

UoA 10 – Nursing

Overall assessment of the sector

Summary

Positive points

- 20% increase in the number of submissions from 36 to 43
- improvement in number and proportion of submissions gaining a grade 4 or higher from 3 to 10 (8% to 23%); and with an improvement in the lower grades away from grades 1 and 2
- increase in the number of staff submitted
- improvement in the number of higher degrees awarded and in the number of research students registered, adding to increased capacity
- increased institutional investment in designated research posts and studentships
- relatively strong NHS funding for research and studentships > 60%
- improved links with NHS and end point users of research
- some relatively solid areas of research strength in national priority areas including mental health, care of older people, cancer, heart disease, palliative care, pain management, and maternity care.
- some examples of genuine cross-disciplinary working yielding good research

Issues of concern

- the majority of submissions included a very long tail of work that was sub-national in quality
- reliance on NHS rather than HEFCE funding for teaching and low QR has limited research investment by HEIs
- relatively low research income and over-reliance on NHS funding for research
- virtual absence of research council funding
- virtual absence of departments with programme level research funding from any source
- very few departments have post-doctoral research assistants
- interdisciplinary research and collaborations around research topics are underdeveloped
- research programmes tend to be fragile and vulnerable because of the high levels of staff movement between HEIs
- relatively weak departments are attempting to cover a diffuse range to topics via project funding
- Insufficient clinical research and virtually no laboratory research submitted to Nursing Panel.
- self-assessments tended to be over-optimistic regarding research standing

1. Submissions and outputs

- 1.1 There has been substantial improvement in UoA10 since 1996. The number of submissions increased by 20% from 36 to 43 (with one joint submission on each occasion), and there was an improvement in the number of submission gaining a grade 4 or above from 8% to 23%. The distribution among the lower grades, from a very skewed base, improved also. This improvement has been made against a background of fundamental restructuring in many institutions, incorporating large amounts of nursing and midwifery teaching into the university sector. Research leaders have often played a major role in this activity. It is especially commendable, therefore, that such clear progress has been made, while still recognising that the subject remains relatively weak when compared with well-established subjects.
- 1.2 On the whole the quality of work submitted has been more selective than in 1996, with fewer items that had no research or scholarship content. Even so, it was difficult for a large number of staff to enter work reaching a national standard of excellence. There were a somewhat disappointing number of cases of the same study presented in a number of different formats of work entered in its formative stages and of different staff claiming the same item without evident co-authorship. Outputs tended to be submitted within a relatively narrow range of UK based and of nursing-only focussed journals. The overall effect was that the body of work in many submissions was insubstantial with a long tail of work below that which could be judged as of a national standard.
- 1.3 The number of staff returned has increased. On the one hand, this is an indication of growth in the sector with a developing workforce still relatively new to research. On the other hand lack of sophistication in staff selection or enactment of policies of maximising staff inclusion resulted in depressed grades.
- 1.4 Self-assessments tended to optimism. Some institutions inflated their estimations of the quality of their work, especially in regard to the assessment of international level research and scholarship. Professional activity at national and international levels was often assumed to equate to international research esteem.
- 1.5 There was a large volume of work in some submissions as well as several that contained smaller volumes of research that was out of line with the declared subject matter of UoA10 and was not interdisciplinary in nature. Other UoAs would have been more appropriate for this work.

2. Research capacity and capability

- 2.1 There has been a growth in research capacity, as evidenced by the increase in the numbers of PhDs awarded, and the number of staff registered for PhDs.
- 2.2 It is clear that many departments are appointing staff into academic posts and then investing research resources in providing them with PhD level training.

As a result, the number of really experienced research active staff remains limited, but growing.

- 2.3 There are relatively few studentships funded by agencies other than the NHS. The majority of PhD students are part-time and self funded, although some institutions have invested in studentships. The future research careers of people who gain PhDs through part-time study while doing other jobs are unknown. However this method of gaining research training means a very slow development of research capacity, with knock-on effects for the sector's ability to attract research funding from competitive sources and future RAEs.
- 2.4 There is a dearth of support at the postdoctoral level, with only a few examples of institutional support, and virtually no external support. Only the very best departments had post-doctoral research assistants. The almost complete absence of research fellowships was evident. This is a serious hurdle for the sector. New researchers in this field are unable to develop their skills, and become research leaders, without considerable investment at this level.
- 2.5 It is clear that there are still real challenges in finding ways of developing careers in research in this sector as a result of these problems, and of the funding issues described below.
- 2.6 The stability of departments and their research strategies are weakened by staff movements between institutions as a result of the relatively large number of new senior posts that have been created over the period. The scarcity of experienced and high quality research talent means that many individuals are changing departments and taking on senior roles while still relatively inexperienced. The small mass of research staff working in subject areas means that the loss of a single experienced researcher can have the effect of greatly destabilising their former department's research strategy and performance.

3. Funding base and support from institutions

- 3.1 There was evidence in some submission of increases in institutional investment for the sector, in the form of university support for new posts with a high research content, studentships, and support for multidisciplinary developments. This was, however, rarely substantial, is far from uniform, and there are many examples of institutions where research support is not in evidence.
- 3.2 There is a similar variation in NHS support for research in this field. While the major source of research grant income to this UoA comes from the NHS through its R&D activities, funding for academic or research posts is far less in evidence. We saw some examples that indicated strong alliances, with jointly-funded posts with local NHS Trusts. This was not always beneficial to doing high quality research however, as such NHS-funded posts often carried responsibility for capacity development at an introductory level, or for the conduct of local evaluation-type work, rather than the development of research per se. There were also many examples where such joint working with the NHS was not in evidence. The fact that NHS education funding

support directly to HEIs for this sector does not include a component for research, and that funds for education are clearly divided from research activity, makes it unlikely that significant support for research will come from this educational source. Significant changes are required in the funding streams to strengthen the development of research activity.

