

GUEST EDITORIAL - Dr Sally Borbasi, RN, PhD, Australia, and Kate Caelli, RN, RM, PhD, Canada

NURSING'S ACADEMIC FUTURE IN AUSTRALIA: IS IT DEPENDENT ON SETTING A NATIONAL NURSING RESEARCH AGENDA?

Sally Borbasi argues it does

Recently the Australian Council of Deans held a commemorative dinner to celebrate 20 years since the education of all registered nurses was transferred to the higher education sector in Australia. While there is a lot to be celebrated in our achievements, we must guard against complacency.

In such uncertain times it would be unwise to assume nursing's place in the academy is guaranteed. Ask yourself, what are the cornerstones of academic endeavour? You would agree they are teaching, research and scholarship. Teaching, of course, we are good at - if you consider how many hours the average nursing academic spends in the classroom, or on the wards teaching, it will amount to plenty. More especially, consider the hours spent preparing new topics for new curricula! But what about the other half of the equation: the R&D? Have we spent the equivalent time and effort in research and scholarship? Is nursing up to par with other disciplines in the research stakes, and how would we fare, for example, in any research assessment exercise?

Headlines on the front page of the *Sydney Morning Herald* on 9 June last year stated 'Top uni dumps nurse training'. More recent headlines this time in *The Australian* Higher Education Supplement assert 'sterile nursing schools limit research' and the author goes on to propose the move to university education has been largely geographical that there is a dearth of research and scholarship in many schools of nursing (Russell 2004, p.32). There is even a suggestion that due to its lack of emphasis on developing quality research programs, nursing should not be located within the university sector! Perhaps it was that the University of Sydney harboured similar sentiments! Consider too, while it reviews the requirement that all universities undertake research as well as teaching, the Australian Government is currently making moves to significantly liberalise higher education. Its research quality framework initiative is already underway and 1 July - when the Government takes control of the Senate - is looming. For nursing, which is not yet fully established as a research oriented discipline, what will it mean for our place in academe? As we sit here celebrating our 20th anniversary, can we be sure there will be a 40th?

If ever the time was right for nursing to take a long hard look at its R&D agenda - and most importantly *set it* - I believe it is now. There is an urgent need for a

nationally coordinated approach to developing and implementing research policy and this should be brought about by a strong and cohesive group of academic and clinical nursing professionals. This venture would be founded on three components:

1. The establishment of an Australian Institute of Nursing Research (AINR) to clarify our research objectives and enhance collaboration and coordination of nursing's research agenda.
2. The compilation of a comprehensive profile/database of existing nursing research.
3. The development of a set of national nursing research priorities.

To cement our place in the academy, nursing has to demonstrate it is serious about ensuring maximum outcomes for the Australian public. Articulating nursing's research agenda through a powerful national body (plus its advisory council); identifying existing areas of research strength and setting national nursing research priority areas and programs to promote the implementation of research findings are strategic approaches to assist this endeavour. The aim would be to build communities of scholars that include clinicians, academics and higher degree students around programs of (multidisciplinary) research in priority areas who would have the capacity to respond quickly to research opportunities, build track records and network internationally.

To do this successfully, however, we have to look to the future as a united front. We have a much greater chance of influencing the nation's health agenda and ultimately the health of its constituents as a collective. One final word to the lingering skeptics among you, if we do this right, it need not be exclusive/divisive nor will it deny investigator driven research.

REFERENCE

Russell, S. 2004. Sterile nursing schools limit research. *The Australian*. Higher Education Supplement. November 24:32.

Kate Caelli, RN, RM, PhD, argues it doesn't

The assertions thus far infer that nursing will not be able to maintain its place within universities unless the research agenda is controlled, that nursing is somehow at risk. But is it? Nursing practice has become

increasingly more complex and its practices more expert. There is little research evidence to support a return to a hospital-based or TAFE (technical college) style of nursing education, and much evidence that shows clearly that the more educated the nurses, the better the outcomes for patients in their care. Nor is it the case that Australian nursing does not have a strong and vital research culture, whatever some detractors might claim. What is the case is that competing for research monies implies rivalry, antagonism, challenge, opposition and contention, a situation that calls into question any allegations against the nursing research culture.

I do *not* argue against the establishment of a set of guiding principles for nursing research nationally. In fact, the identification of key research areas is part of the role of discipline committees within funding bodies. However, an agenda is *not* a set of principles or guidelines, nor is it a filter for what can be funded. An agenda is a program, a schedule, a plan, or set of items to be addressed. Thus, setting a nursing research agenda would, of necessity, mean that some things would be included and others excluded. The separatist nature of such an agenda is hotly denied by its advocates, but the reality is that even an elected group of nurse researchers would not be able to include all the possible research ideas and approaches necessary for it to be fully inclusive. Nursing practice varies extraordinarily widely, and one practice-based research question can have little meaning to someone based in another type of practice altogether.

The most common solution to heavy teaching loads in high-content university programs, where teaching impacts research outcomes, is to 'divide and conquer'; many disciplines employ this strategy. Disciplines like engineering, medicine, psychology, and computer science, to name just a few, employ an unwritten policy of graded appointments; some focused heavily toward research with a minor teaching component, and some the reverse. Unquestionably, this strategy fits well with the notion of academic freedom, and has been successful. The reasons

behind nursing's failure to propose this commonly used and less divisive solution are a mystery to me. It is true that those appointments with a predominantly teaching focus do not generally reach the status of full professor, however it is also the case that not every academic ardently wants to be a researcher, or to take on the responsibility of professorial status either.

Hitler showed us that a set research agenda is a dangerous and unpredictable thing. His regime caused the research agenda in WWII Germany to be re-focused entirely toward achieving war readiness. *En masse*, scientists were diverted from current work and redirected towards the agenda. In the process, a number of abstract, highly experimental research efforts were abandoned. At the time, a German company, Telefunken, led the world in radar developments. Germany abandoned work on abstract calculations about radar and focused their efforts entirely on refining ship radar. Robert Watson-Watt, a Scottish scientist, continued the abstract work and, using ideas about frequency initiated in Germany during a visit to Telefunken in the mid 1930s, got the Doppler radar system to work. The Doppler radar system is credited for the Allied victory in WWII! The moral of this story - a set research agenda can exclude the very things you most want and need to know!

Abraham Lincoln's assertion that 'a house divided cannot stand' has been a well-accepted axiom for almost 150 years. A set research agenda is a divisive tactic that will cause alienation and division among nurse academics. Giving people a choice is always a better option than division or force. Creating an agenda for nursing research will do little to advance the cause of nursing research, and may, in fact, discourage new and exciting research ideas even more than heavy teaching loads have managed to do. Controlling the creative mind should not be an option. Indeed, it would be totally unacceptable in any other discipline. Nurturing nursing's creative minds via a reduction in teaching loads is the only proven way forward to increase research outcomes.