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Once a Nurse, Always a Nurse? Changes of identity in the pursuit of nurse academia

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Abstract

Stereotypes of what defines a nurse act to limit nursing identity and provide a barrier to both career progression into academia and nurse retention in clinical practice. In this critical reflection, I explore how opportunities in clinical practice allowed me to develop my own identity as a nurse academic whilst acknowledging that these opportunities are not available to all potential nurse academics. I question whether 'a nurse will always be a nurse' if we do not provide the opportunities, and the time, for nurses to explore the vast range of roles within the profession. Research is being conducted on a daily basis in clinical practice, however nurses need to be supported by their workplaces to gain the skills and knowledge on how to become productive scholars. Supporting nurses to take this step will level the gradient between nursing and academia, and open the door for the future of successful nurse academia.

Keywords: nurse stereotypes; identity; career progression; return to education; clinical practice; opportunity

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Traditional ideas of what a nurse is, and what they are not, act to limit nursing career potentials. The public view is of nurses as doers, but not thinkers; however, there is an increasing range of nursing roles which are vital for the provision of quality healthcare. Roles which include Research nurses who coordinate and manage data for clinical trials and Nurse researchers conducting their own rigorous studies. In this critical reflection, I will explore how stereotypes of nursing impact nursing identity and provide a barrier to career progression into academia. I will discuss how my identity as both a nurse and an academic has evolved over my journey to become a productive nurse scholar.

Nursing has traditionally been seen as an undesirable career with few options for progression (**Girvin et al., 2016; Glerean et al., 2017**). The lack of identifiable career pathways, along with the idealisation of the profession as passive carers, led to backlash when nursing degrees were initially introduced (**Glerean et al., 2017**). The idea of a caring and educated nurse conflicted with the traditional values assigned to nursing (**Gillett, 2014; Glerean et al., 2017**). Prior to the pandemic, the undesirability of nursing was reiterated in the repeated media focus on the negative aspects of the profession (**Girvin, Jackson & Hutchinson, 2016**). The COVID-19 pandemic, however, changed the public perception of nursing. Nurses went from traditional gender-related stereotypes of weak but caring women, to being portrayed as heroes (**Mohammed et al., 2021**). On the surface, this was a huge U-turn in public perception, but the key values of nursing had not changed. Nurses were seen as selfless hard workers, sacrificing their own safety for the community (Mohammed et al., 2021), but not as those responsible for devising new and novel ways to maintain safety with increasingly limited resources. The media portrayal had changed, but the identity of nurses within the profession remained conflicted.

Dissatisfaction within the profession has led to chronic understaffing (**van der Cingel & Brouwer, 2021**). The stereotype of nursing as a doing, and not thinking, profession results in nurses questioning their identity as a nurse and where they fit. I am one of those nurses. van der Cingel and Brouwer challenge the idea that 'a nurse will always be a nurse' (**Ibid**), however, I believe there is more to reflect on. Stereotypes of nurses do hold nurses back however the idea of a nurse academic does not conflict with nurse identity. Nurse satisfaction is strongly linked to security in their identity as a nurse, the setting they specialise in, and the role they play in that setting. When these three factors fit together, improvements are seen in staff satisfaction, retention, and patient safety outcomes (**Rasmussen et al., 2018**).

Nursing, at its core, is advocacy. It is advocacy for people, advocacy for safety, and advocacy for communication. Point 9 of the Nursing and Midwifery Council (NMC) Code is 'Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues' (**NMC, 2023**). This could be no clearer. As nurses, we should be sharing and publishing our knowledge and promoting best practice. Research and service improvement measures conducted by nurses are happening daily however very little is being published in traditional peer-reviewed journals (**Hicks, 1995; Keen, 2007; Winslow et al.,**). In the community setting, a nurse led initiative was found to improve Pneumonia patient outcomes by treating the patients outside of the standard hospital-based pathway. The nursing service implementation was later acknowledged in medical journals (**Loeb et al., 2006; Sacks, 2006**). More recently, the COVID-19 pandemic led to nurses implementing a wide range of service improvement measures such as adjusting medication timings and the location of medical devices to minimise exposure to the virus and improve safety for themselves and their patients (**Faulds et al., 2021**).

