

RIGHT Dr. Sean Clarke: “Nurses have a grip on what’s important.”

Canadian roots

RBC chair in cardiovascular research draws nursing professor home

By **Lucianna Ciccocioppo**
Photography by **William Ciccocioppo**

After a decade in the USA, Dr. Sean Clarke says it’s good to be home. “I’m coming back to my roots as a nurse and as a researcher in nursing.” The newest recruit to the Lawrence S. Bloomberg Faculty of Nursing is a registered nurse and advanced practice nurse with expertise in coronary care, and a PhD in psychological and social aspects of cardiac disease.

As the new RBC chair in cardiovascular nursing, in partnership with University Health Network (UHN), Clarke looks forward to focusing his research on where it all began. “I did a lot of great work with many collaborators, and I saw interesting things and patterns. But now it’s time to take my research back to the level of frontline nursing and study what’s going on in the frontlines of cardiovascular care,” he says. “One of the things that attracted me to the position, with its resources and built-in links, was the opportunity to try new things that I wasn’t able to try in the US.”

Armed with undergraduate degrees in science and psychology, and volunteer and work experiences throughout university in hospitals and long term care facilities, Clarke looked for a way to marry his interests in the social and biological sciences. “I looked around and saw that nurses had a grip on what was important. They have an impact on people’s quality of life,” says Clarke. And so his nursing career began in the late 1980s.

With a clinical specialty in cardiovascular care, Clarke is eager to be funneling this expertise among his many goals for the research chair. “Cardiovascular care is probably one of the best developed areas in health research in understanding outcomes. If I’m interested in what’s the best way to operate a coronary care unit, or the best way to organize a unit delivering emergency angioplasties, we know enough about what predicts which angioplasty patients will do well, or not so well, to conduct comparisons over time, or across hospital units,” explains Clarke.

Many of the research aspects of cardiovascular disease relate to quality of care, he says, things such as health promotion, disease prevention, smoking cessation, cholesterol, body weight, exercising, diets and rehabilitation. “If there are people interested in working in these areas with me, I’m going to jump in and help the staff nurses and APNs develop such projects.”

Over the years, and in various contexts, he’s expanded his scholarly pursuits to include nursing organization—why some hospital units do better for patients than others, in terms of reducing mortality rates, and enforcing best practices, and why some units have higher burnout rates or occupational injuries than others. “The workplace environment is critical in drawing out people’s best on behalf of patients,” says Clarke. “Doing the right things to keep nurses happy and retained are the same things that will get patients better care, and help them do better,” he adds.

It’s these broad-based research skills that will help Clarke serve as a catalyst for other collaborative projects, and push the opportunities of the RBC chair to their maximum. “A big indicator of success for this research chair is whether I’m successful in helping people develop research projects—nurses and advanced practice nurses in the Peter Munk Cardiac Centre at University Health Network,

and also doctoral students and post-doctoral fellows at the Bloomberg Faculty of Nursing.”

Success by RBC’s definition would also mean taking his cardiac care expertise on the road. Sharing his knowledge with nurses in rural and isolated areas of Canada is important since cardiac nursing isn’t required only in specialist units with highly trained nurses in the big, urban teaching hospitals. “Nursing practice looks very different in a small rural hospital,” says Clarke. “A nurse may be looking after a heart attack patient one day, and a woman in labour the next. We haven’t really studied these areas of staffing and quality of care in rural hospitals because studies usually involve hundreds of patients, and you just don’t have these numbers in smaller hospitals, in terms of data. So there’s some creativity required to study rural nursing.”

One area requiring creativity over the next 10 years, says Clarke, is how to address the expected 30 percent shortage of nurses in hospitals, a shortage that will not distribute itself evenly in the hospital community. Using his cardiovascular nursing focus, Clarke intends to tackle this big question. “There are some places that are more desirable to live in, and offer higher salaries—those places are going to hold onto their nurses more easily,” says Clarke. “And then there are places that will have to make ad-hoc decisions—how to blend staff or use non-nursing staff to provide nursing care, how to use practical nurses with registered nurses. These are questions I’ll be interested in investigating.” His investigations will take him beyond the walls of the Peter Munk Centre, and LSB Faculty of Nursing. “I’ll be looking at the work of collaborators across the province, perhaps internationally as well, so we can look at what they’re doing and see the variations and similarities. The more we can learn about the organization of nursing, and how it helps produce greater efficiencies and better quality of care, the more we can learn how to measure the allocation of human resources.”

He’s well aware of how nursing organization impacts health-care south of the border, and he’ll take these experiences into account when focusing on the Canadian landscape. “There’s greater consistency in staffing in Canada than there is in the USA, where we see wild variations from hospital to hospital. Nurses are very expensive. They represent half of the hospital budgets, and in the U.S., playing with that percentage of your budget affects your profit margin. Health-care facilities with a professional practice model, such as UHN, have decided to get as many of the best educated nurses as possible, and keep staffing at the highest levels as possible.”

But Clarke’s research shows it’s about more than staffing with a full complement of nurses. “If you maintain the right mix of advanced and new nurses, you’ll get better results for your patients. And if you hire managers who are able to create a climate where nurses feel comfortable in using their judgment, and collaborate with each other and among disciplines, you’ll get better results for your patients.” And in the fast-paced, high-tech, ever-changing world of nursing, it’s always about better results.

With a new job and new home, Clarke is ready to forge a new direction in cardiac nursing for Canadians. Welcome back, eh. ☯



Health-care focus for RBC

Canada's largest bank has decided nursing research deserves its support, and it's an area close to the heart of Gayle Longley, director of corporate donations at the Royal Bank of Canada. "My Aunt Lil in Alberta was a nurse," says Longley, "and she became our 'in-house' health-care specialist for the whole family. This speaks to the tremendous knowledge and role nurses have in our lives."

RBC wants to help expand that role even further with its RBC chair in cardiovascular nursing research, held by Dr. Sean Clarke, at the University Health Network and Lawrence S. Bloomberg Faculty of Nursing. "This chair, together with the RBC chair in oncology nursing research, really anchored nursing as part of our health-care focus," says Longley. "We hope to encourage innovative discovery by giving this research support."

RBC injected a total of \$2.5 million into nursing research: \$1.5 million to the cardiovascular chair, matched by University of Toronto; and \$1 million to the oncology chair, matched by Princess Margaret Hospital Foundation. Longley hopes Clarke takes his cardiovascular expertise to nurses in small and rural communities around Canada, to nurses eager to glean his knowledge in cardiovascular care and enhance their skills. "Training is so important for nurses; it's something I consistently hear from them."

RBC is one of Canada's largest corporate donors, supporting a broad range of community initiatives, through donations, sponsorships and employee volunteer activities. The bank's health-care donation strategy is two-pronged: children's mental health, and nursing programs. In 2007, RBC contributed more than \$82.8 million to community causes worldwide. RBC is committed to donating at least one per cent of its average annual net income before taxes.

Dr. Sean Clarke holds the RBC chair in cardiovascular nursing research.
Dr. Doris Howell holds the RBC chair in oncology nursing research.