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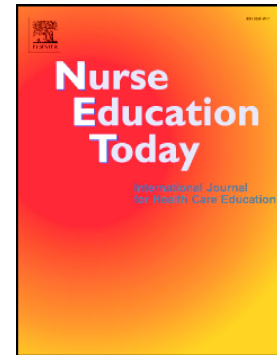


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I want it all and I want it now. Challenging the traditional nursing academic paradigm

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**I want it all and I want it now.**

**Challenging the traditional nursing academic paradigm.**

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**I want it all and I want it now.****Challenging the traditional nursing academic paradigm.**

A recent Twitter chat facilitated by the @NurseEducToday social media team provoked a particularly strong reaction among a range of contributors. The focus of the discussion – expectations of the nurse academic – resulted in a high level of engagement from several participants who clearly held strong views, which were surprisingly polarised. Here we explore aspects of this polarization; and what it might mean for nurses working in academia. Our aim is to reflect on what this dialogue might tell us about current thinking in the profession, specifically around how nurse academics see themselves, what they expect from self and others, and what they are prepared to do to meet these, often, self-generated expectations. This is a very important discussion, particularly in view of critical shortages and international concerns about the sustainability of the academic nursing workforce (McDermid, Mannix, Jackson, Daly, & Peters, 2018).

Although not unique, nurse academics are often very different from their colleagues in other disciplines. Where others enter academia usually at a younger age and most often with a doctoral level qualification; in many parts of the world, the traditional route into nurse education is a form of ‘apprenticeship’ that encourages and values significant clinical experience, often gained over many years that then provides a route into the university.

Once through the academic institution’s doors nurses swap the certainties of practice for a world in which success is measured in terms of teaching excellence, research output, grant income and competence in academic administration. There is often an expectation that the new academic will maintain some link with clinical practice – this might range from direct patient contact, to occasional visits to the practice area to support staff and students. Finally, it is also likely that the new academic will be expected to meet these outcomes while also studying for a PhD (Jackson, Peters, Andrew, Salamonson, & Halcomb, 2011) and completing some form of postgraduate teaching qualification.

The movement of nursing into the academy has created a demand for a new academic nursing workforce. In addition to expert nursing knowledge, this new academic workforce has a number of specific requirements and responsibilities. First, a doctoral qualification will be required. Second, the nurse academic will need to contribute to the science underpinning nursing in ways that are measurable and visible (such as through peer reviewed publications). Third, they will need to help ensure that nursing continues to meet its social mandate to provide optimal health care to the communities we serve. Fourth, they will have to engage

competently and productively in research and scholarly activities. Fifth, they will be required to participate in the range of learning and teaching activities that support and develop the undergraduate and graduate nursing curricula and the wider profession. Without doubt, all of these things are important, but taken individually and as a whole, they present a significant challenge in relation to time management, career progression, research training, and teaching and learning expertise. These challenges may be particularly acute at the start of a new nursing academic's career.

The move from practice to academia has been recognized as being difficult (McDermid, Peters, Daly, & Jackson, 2016; Wyllie, Levett-Jones, DiGiacomo, & Davidson, 2019). Drawing on metaphor, Anderson (2009) described those moving from practice as mermaids, with some 'treading water' and others 'drowning' in the sea of academia. With over 60 years of academic experience between us, gained across multiple universities in several countries, we can identify with these feelings. To date, we have certainly survived and even thrived, but there are still times when we feel overwhelmed by the weight of expectations associated with such a challenging and complex (albeit enjoyable, stimulating and rewarding) role. We were interested then in the way in which contributors to our Twitter discussion framed this tension between expectation and capacity to deliver in their academic role.

Several of those who participated in our discussion posted tweets that took a very clear position on the importance of nursing academics being competent in the domains of research, clinical, education and engagement with practice. For example:

*“Without nurse academics being embedded within clinical practice, research, education and clinical management - our profession will not be able to confidently, but more importantly knowledgeably, challenge and advocate when required. In the current climate - this is so needed”*

Undeniably, there is a need to *ensure* academic nursing and nurse academics are active and engaged across each of these areas. We need; however, to consider carefully how we can do this and whether it is realistic and achievable for individual academic nurses to work competently across *all* these areas, or if we need to develop different and flexible models of academic practice that include academic clinical pathways and pathways for nursing researchers and scientists. The reality is that individual nursing academics are placed under enormous pressure, and potentially set up to fail, if the dominant discourses that

demand every nurse academic excels in every area of academic life continues to prevail. One tweeter who discloses a great deal of experience in clinical and academic nursing reflected:

