



Resilience and Determination: Nursing insights into clinical academic careers and roles in the East Midlands

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 @emcapn2017



- **Study Context**
- **NIHR 10y report**
- **Reflections on EM experiences**





What we did...



- Online survey completed by 67 respondents including 19 nurses
- 16 Semi-structured interviews including 5 nurses
- Aims: to track progression
- To find out whether their clinical practice had changed



**How are nurse clinical
academics overcoming
barriers ?**

Common themes of
success...

- Resilience
- Determination



Alternative sources of funding

- CLAHRC
- NHS employer
- HEI
- ESRC
- Charities
- Health Foundation





With alternative funding comes
challenges...



Inequality...



“A colleague who is also funded by the Health Foundation receives a stipend of £21,000 and mine is £14,000. We sit in the same department, yet I have to work to support my domestic situation, especially as I am the primary wage earner in my family. (SR28)

“compared to other professions such as AHPs, nursing won’t allow you to maintain a grade if you only have small amounts of clinical time. It has felt at times that there is very little reward professionally. Luckily my reward is found in learning, new challenges and taking opportunities as they arise” (RS22)



Combining clinical and academic and staying grounded in practice...

“if you're engaging in research and practice you can then directly impact on the care that you give”(CS1)

“as soon as winter pressures hit you're pulled straight out of that non-clinical education development time to deliver frontline care but if you've been funded to deliver some sort of project, it's getting past that barrier that you can't just be pulled because you've still got to deliver and meet the timelines of the funded project” (CS2)





Line Managers...



“intolerant to the point of being obstructive” v “major sources of support”



Motivations to pursue a clinical academic career...

- Self improvement
- Qualifications
- Career prospects
- Confidence



“As a nurse, I think that I’ve always felt a little bit under confident, particularly in forums where it’s a lot of doctors, because you just feel that they must know more than you. I think the training means that yes they know more than me in aspects of course they do, but actually there’s lots of stuff that I know more about and it’s just as valid.” (CS3)



“Its about making sure that we’re creating a culture of patient safety and a culture of excellence for our patients.”(CS1)

“That was one of the main reasons; to try and influence practice and make it safer for us as nurses as well as our patients.” (CS2)

Motivations

- Patient care
- Patient satisfaction
- Patient safety





- **Health and social Care**
- **Local**
- **Regional**
- **National**
- **International**
- **CYPN**
- **Mental Health**
- **Frailty**





Productivity

- Saving money
- Increasing efficiency
- test and implement improvements to practice quicker than traditional research.

“That’s where we’re having an impact. We’ve got competitive funding to undertake that work because they see that as a clinical priority. So that’s an example of how we show the value of being embedded within clinical practice, but also having that academic ability and skill set to really drive forward innovation in practice that will improve the quality and outcomes of care for a particularly vulnerable group”(CS9)



Recruitment and Retention





Mentors, Peers, Supervisors, Colleagues



“Peer support and support from those in senior management levels. The awareness of their support and dedication to the CAC pathway, provided me with the determination to succeed.”(RS7)

“Mentorship, and the support of those around me; this encouragement was invaluable to progression”.(RS10)





Sharing knowledge

Mentoring



Presenting findings

Supporting future clinical academics



Career Pathways





“For them [medics] it’s a normal part of your career to go and do a PhD and it’s such a shame that that culture is slow to be absorbed into the nursing profession.”(CS5)





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