

## **Editorial**

### **Do Chief Nurses need to be academically credible?**

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## **Background**

Professors of Nursing have an important part to play in leading the profession, both nationally and internationally, generating new knowledge and ensuring practice is based on the best available evidence. A number of authors have been critical of this leadership group, both in terms of their academic performance and clinical credibility. Watson et al (2016), for example, using the h-index as a measure of research quality and productivity, demonstrated that a substantial proportion of the nursing professoriate had a rather modest publication record. Additionally, the integration of academic endeavour into clinical settings has been an ongoing concern; clinical academic frameworks, the relationship between research and clinical practice, the theory-practice gap and the implementation of research have been discussed and considered numerous times over recent decades (Rolfe 1993, Ajani and Maez 2011, Finlay 2012, Kristensen et al 2015).

Whilst the academic and professional leadership role of Professors has been hotly debated, that of Chief Nurses or Executive Directors of Nursing has come under much less (overt) scrutiny in this area. Professional leadership roles, in this group, it seems to us, requires a complex skill set, including clinical and managerial credibility, scholarship (including research), and the ability to lead transformational change. If academics need to be clinically credible, does the inverse apply to our colleagues in senior clinical operational roles? How important is it that Chief Nurses are academically credible?

By way of context, we are writing as an experienced Chief Nurse (AMC, with 11 years in the role) and a Professor of Nursing (RG, Professor for 8 years), and share the view that there is an important overlap, perhaps a symbiotic relationship, between these key leadership positions both in terms of doing (primary) research and ensuring that nursing practice is embedded in high quality evidence. There has been at least a nod to the need for Chief Nurses to be academically credible; in some countries (e.g. the UK), you can't be a Chief Nurse unless you are educated to at least Masters level, and in others such as Qatar (where we both recently worked), a PhD is required. There are a number of Chief Nurses that have (and use) honorary Professorial titles. The title 'Professor' says to the outside world that one is academically credible. The use of the P word has infuriated some Professorial colleagues;

if they are Professors, why aren't we honorary Chief Nurses? There is, surely, some merit to this point.

In this editorial, we want to argue that Chief Nurses and Professors (or Professors and Chief Nurses) need to work "hand in glove" to develop joint programmes of research and scholarship that address local service needs (whilst being of an internationally excellent standard). In our joint working, this is the approach we have tried to model. For example, the study that we recently published examining the effect of graduate nurse education on patient mortality (Gkantaras et al 2016) was conceived jointly to address a pressing question that the health system was struggling with. Because of the way the project was developed, the findings have been fed directly into strategic planning at an organisational level, i.e. a recalibration of the proportion of the workforce educated to at least graduate level.

To the best of our knowledge, the academic performance of Chief Nurses has not previously been explored. How to measure academic performance is contentious, to say the very least. The recent publication of a league table of h-index scores for the nursing professoriate in the UK has caused much hand wringing. Yet, counting the number and subsequent citations of publications seem, to us at least, to have some obvious face validity. We propose that examining the publication record of Chief Nurses might shed some light on the contribution made by this important group of nurse leaders to the scholarship and knowledge base of the profession, and also help shed light where academic partnerships appear to be flourishing.

## **Method**

We reviewed 228 National Health Service (NHS) Trusts (excluding Primary Care and Ambulance Trusts) in England. The website of each Trust was searched to identify the current Chief Nurse (or the most senior executive nurse). Trusts were classified into acute, community, specialist and mental health. From the Trust web site, we obtained demographic information and details of any academic affiliation (acknowledging that some may not have been listed). From Scopus, we extracted the following information for each Chief Nurse: total number of publications, most cited paper and total number of citations, number of years since first publication and h-index. We also calculated each Chief Nurse's

m-index (h-index divided by number of years since first publication) as an alternative to the h-index that adjusts for the length of career. Data were extracted by AL and checked by AMC. Data were analysed using SPSS and reported using simple descriptive statistics (means, standard deviations, range and proportions). Data extraction was done between March and April 2016.

## **Results**

Table one shows the publication data for the 228 Chief Nurses that we included in the study. Table two shows the areas of employment of the Chief Nurses. Almost two thirds (n=132, 57.6%) of Chief Nurses had no (Scopus listed) publications. The average number of published papers was 1.66, and the average number of total citations was 10.46. Their first paper was, on average, published 5 years ago. The mean Chief Nurse h-index and m-index was 0.52 (the highest was 13) and .045 respectively. Only a fairly modest number (n=36, 16%) of Chief Nurses had academic affiliations that we were able to identify; this was mostly at a Professorial level (n=21, 9%). Chief Nurses with an academic affiliation had more publications (mean=4.61 sd=6.71 V mean= 1.11 sd=2.9,  $p<.001$ ), total citations (mean=52.97 sd=173.66 V mean=2.53 sd=11.88), and higher h- (mean=1.83 sd=2.86 V mean= .27 sd=.66,  $p<.001$ ) and m-index (mean=.10 sd=.14 V mean=.34 sd=.087,  $p<.001$ ) than those with no affiliation.

## **Discussion**

In this paper, we wanted to explore the academic standing of Chief Nurses. We were surprised that only a comparatively modest proportion of Chief Nurses have published. It might be that this group tend to publish in professional (such as the Nursing Times or Nursing Standard) rather than academic (Journal of Advanced Nursing or Journal of Clinical Nursing) periodicals. Scopus does include some, but by no means all professional Journals. It is likely that we have under estimated the number with no publications.

As might be expected, there was a marked difference in the h-indexes and m-indexes of Chief Nurses and Professors of Nursing in the UK. There was only one Chief Nurse with an h-index above the average for UK nursing Professors.

There is a cohort of Chief Nurses with Professorial appointments. Whilst the use of the title may help enhance the reputation of nursing we feel strongly that the title needs to be awarded extremely judiciously, and only to colleagues that have demonstrated exceptional scholarship.

Whilst there is absolute recognition of the agenda of Chief Nurses and the complexity of leading often the largest professional groups to provide care for people, it raises the question: Should research and leading the implementation of evidence-based practice be incorporated into all Chief Nurses' job descriptions? We argue that more Chief Nurses need to consider with their academic colleagues how best to collaborate, and to be more involved in research programmes which often will be led by their (full-time) academic colleagues. We argue that more Chief Nurses need to be sharing best practices, and perhaps be more involved in the research programmes led by their (full-time) academic colleagues. This, to us, seems to be an important part of professional leadership.

## References

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Table 1 Publication record of chief nurses

<b>Variable</b>	<b>Mean(SD)</b>	<b>Range</b>
h-index	0.52 (1.40)	0-13
m-index	.045 (.10)	0-0.5
Most cited paper	4.1 (19.1)	0-235
Total number of citation	10.46 (71.3)	0-1029
Total number of publication	1.66 (3.95)	0-31
Years since first publication	4.97 (8.07)	0-40

Table 2 Employment Area of Chief Nurse (n=228)

<b>Sector</b>	<b>N (%)</b>
Acute	136 (59.6%)
Mental health	56 (24.6%)
Community	18 (7.9%)
Specialist	17 (7.5%)
Acute/specialist	1 (0.4)