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## Nursing research: on the brink of a slippery slope

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## **Guest Editorial: Nursing research: on the brink of a slippery slope**

It is a given that research can generate empirical evidence, which can underpin professional practice and policy formulation. It is also accepted that nursing as a profession, in the true sense of the word, requires a body of knowledge pertaining to its craft – art and science - in the broadest sense. We could push this a little further and state that researchers should ensure that their work is of high quality, impactful and that they are not simply conducting research for research' sake.

While a good deal of research has been typified by small-scale projects conducted in a single setting by a lone researcher with limited (or no) experience, time, funding or support, nursing research has advanced significantly. Over the past fifty years, nursing research projects have increased in number, they have a greater theoretical orientation, show increased methodological sophistication and diversity and are more clinically focused and collaborative. Internationally, this is evidenced by nurse researchers performing very well in national research assessment exercises. It is also reflective of nurse researchers leading or being key members of interdisciplinary research teams, capturing grant income from prestigious bodies and building research capacity and capability through increasing the number of doctoral-prepared colleagues.

All this is laudable and should be celebrated. However, the basis for this editorial is our growing sense of unease that nursing research in some countries may have reached a plateau, and its future is threatened.

### **Sliding standards**

Research excellence follows well established and recognised standards. These include strategic collaborations, originality, methodological rigour, ethical conduct,

significance of the findings, impact on the field, publication in reputable journals and peer recognition. Our view is that in some countries, these standards are being relaxed or ignored in nursing. In the past it was often impossible to obtain a head of school or dean position in a university nursing school without having a strong research and teaching track record. Similarly, it was virtually impossible to become a full professor or achieve tenure without such a profile. These academic nurse leaders were good role models for early career staff, demonstrating that nursing schools at their best were places where knowledge was generated, challenged, tested as well as being taught and applied. Indeed, "...it is inconceivable that anyone in any university nursing department could join the academic staff without a research doctorate. This includes the United States, Australia, China, South-East Asia and some parts of Europe" (Watson et al., 2021: p.1349).

However, we believe a distinct change is occurring, linked, among other things, to the severe scarcity of nurses worldwide. Howard Catton, CEO of the International Council of Nurses, called the worldwide shortage of nurses a "global health emergency" (Cullinan, 2023). One example is from the UK, where the NHS Long Term Workforce Plan (NHS, 2023) calls for an increase in training places by 92% to over 44,000 by 2028/29. The result is that schools of nursing are being asked to teach an increasing number of students, with some moving to two intakes of several hundred students each year.

The funding that accompanies these larger intakes is attractive to cash-strapped universities. Vice chancellors and presidents argued that many universities are heading for financial crises (Morgan and Havergal, 2024). However, nurse education represents a steady, sustainable and, in many cases, growing income source, a portion (often significant) of which may be redirected by university

managers to support other subjects that do not 'wash their face financially'. If nursing schools can add to this income stream by bringing in international students with inflated fees, so much the better. It is little wonder that nursing has been described as a 'cash cow' for universities (Darbyshire et al., 2020). An obvious question is how can nurse academics be research active when they have to expend an increasing amount of time teaching and assessing larger cohorts of students, supporting them on clinical placements and offering enhanced pastoral support to ensure that the dropout rate is as low as possible.

Aligned to this, there is talk of teaching only universities and in recent years there has been an increase in teaching only contracts for academic staff and routes to promotion that specifically reward teaching and student support. In the UK, between 2012/13 and 2019/20, teaching-only contracts generally increased by more than two-fold for part-time permanent positions, growing from 8,160 to 18,165, and almost two-fold for full-time permanent contracts, growing from 11,430 to 21,045 (Baker, 2021).

For nursing, the outcome has been an increase in the number of UK professors, heads of school and deans who have been promoted mainly or solely on their teaching and administration prowess, and on the income their school has generated for their universities. Watson et al (2016) found that some UK professors have been promoted with no publications, a key criterion of research excellence alluded to above. This promotes the view that if the boss does not appear to value research, why should students and early career staff.

