Clinical academic careers: embracing the art and science of nursing


Abigail Masterson

Liz Robb

Abstract
Clinical academics make a unique contribution to health research and scholarship by undertaking practice-focused research that offers direct benefits to patient care. The Florence Nightingale Foundation supports the development of research skills in nursing and midwifery through its scholarships and by establishing a network of chairs in clinical nursing practice research. The Florence Nightingale Foundation also provides leadership scholarships to deans and aspiring deans of university faculties of health. It is from these perspectives that the case is made for investment in clinical academic roles and the development of career pathways that embrace the art and science of nursing.

Keywords
careers, clinical academic careers, Florence Nightingale Foundation, professional development, research

CLINICAL ACADEMICS UNDERTAKE high-quality research that can be ‘translated at the point of care to facilitate improvement’ (Department of Health 2012), and have a central role in the dissemination of best practice and innovation. Therefore, developing and sustaining clinical academic roles is essential to enhance patient care and the productivity of services. The Florence Nightingale Foundation supports the development of research skills in nursing and midwifery through its scholarships and network of chairs in clinical nursing practice research.

Learning from the past
Biley (2005) stated that, to understand the present, people need first to look at the past. Florence Nightingale is commonly credited as being the first nursing theorist and the founder of modern nursing (Snowden et al 2014). Her views on nursing as an art are encapsulated in a quote taken from her tribute to an unnamed nurse: ‘Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter’s or sculptor’s work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.’ (Nightingale 1871).

In terms of science, Florence Nightingale was a pioneer in the development of survey instruments and in the graphical presentation of data. She used statistical knowledge to improve nursing practice and to petition for change in public policy. McDonald (2001, 2015) concluded that Florence Nightingale’s writings and her practice as an ‘impassioned statistician’ and in quality improvement, demonstrate her conviction that nursing is both an art and a science, and the enhancement of nursing practice requires insights from both.

In the second half of the 20th century, there was much interest in the development and categorisation of a unique knowledge base for nursing, particularly in North America (Alligood 2014). More recently, both in the UK and internationally, the development of an evidence base in nursing has encouraged an emphasis on science (Straus et al 2010), perhaps at the expense of...
attention to the art of nursing. In the 1980s and 1990s, more time was spent debating whether nursing was an art or a science (Conway 1994) than in accepting that both aspects are essential and investing in the development of both to benefit nursing. Historically, career structures and pathways in research and academia have often meant that nurses interested in pursuing careers in research have had to move away from the ‘bedside’ into full-time university roles. This has made it difficult for nurses to remain active in clinical practice and connected to direct patient care.

The importance of developing clinical academic roles in nursing and midwifery has been a priority for these professions since the 1990s, and several models of development have emerged. The UK government and many charities offer a variety of doctoral and research training awards, scholarships, fellowships and grants for clinical healthcare professionals who wish to develop careers that combine research with continuing clinical practice. Those who fund these awards have high expectations of the effects of the investment and of individual postholders. For example, the Department of Health (2012) expects the clinical academics it funds to be able to demonstrate that they have had an effect on the generation and translation of high-quality research at the point of care, and that this has resulted in improvements in patient care and the productivity of services. However, once trained as clinical academics, clinical academic posts are scarce. The Florence Nightingale Foundation chairs in clinical practice research are an example of such roles, and the main features of these positions are shown in Box 1.

Clinical academic nursing, midwifery and allied health professionals make up 0.1% of the workforce (The Association of UK University Hospitals 2013). Most of the existing posts are developed as a result of efforts by individuals, rather than strategic workforce planning decisions. Consequently, even when nurses and midwives have been successful in accessing fellowships to support their development as researchers, they often have to return to full-time clinical or academic roles and lose the opportunity to use their skills in practice-focused research. The Council of Deans (2013) and The Association of UK University Hospitals (2013) have identified a need for a robust system of clinical academic career mentorship and a resourced community of practice to support those engaged in clinical academic careers.

It is necessary to generate clinical academic roles and sustainable career opportunities to enable practitioners to develop and maintain their clinical skills – their ‘art’ – while becoming proficient researchers and scientists.

Looking to the future

The authors’ analysis of the literature and the professional and policy context, along with their experience of establishing chairs in clinical nursing practice, developing research capacity by awarding research scholarships to nurses and midwives at all stages of their careers, and supporting the leadership development of deans and aspiring deans, suggest that integrated, coordinated and sustained investment in the art and science of nursing is required at all levels of the nursing and midwifery professions.

Although much has been achieved through the focus on the development of the science of nursing, the fundamental clinical skills and aspects of practice, such as care, compassion and clinical judgement – often characterised as the art of nursing – also require rigorous exploration and investigation. To achieve this, it is necessary for competent and inquiring nurses and midwives to be supported and nurtured.

BOX 1. Role of the Florence Nightingale Foundation chairs in clinical practice research

» Being clinically credible and a role model in practice.
» Having a role in developing research capacity and capability in the clinical and academic setting.
» Developing, leading and publishing a programme of clinical academic research nationally and internationally.
» Acting as an ambassador for the Florence Nightingale Foundation and collaborating with other Florence Nightingale Foundation chairs in leading research nationally.
in their development throughout their careers to generate the evidence required to support practice and benefit patient care. Future career structures and pathways should enable clinical academics in nursing and midwifery to harness their personal knowledge and experience, their nursing knowledge and experience and their research expertise for the benefit of patients.

Attention to research is also required in clinical practice. It is increasingly recognised that if nurses and midwives are research-aware, patient outcomes and experience are improved, which results in improved clinical decision-making and effective use of resources (Lode et al 2015). Nurses and midwives in clinical practice are in constant contact with patients and service users, and therefore have significant potential as ambassadors for clinical research. Consequently, in addition to attending to the development of clinical academics, attention needs to be given to increasing research awareness in the workforce to ensure all nurses and midwives are research-aware. This will require investment in those involved in care delivery. It is only relatively recently that nurse and midwife education has been at degree level in the UK. Many nurses and midwives have received little education in research and much nursing and midwifery practice is not yet evidence based. However, there is currently no investment in developing research awareness in clinical practice staff, who make up most of the nursing and midwifery workforce.

Conclusion
Learning from the past and looking to the future, it is evident that significant investment in support and pathways from pre-registration preparation through to clinical chairs are required for the nursing and midwifery profession to embrace and sustain the development of its art as well as its science. This support needs to include dedicated funding, together with the development of new roles that combine research with practice and support practitioners to develop their competence in clinical practice alongside their academic skills. This will also require attention to the clinical support infrastructure to enable practitioners to access appropriate mentorship in practice and academia.

Investment in cross-organisational initiatives, such as action learning sets, development of communities of practice and leadership development, are required to support individuals’ personal and professional development and to foster their resilience. In this way, by better aligning the art of nursing with the science of nursing, clinical academic careers will support the generation and development of research that has positive effects for patients, families and communities.

The second article in the series, on working in partnership with patients and carers, will be published in the 7th December issue of Nursing Standard.

References