Fitting with my previous, and concurrent, academic identity, I was craving an academic challenge within my first year of registration as a nurse. I was working within a spinal injuries rehabilitation centre and took on a role teaching sexuality rehabilitation sessions to the patients and their loved ones. In hindsight, this opportunity was only available to me because I was an academic. I knew to ask for this opportunity; it was not taught during my nurse education. The medical and sociological conversations I had with the consultant team opened my eyes to a new side of nursing. One that continues to learn and share this knowledge. This was my nursing identity.

Nurses are taught to be part of a hierarchical team, however this does not always run smoothly when the range of nursing roles are not fully understood by the rest of the nursing team. Patient education teaching sessions took me off of the ward, and therefore was perceived as an avoidance of clinical work (**Aguayo-González & Weise, 2022**). To avoid this conflict, I began to teach on my days off highlighting a key issue in my quest to become a productive nursing scholar: the work-life balance. Nurses enter the hierarchical nursing structure as Staff nurses providing routine healthcare in a usually clinical setting. Nursing Sisters are responsible for leading a team of staff nurses or a specific aspect of care, such as the coordination of a stem cell transplant. The gender-neutral term Charge nurse is used for male and gender non-binary nurses at a Sister level or higher. Increasingly this term is being used for all nurses above Staff nurse level. Moving into a Sister post as a Haematology Research Nurse allowed me to combine my academic and nursing identities. I was able to play a role in pushing forward life-saving treatments for blood cancer patients whilst having the time to advocate for all aspects of trial patients care.

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Studies suggest that patients on clinical trials have better outcomes than those on standard pathways (**Braunholtz et al., 2001**). I believe this is due to the time and care that research nurses give to each patient. Time that ward nurses on understaffed wards just do not have (**McIlroy, 2019**). Yet the role of the research nurse itself is not always understood within the wider nursing profession (**Tinkler et al., 2022**). For nearly a decade as a research nurse, this lack of acceptance from the core-clinical nursing teams impacted my identity as a nurse.

My journey to becoming a successful published nurse academic started after articulating these frustrations to my clinical academic nurse colleagues. They were inundated with research ideas and part-finished projects. I had an opportunity to collaborate with them, learn from them, and importantly take the pressure off them. For nurses, a first step in publication is often a clinical audit. Oftentimes, nurses design and implement clinical changes without the understanding on how to measure the effectiveness of these changes. I collaborated with senior colleagues on an audit (**Montague-Hellen et al., 2024**). Through this opportunity, I was inspired to go back into formal education, whilst continuing to work as a nurse. This opportunity provided me with the skills to analyse and articulate my research in two further articles (**Montague-Hellen, 2023; Montague-Hellen & Montague-Hellen, 2023**). Accessing this formal education is not available to many nurses, particularly with the real time pay cuts and overworking that is catalysing the staff crisis in the profession (RCN, 2023). Therefore, it is within schemes such as the Writing for Publication workshop provided by Sheffield Teaching Hospitals, that nurses are given the time, workload buyout, and knowledge to publish the research they are already conducting and start their own journeys to becoming productive scholars.

Fourteen years into a nursing career and I have fully stepped out of the clinical arena. I am a full-time Sociology PhD student, but I have never felt more like a nurse. Several studies discuss the transition between clinical nurse and nurse academic (**Manning & Neville, 2009; Mcdermid et al., 2016; Barken & Robstad, 2024**). However, the focus is on nurses stepping into nurse education roles recycling the traditional nursing role assumptions. Whilst publishing within clinical practice, I was beginning to question my identity as a nurse, however identities are not binary. I spend a lot of my time advocating for LGBTQ+ rights and limiting the boxes we put people into. I now find myself in a world of academia where I have to periodically 'come out' as a nurse.

In this critical reflection I question whether 'a nurse will always be a nurse' if we do not provide the opportunities, and the time, for nurses to explore the vast range of roles within the profession. Research is being conducted

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on a daily basis in clinical practice however, nurses need to be supported by their workplaces to gain the skills and knowledge on how to become productive scholars. It was by questioning my identity as a nurse that I took the step into academia and reclaimed my identity. Supporting nurses to take this step will level the gradient between nursing and academia, and open the door for the future of successful nurse academia.

Ms Kate Montague-Hellen is a registered nurse specialising in blood cancer research. She is currently completing an ESRC funded PhD in the patient experience of chronic blood cancer diagnosis at the University of Sheffield. Kate previously worked as a Research Sister in Sheffield recruiting to chronic and acute blood cancer clinical trials. Her research interests include patient experiences, haematology, and LGBTQ+ experiences of healthcare.

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