While teaching excellence and student support are crucially important in schools of nursing, we see the decreased emphasis on research as damaging, not

least in providing a body of impactful knowledge to underpin professional practice. As external examiners or reviewers, we have worked with nursing schools in many countries. We have often noted very large intakes of students requiring large numbers of academic staff, most of whom are not research active. We also note that these schools are turning away doctoral students, and ignoring research funding calls and collaborations, simply because there is no capacity or capability to support research of the requisite quality. Even in the so-called research-intensive universities, the research foci of nursing staff are often based on a variety of individual interests, probably stemming from their clinical specialty or their doctorate, rather than on group themes that will attract funding and create a critical mass of impactful investigators.

### **Curricula changes**

This has not been helped by changes to undergraduate nursing curricula, where the science of nursing, represented by research and theory, has all but disappeared, replaced by the ubiquitous module on 'evidence based practice', which focuses on imparting existing evidence, rather than generating or testing evidence. In addition, there has also been a move away from undergraduate nurses collecting data for their capstone module or their final year dissertation. Masters' students too, seldom get their hands 'dirty with data'; in many cases research theses have been replaced by literature reviews.

Reflecting on these trends, we wonder where potential PhD students and future research leaders in nursing get training and experience using diverse research methodologies and skills in the collection and analysis of data. Added to this, newly qualified nurses who have a predilection for conducting research are often advised to

get a few years' clinical practice behind them before embarking on postgraduate study – but life and clinical salaries intervene and many never realise their doctoral or research ambitions.

### **Salary slippage**

This brings us to the salary issue. In many countries, it is well documented that nursing practice pays better than academia, especially when it comes to clinical specialist and advanced nursing roles. This has contributed to a global shortage and 'greying' of the university nursing faculty (Nardi and Gyurko, 2013) and a situation where it is almost impossible to get a reasonable cohort of applicants for academic positions, including professorships. The adage that '*a good vacancy is better than a bad appointment*' has been replaced in many instances with '*keeping a vacancy is not an option, our students need teachers*'. We also note a trend where nurses who do not have doctorates are being recruited to lectureships in nursing schools (Watson et al 2021) and, in rarer instances, the appointment of staff with only undergraduate degrees. This is a worrying phenomenon, and one rarely, if ever, seen in other university disciplines.

### **Research retreating**

Specifically in the UK some of these trends were evident in the most recent research assessment exercise, referred to as the Research Excellence Framework (Research England, 2021). Its rules mandated that those staff who had teaching and research in their employment contracts should have their work submitted to REF for assessment of its quality by expert panels. For most disciplines, this meant 100% of eligible staff: however, for the expert panel that included nursing, the average return rate of eligible staff with research in their contracts was 47% and was as low as 5%

for one university (Research England, 2022). One obvious interpretation of this is that most of those staff members whose job description includes research have not been given the time or support to be research active (Thompson and McKenna, 2022). In the same panel, there was a reduction in the number of early career researchers compared to that seen in the previous REF2014 submission; yet another indicator of a lessening in research capacity.

### **International indicators**

It is a given that the amount and quality of nursing research is mainly determined by the amount and quality of research funding. This was seen as the main challenge facing nurse researchers in a study of eleven countries across the six WHO Regions (Kim et al., 2022). In all the regions, nurses often had to apply for research funding in a hyper-competitive environment reflecting an unsupportive research culture (McKenna, 2023). Uniquely, the USA has a dedicated annual funding stream for nursing research of approximately \$200M, allocated through the National Institute of Nursing Research (NINR). While this is laudable and the envy of nurse researchers in other countries, it is notable that the NINR's funding level remains close to the bottom of the 27 research institutes in the National Institutes of Health.

In the other ten countries, several trends were observed. One was the lack of ring-fenced research funding for nursing, even though it is the largest health profession in the six WHO regions, having the most contact with patients. Another was the finding that grants captured by nurse researchers are small in number and amount. Yet another is the preference that many grant awarding bodies have for mainly funding the so called 'gold standard' randomised controlled trial (RCT) even though some of the most important questions for clinical nursing cannot be

addressed by an RCT, and the 'gold standard' may in fact be a qualitative or mixed method design.

