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Shouldn't we all be clinical academics?

Dr Josephine M.E. Gibson PhD, RGN, FHEA

Reader in Health Services Research, School of Nursing, University of Central Lancashire

Senior Research Fellow, NIHR CLAHRC North West Coast

Jgibson4@uclan.ac.uk

"1 in 40 doctors participating in research compared to 1 in 1,000 nurses says Lord Willis." (Rafferty, 2019).

This recent tweet by the President of the Royal College of Nursing highlighted concern about the perennial lack of funding and support for nurses to pursue clinical academic careers. Although there are multiple interpretations of what 'participating in research' actually consists of, it is apparent that research activity is still undervalued and under-resourced in nursing. The development of an integrated clinical academic (ICA) career pathway in nursing in the past decade has been underpinned by the growing academisation and research culture of both nursing education and clinical practice, highlighted in the Willis Report (Health Education England, 2015). All newly registered nurses in the UK, as in most countries, are now graduates, increasing numbers of nurses hold postgraduate degrees, and the NHS clinical nursing career path explicitly requires engagement in research by senior (consultant) practitioners. Despite this, there are many potential barriers to the

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introduction of ICA nursing careers which need to be overcome if the potential of nursing as a research-based profession is to be maximised.

At present, nurses and midwives are grossly underrepresented in the National Institute for Health Research (NIHR) ICA fellowship scheme in nursing, midwifery, and the allied health professions (NMAHPs). Current award holders include only 53 nurses and midwives compared to 126 AHPs (NIHR, 2019) which is disproportionate to the nearly 700,000 practitioners on the Nursing and Midwifery Council (NMC) register and 360,000 on the Health and Care Professions Council register. This low take-up has been flagged as a concern by the NIHR itself (2017).

Research and clinical practice make competing demands on the practitioner's time and expertise, and the need for professional credibility in 'multiple arenas', noted by both UK and Australian nurse academics (Logan et al 2015), can be a barrier to advancement in academic life. If academic appointments and promotion are based mainly on traditional research metrics such as grant funding and peer-reviewed publications, clinical academic nurses will be disadvantaged compared to their peers pursuing full-time research careers unless higher education institutions also explicitly recognise, appraise and value the synergy between clinical expertise and research. It can also be difficult for nurses in higher education teaching posts to participate in research as well as practice. Nurse educators in both the UK and USA, particularly those who are practice-based, face barriers in teaching evidence-based nursing (Upton et al., 2015), and the role of clinical academics in teaching, particularly at undergraduate level, is also underdeveloped. While the recently overhauled NMC proficiencies (2018) state that newly registered nurses must be able to 'critically analyse, safely use, share and apply research findings', they are silent on the topic of future practitioners actually learning to conduct research. Likewise, the World Health Organisation's global nursing strategy mentions evidence-based practice, but competence in 'evidence generation' is deemed relevant only to nursing leaders (WHO, 2016). We need, instead, to aim for the next generation of nurses to be taught by great clinicians who have excellent teaching skills and are also active researchers. In our

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efforts to do this, rather than slavishly trying to copy the long-established medical ICA model, we could perhaps also learn from a wider range of practice-based disciplines across the arts and applied sciences.

Many nurses with the word 'research' in their job title are clinical research nurses (CRNs) whose primary role is the research delivery and clinical nursing support of large scale, complex clinical trials which are usually led by medical practitioners. This demands extensive understanding of research methods, yet the role is sometimes viewed negatively even within the nursing profession. As a Director of Nursing in a recent report on the CRN role said, 'Medical research uses nurses as odd-jobs for their own studies and our research team here are doing just that. No-one knows what they do' (Whitehouse and Smith, 2018). It is not surprising therefore that CRNs are not often able to expand upon their skills in the day-to-day running of research projects, in order to actively collaborate in studies which will make a contribution to nursing's body of knowledge, or to develop as an independent researcher leading their own studies. The unique blend of clinical knowledge and research skills possessed by CRNs is a largely untapped resource. A core role of the CRN should be the pursuit of their own research, via higher degree study, or via collaboration or leadership in nursing-led research.

The promotion of the clinical academic career pathway in nursing is often presented as a discrete career option, as it is in medicine, with the implication that the vast majority of nurses will not take this route. Yet the perennial lack of research engagement in medicine itself - with only one in 40 doctors 'participating in research' – is associated with profound delays in the implementation of research findings, and shortages of research engagement in some specialties such as primary care and emergency medicine. The nursing profession might be wise not to try to emulate the medical clinical academic career model too closely, and instead, to develop a culture where research is a transformative ingredient rather than the 'cherry on the cake' of nursing practice. Indeed, one UK hospital has recently included a requirement to be research active into all its nurses' job

descriptions, with the aim that the profession should publish as much as their medical counterparts (Mitchell, 2019). Comprehensive strategies for broader types of engagement in nursing research, such as implementation of research evidence into practice, collaboration, and contributing to the nursing research agenda, must be developed in parallel with support for those who wish to undertake doctoral and post-doctoral research and to progress to be principal investigators. Other flexible career models such as sequential practice in clinical work and research, rather than simply aping the medical model of simultaneous research and clinical practice, should also be trialled and recognised. A nurse's understanding of clinical practice issues does not leave them on the day they hang up their nurse's uniform to take up a research post; nor is the knowledge and insight gained from conducting research lost if they then move back to full-time clinical practice.

Nursing has long since moved away from a purely biomedical model of practice. It is now time for us to diverge from the medical template of a clinical academic career pathway to develop our own ways of working. These must span clinical, research and teaching roles, so that all nurses can continually question how their clinical background, experience and expertise informs their research and teaching - and vice versa.

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