

PREFACE

This is the report of the Priority Expert Panel on Long-Term Care for Older Adults, one of a series of expert panels constituted by the National Center for Nursing Research (NCNR) between FY 1988 and 1992, in conjunction with the development of the National Nursing Research Agenda (NNRA).

The development of the NNRA began in January 1988 with a conference to develop broad priorities for the NCNR. Approximately 50 nurse scientists with varied areas of expertise attended this conference at the invitation of NCNR. The resulting draft priorities were subsequently reviewed and reconceptualized by the NNRA Steering Committee, a sub-committee of NCNR's National Advisory Council for Nursing Research. This committee is co-chaired by the Director of the NCNR and a member of the Council, with committee members drawn from both Council membership and NCNR senior staff.

The NNRA Committee's refinement of the broad priorities resulted in the publication of the following seven more specific NCNR priority areas: Low Birthweight--Mothers and Infants; HIV Infection--Prevention and Care; Long-Term Care for Older Adults; Symptom Management--Pain; Nursing Informatics--Enhancing Patient Care; Health Promotion for Older Children and Adolescents; and Technology Dependency Across the Lifespan¹. For each of these areas, a Priority Expert Panel (PEP) is constituted, charged to develop the priority area in depth, and asked to make recommendations for more

specific priorities. Doing so requires the panels to make very difficult choices between a number of highly important research areas within the Panel's mandated scope. To facilitate decision making by panel members, the Committee developed "Criteria for Promising Dimensions."² Priority areas should:

- Represent a major current or future health care need.
- Be on the cutting edge of science, with potential to contribute to the development of new knowledge.
- Constitute an opportunity for nursing to make a unique contribution to basic research or a unique opportunity for nursing practice research because the basic knowledge base is adequate.
- Have potential for nursing research to make a unique contribution in the resolution of a health care or system problem or phenomenon.
- Have potential to relieve a costly health care burden for patients and/or the delivery system.
- Have an adequate number of nurse-scientists available, or be promising for training.
- Be of concern to nursing while receiving minimal attention from other National Institutes of Health components or other Department of Health and Human Services agencies.

The Process used to develop the NNRA was described in an editorial in the *Journal of Professional Nursing*, entitled "Evolving clinical nursing research priorities: A national endeavor" (Hinshaw, Heinrich, & Bloch, 1988), as well as in a paper in *Applied Nursing Research*, entitled "Strategies for setting and implementing the National Center for Nursing Research priorities" (Bloch, 1990). This priority setting process, as well as the format of the resulting publications, was adapted from that used by the National Eye Institute at the National Institutes of Health (National Institutes of Health, 1983).

The NNRA report set will consist of eight volumes. Volume 1, the Steering Committee's summary report, introduces the series; Volumes 2 to 7 are the reports of the six Priority Expert Panels.

¹*Implementation of this priority has been deferred.*

²*These criteria have been revised since this set was used.*

References

Bloch, D. (1990). Strategies for setting and implementing the National Center for Nursing Research priorities. *Applied Nursing Research*, 3(1), 2-6.

Hinshaw, A.S., Heinrich, J., & Bloch, D. (1988). Evolving clinical nursing research priorities: A national endeavor. *Journal of Professional Nursing*, 4, 398, 458-459.

National Institutes of Health. (1983). *Vision research; A national plan--1983-1987* (NIH publication No. 83-2469 to 83-2476). Washington, DC: National Eye Institute.

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