### **Doctoral data**

In the same study (Kim et al., 2022), data were collected on nurse doctoral programmes. Most of the countries in the six WHO regions had an absence of available doctoral fellowships and scarce supervisory capacity. In addition, many nurses were self-funding and undertaking their PhD part time, after raising a family and/or having had a clinical career. When they eventually complete their doctorate, the amount of time they can spend building a research profile, a research team and a research career is limited or negligible.

In several countries there is a move to providing Doctorate of Nursing Practice degrees. The DNP prepares nurses for clinical leadership positions and so few DNP graduates take on academic roles in universities. Between 2007 and 2019, the number of PhD programs in the United States increased from 113 to 135 (a 19% increase), whereas the DNP programs grew from 53 to 357 (a 573% increase) (Kim et al., 2022). One outcome of this is that PhD supervision capacity has decreased because academic staff are spending an increased amount of time teaching and supporting large numbers of DNP students. This further undermines nursing research capacity and is not helped by the fact that in US States such as California, it is illegal for doctorally-prepared nurses to call themselves 'doctor'. Other States like Georgia and Florida are in the process of designing similar legislation (Taylor, 2023).

### **Hope heralds**



All is not lost however, and we note in some countries, mainly in Scandinavia and Asia, that there remains a culture where university schools of nursing are environments where research evidence is generated, challenged, tested as well as being taught. In Australia too, we note nursing research excellence (McKenna et al, 2017). In these countries we see that teaching and research skills are highly regarded and rewarded. Nursing schools there would never think of interviewing, let alone employing, academic staff without a PhD and a research track record. The emphasis is on developing future nurse leaders in research, teaching and clinical practice. This is not unique to nursing and they are outperforming the UK, US and mainland European countries in university league tables, research productivity, and citations indices.

At this point in an editorial, we would come up with solutions and recommendation to reverse the above trends. However, this is not easy without changes in curricula, in university management, in government policy and funding and in professional bodies' strategies. Without such interventions, the never-ending downward spiral will continue with more people requiring evidence informed nursing care, a severe shortage of nurses to meet this need, increased intakes of nursing students, increased appointments of teaching-focused staff, heavy teaching and administrative loads, reduced support for and time to do research and a decrease in the amount of available evidence to inform nursing care.

Despite this, there are glimmers of hope and opportunities to try to slow down, indeed possibly halt, these trends and improve and strengthen the presence and influence of research in nursing (Clark and Thompson, 2019). These include acknowledging the vital roles of: registered nurses as a bridge between practice and research; nursing students as the foundation of the profession and the role they play

in its relationship with research; nursing research educators in ensuring teaching about research is stimulating and enjoyable and instilling a sense of intellectual and practical curiosity in students and nurses; and nurse managers encouraging, supporting and promoting nursing research (Clark and Thompson, 2019).

A key challenge is identifying, appointing and supporting deans and heads of nursing schools who are nurse scholars and who value, embrace and support nursing research and inculcate the organisation and profession with an ethos of scholarship, who take a long view and set the culture and climate around research, education and practice, who have the courage to challenge university bureaucrats and others who seek to dilute or remove research from the curriculum and/or departments, and who nurture, empower and mentor the next generation of nurses (Darbyshire et al., 2018, 2019).

A multifaceted approach to address the issues outlined includes attracting and supporting talented nurses towards a PhD, mentoring early and mid-career researchers, leveraging clinical-academic partnerships, and initiating post-doctoral career pathways (McKenna, 2021, Ryder et al., 2022). However, there is a dearth of PhD-prepared faculty to mentor and supervise nurse academics and students and appealing and innovative ways are needed to entice, stimulate, guide and support them, such as developing networks, forming partnerships and forging alliances with nursing and interdisciplinary teams to design, conduct, write up and disseminate their research (Snethen, 2023).

Nursing research is in real danger of teetering on the brink of a slippery slope and there is an urgent need to redouble efforts to prevent it from happening. If we are to preserve and develop nursing as a patient-centred profession we need to

begin to fully embrace the scholarship of nursing, value, drive and invest in nursing research and lobby for support, including recognition, funding and resources. We have a moral and professional responsibility to protect and develop nursing research if nursing is to assure the health of the public whom it professes to serve.

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