*“I think this is sometimes part of the problem; expecting and trying to do everything. It isn't possible. To be a successful academic it really needs to take up 80% of your time.*

The need to traverse the clinical and the academic realms of nursing successfully continues to present challenges for colleagues in many locations. While there are pockets of excellence in blending clinical and academic work, many people inside and outside of nursing look to other disciplines for models that could potentially serve nursing better than current models. In referring to the need to combine the clinical with the academic, one tweeter commented:

*“I think we can, and must, combine the roles. Other health professions do it, particularly medicine. We need to look how our systems do not support it and change these. It would not be for everyone but it needs to be a sustainable option”.*

While we agree that medicine has combined clinical, research and academic roles very successfully, nursing is not medicine. Nursing does not have the same funding or education models, the same workload allocation models, and importantly it does not face the same challenges that nursing and nursing academia face. For example, medicine has much smaller numbers of students, less diversity in learners, more resources, more qualified faculty, well-established models for incorporating clinical work into day-to-day workload, and often academics who work in the medicine faculty are awarded a monetary clinical loading. Nursing is in a very different position, and so nurse academics need to forge and develop their own unique identity and role, and celebrate the important contribution they make to patient care and patient safety, rather than using medicine as a model for their practice.

Some tweeters did reflect the tensions they faced in the transition into academia, and how they feel academia devalues clinical practice and privileges research and the impact of this on their role development and progression.

*“Entered academia 11 years ago with >20 years clinical Midwifery experience. It counts for NOTHING when it comes to tenure or promotion. Neither does maintaining clinical competence. Only thing that matters is research.”*

Many will no doubt recognise this view, and we speculate with some confidence, that it is heard in offices across the sector on a regular basis, and perhaps it is time to consider how we

may address it. Unless we do, it may continue to eat away at personal motivation, and in doing so foster frustration. This frustration will then affect career progression, recruitment, and retention of future nursing academics.

One possible route to providing the support that many feel they need is via mentorship by an experienced colleague. A good mentor can support, guide, encourage and provide opportunity to the novice. Yet for some new academics, finding a mentor can be difficult and confusing with one tweeter commenting:

*“It’s hard to find inspirational and aspirational mentors though”*

The reasons for this are unclear, but despite the willingness to mentor (Jackson et al., 2015), there is some evidence that more experienced nurse academics are under a lot of pressure (Peters, Jackson, Andrew, Halcomb, & Salamonson, 2011), and so may not necessarily have the energy or time to mentor newcomers to the academic environment. This can create an imbalance between the need for and the availability of skilled mentoring. However, despite the challenges, the role of mentorship in developing new nursing academics has been recognized as important (Jackson et al., 2015). Both new and experienced academics need access to research, learning and teaching, and professional mentors if they are to transition successfully into the complex world of academia. Yet this role and relationship has not yet been consistently translated into nursing academic workspaces. While there are some very successful models in place, these are patchy, and even where some form of mentoring exists, mentor relationships not formalized or clearly structured. Without clear support and mentorship new nursing academics will continue to flounder and fail in the belief that they need to be all things to all people – that is: clinically competent, research active and productive, expert in learning and teaching, and making meaningful, positive and measurable contributions to the profession.

In addition to mentoring, strong and effective academic leadership is crucial if we are to create environments for nurses to thrive as they enter academic life (Halcomb et al., 2016). Currently there are workforce concerns for academic nurses and we are seeing increasing casualisation of the academic nursing workforce in some parts of the world (Halcomb, Andrew, Peters, Salamonson, & Jackson, 2010). This increasing casualisation generates numerous new issues for nurse education in terms of quality and consistency (Salamonson, Halcomb, Andrew, Peters, & Jackson, 2010), and also means we have

numbers of people entering academic nursing through non-traditional routes who may not have clear understandings of academic life, or what it means to be an academic.

Clearly, many factors influence the development and sustainability of the academic workforce in nursing. It is so important we take the time to consider, reflect and discuss. On reflection, we take the view that if we are to build a sustainable academic workforce for the future, we must reject archaic notions of 'sink or swim' - sometimes reframed as resilience building. Training, empathy and understanding for new nursing academics and the capacity to be able to offer significant support, assistance and space for their continued development is paramount.

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