- 3.3 Research income remains low in comparison with other UoAs in the 'umbrella' group (social work and education are relevant other comparators). In particular there are very low levels of income from research councils (taking into account the different NHS funding allocations in Scotland) and from medical and health related charities. There is a very heavy reliance on NHS research funding.
- 3.4 Over-reliance on NHS R&D funding for to the exclusion of other sources has several effects. One is that the type of research conducted is dictated primarily by an immediate responsiveness to current NHS demand. While conducting research in line with policy agendas is important and in itself does not militate against high quality work, it inhibits research primarily to answer longer term questions, whether clinical, scientific or theory driven. The second is the amount of small-scale work undertaken to meet local NHS need, often of an evaluation or information gathering type, and entered into the RAE as research. Furthermore, without research council income, serious research Universities themselves will not rate the subject as sufficiently important to merit investment. The consequence is continued low research ratings, and the dissipation of academic research resource. Opportunities for breaking into research council funding need to be fostered.
- 3.5 There is an almost complete absence of submissions demonstrating long term funding for research. NHS responsive project driven work tends to be reactive, mitigating against the development of research programmes, with a proliferation of smaller, often disconnected studies. The absence of programme funding further complicates the problems of research capacity building in this sector. It is very difficult to train, and retain, high quality research staff who can then develop their careers in this area when funding streams are so uncertain.

4. Developing the knowledge base

4.1 Areas of strength

- 4.1.1 There were real areas of strength in mental health, care of older people, cancer, heart disease, palliative care, pain management, and maternity care. All of these areas are related to national priorities, and most are the subject of current or developing National Service Frameworks. It is clear that this sector is contributing to the knowledge base to inform and respond to national strategy, and that there is potential for it to develop further.
- 4.1.2 There are some strong foci of research that would benefit from better co-ordination and co-operation, where there is good work being conducted by small groups in a number of different institutions without apparent interaction. This includes symptom management associated with chronic illness, studies of pain, and wound management.
- 4.1.3 There are some good examples of genuine cross-disciplinary working with social and clinical medical sciences, contributing to the knowledge base in health generally, as well as in nursing and midwifery specifically. However there are many opportunities that could be more effectively developed to overcome the apparent isolation of some departments.
- 4.1.4 There are some good examples also of strong links with 'users' of research, including different levels in the NHS, and service users and their representatives. Clearly some departments have made strenuous efforts to foster such links to mutual benefit for research and dissemination purposes. Industrial links were underdeveloped, with associations with wound care products companies the strongest. User links, however, are not uniform, and there is evident room for further development.

4.2 Issues of concern

- 4.2.1 In describing their achievements, many submissions listed a number of studies but omitted to say what they had actually discovered or contributed to knowledge or methods through their research.
- 4.2.2 There was a tendency for submissions to report research carried out across a wide range of topics, and for the creation of several 'units' or 'centres' based on limited research talent and infrastructure. With some exceptions of submissions at the top end of the ratings, there was yet little depth or a sustained contribution to knowledge.
- 4.2.3 The majority of research used social science methods; diversity of approach and programmatic approaches were limited. There was, for example, a large amount of descriptive work and a worrying scarcity of clinical research to develop and test new ideas for treatments or services. There was an almost complete absence of laboratory research. A substantial amount of work examined patients' perspectives without taking this through to positive and effective improvements in care. This limits the impact that this sector will have on the development of health care.

- 4.2.4 There was also a relative lack of research related to management of nursing and midwifery with few links to departments of management. Similarly work on service delivery and organisation was sparse. The creation of new NHS funding opportunities may help to address this. While there has been a modest investment in educational research, the work presented generally failed to demonstrate its influence and strong links with departments of education were scarce.
- 4.2.5 The research strategies outlined tended to offer general aspirations for increased activity and quality, and did not detail specific scientific or practical questions to be pursued during the next assessment period. This probably reflects the reactive mode that many departments find themselves in, but it will limit their ability to develop strong and focused programmes of work.
- 4.2.6 Many submissions made claims about collaborative activities with national/international partners, without any evidence of the research questions/techniques being addressed, or the productivity arising from them being demonstrated in outputs or funded work. This limits the contribution this sector may have internationally, and its potential for attracting international funds and recognition.

5. Implications of the RAE

- 5.1 The increase in the proportion of grades at the top end of the range should bring much-needed QR funding into some departments in this sector, so long as institutions disburse it in line with achievement. However almost 80% of submissions, many showing grade improvement since 1996, succeeded in gaining a grade 3 or lower. They are likely to receive no QR funding. Since most funding to HEIs for this sector comes from NHS education budgets rather than HEFCE, and this source traditionally has not included elements for research, this puts an effective brake on funds available to HEIs for investment for research development. The problem facing this sector is that over the past four years it has demonstrated the potential to grow and develop with relatively little investment. If it is starved of funding support at this stage, growth will be confined. It is unlikely that a very small number of high quality departments would be an adequate base for taking the subject forward at its present state of development.
- 5.2 Given the limitations on research funding for this sector from other sources discussed above (ie most from the NHS, almost none from research councils and international agencies), the consequences of this situation may be dire. The sector is growing well in spite of many challenges, and is producing some work of real relevance to national priorities. To reach the next stage of development it needs an injection of funds to support the growth of national and international quality work, and to develop research capacity until it is in line with the size of the sector in higher education. The sector remains very vulnerable; its upward trajectory can only be maintained if infrastructure funding supports it.

Senga Bond
Panel Chair
on behalf of all members of Panel 10.