what nursing might look like in Japan if some of the ideas of academic practice were to take hold in your universities. I note that-- like in the west-- aging is increasingly a challenge to health care systems. When I last visited Japan, in 1996, I participated on a panel to discuss community based long term care models for older adults. Providing such care when cultural values were not yet supportive was noted as a looming challenge by our Japanese colleagues on the panel. Older adults now represent nearly 20% of the population and they face health care issues related to chronic disease; older women, in particular, face issues related to care. Needed health services for children, women and chronically ill adults are also noted, prompting a national plan (Kenko Nihon 21---Peoples Health Promotion Campaign for 21st Century) to focus on primary prevention of disease and health promotion for all ages. Special emphases are to be placed on rehabilitation, in-home health care, and palliative care. These are areas in which nurses excel, and for which a beginning-to-robust knowledge base is available and/or being accumulated. Further, here in Japan, in particular, current nursing research is identifying issues related to burnout and job dissatisfaction in Japanese hospitals that contribute to turnover and shortages (Kanai-Pak, et al). Other investigators have highlighted the need for nursing staff education to promote adherence to patient rights in psychiatric hospitals, target use of the strategies public health nurses use to develop new needs oriented services, and the impact of partnerships between the researcher and the practicing nurse in learning and implementing a new nursing model. All represent opportunities for using academic practice in nursing educational institutions as the 'work in progress' to help develop and move science forward in a timely fashion.

Why is this good timing for Japanese Nursing to adopt Academic Nursing Practice?

Japan has seen a relatively rapid movement into a university base for nursing education, supported by a commitment of the government for four year basic education of nurses. Simultaneously, Japan's rise in the numbers of doctoral programs as well as doctorally prepared faculty who have trained within and outside of Japan make for a rich resource on which to build an academic practice agenda. There would appear to be a critical mass of doctorally prepared nursing faculty engaged in research into the important clinical problems faced by Japanese citizens: cancer, heart disease and stroke. Nurses are organized in a variety of settings to provide such care, including visiting nurse stations, hospitals, clinics, health centers, health facilities for older adults, in home services and occupational health settings.

Further, Japanese nursing's support for the advanced practice role of the clinical nurse specialist and for provision of health promotion and disease prevention services means that there are nursing resources ready to move forward to deliver evidence-based practice in these areas. This practice can take the form of coaching or consulting with health care agency leadership or staff, as well as implementing the care directly. Examples might be joint practice appointments or consulting within existing agencies. Any of these areas might be ripe for academic practice. Nurses have answers to needs of these organizations and the families they serve.

Determining Readiness

In considering academic practice, a school would do well to assess readiness and develop a strategic plan to overcome any barriers. While not every institution may have a critical mass of faculty prepared to practice, by partnering across institutions the goals may be realized.

1. Is the mission of the school and university supportive of practice?
   I looked at the web home pages of four Japanese schools of nursing to get an idea of whether their mission statements might supportive of academic practice. Most focused on the educational/teaching mission, some focused on the research mission, and none were focused specifically on the academic practice mission.
2. Is there a critical mass of doctorally-prepared faculty and advanced practice staff in your school of nursing?
   The four universities had XX PhD faculty. Partnership teams of clinicians and scholars make for excellent implementation of academic practice goals.
3. What are the strongest areas of research and education within your school?
   Given a match with community need and governmental/public health emphasis, these are the areas you would want to address first.
4. What university, school and volunteer resources are available in administrative, financial, and infrastructure areas? Some infrastructure will be needed, and should be planned from the outset.
5. What is the potential fit with any national strategy, effort or program?
   Again, the match may mean an important difference in funding, regulatory approvals, and so on.
6. Finally might a collaborative arrangement among two or more universities be appropriate as a way to get started?
   Such a partnership model could be an effective way to begin, especially workable in an urban environment with several existing schools.

Once a commitment to move forward has been secured, time spent in strategic planning, is time well spent…and sometimes more difficult than one might imagine. Success of contractual arrangements, even for jointly appointed faculty or for partnerships or affiliations with existing agencies will be dependent on mutually developed expectations and some detail regarding what each entity will contribute. Success will breed more success, so planning well for the early experiences will be critical. Demonstrating the benefits to your teaching and research programs will be important, so plan from the start what the research agenda will be and what types of students might utilize the practice experience for what types of learning.. Finally, plan for some sort of evaluation of outcomes to help underscore the value of such an endeavor.

What might be the benefits?

Schools of nursing engaging in academic practice will have new opportunities to demonstrate innovative and effective models or practices based on evidence. They will develop the evidence to support best practices and services. They will more quickly facilitate movement of new knowledge from bench to bedside. They will enable nursing to participate more fully in helping to solve the nation's healthcare challenges. Their efforts will help challenge the public image of nursing as a discipline.

Create a community of interest in the future of nursing.

The challenge for the Japanese Society for Nursing Research, then is to create a community of interest in the future of nursing, one that embraces nursing's fullness…not only its science and not only its education, but also its practice—the focus for the science and education.. In creating such a community and engaging together in dialogue, I urge you to create your own story or vision of the future…what will Japanese nursing look like in ten years? Then dream together about how to get there, and begin the journey. Thoughtfully, skillfully, one step at a time, but begin!

As anthropologist Margaret Mead once wrote, 'Never doubt that a small group of thoughtful committed people can change the world. Indeed, it's the only thing that ever has.' Academic practice can become your learning laboratory for change.

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