

Editorial

Early-career researchers: what's in it for us?

The steep climb up the academic mountain that is the PhD can often be a false summit. Years of arduous scholarship (often whilst working part-time) undoubtedly improve and develop the doctoral student's critical and analytical skills and produce a highly functioning independent academic. However, many swiftly return to their previous positions, often as undergraduate learning and teaching academics, and do not have the opportunity to use their research skills or their new specialist knowledge. In the UK and Australia, this is partly due to the lack of clear pathways for nursing postdoctoral early-career researchers (ECRs) and the poor definition of ECRs (Bazeley 2003).

As two recent PhD graduates, we would like to contribute to the debate by describing some of the challenges ECRs face as well as the considerations we, as ECRs, need to take to meet the challenges. The challenges include a paucity of appropriate postdoctoral positions and a pay structure suited to science disciplines with chronologically young ECRs. While ECRs are an important resource, the nature of scholarly work requires dedication and commitment on the part of the institution to foster and support their ECRs.

Similarly to a new graduate nurse, the doctorally prepared researcher – on completion of the thesis – starts the research journey as a novice. The PhD is merely a 'driver's licence' to research. As a PhD candidate, the student develops a variety of essential skills, including written work, methodological, statistical and analytical skills; yet, to what end? For many nurses who gain a PhD, it is both the beginning and the end of their research career. Why does this occur? Admittedly, there may be many valid reasons to discontinue a PhD, such as poor academic role models, problematic supervision during the doctoral journey and postdoctoral workload pressures. The recent editorial by Thompson and Darbyshire (2013) highlighted the delirious effects of some 'killer elite' academics. Stories of appalling behaviour by PhD supervisors towards their students are ubiquitous. The effects include damaged self-esteem and confidence, and, in some instances, the hampering or termination of the student's academic ambitions. Whilst the

editorial highlighted some important points, we believe we need to be proactive in shaping our futures as ECRs.

For those of us who persevere and are awarded our doctorates, the career options for doctorally prepared nurses appear limited. To develop and grow as a postdoctoral researcher, suitable and appropriate positions need to be available, which is often not the case. Postdoctoral nursing positions are few and far between in Australia and the UK. The other major obstacle for nurses with PhDs to undertake postdoctoral research is the poor pay associated with these positions, which traditionally are taken by younger students (i.e. 'twenty-somethings' in the sciences), many of the major independent funding organizations only offering fellowships to medically trained clinicians.

So, what do ECRs who take the plunge into postdoctoral academia need? Essentially, collaborative leadership, dedicated career paths and exposure to opportunities for research development top our ECR 'wish-list':

- Most importantly, ECRs need access to solid inspiring academic leaders who have a substantial portfolio in terms of successful competitive grants, publications and a strong research team. These leaders need to be influential, in terms of academia (within their university) and within their specialist clinical field. Crucially, these inspiring leaders need to have time and genuine interest to develop and nurture emerging researchers. Undoubtedly, there are these individuals out there, but they need to be more overt and easily identified to ECRs.
- Dedicated ECR research career pathways in universities are needed to offer opportunities for nurses to be part of a successful research team and ones that go beyond the traditional teaching dominant positions. As such, it is time to consider a change to the structure of postdoctoral nursing career paths. Rather than the *ad hoc* nature of the current context, the development of dedicated pathways similar to the North American 'Tenure-track' professorial model needs to be considered.
- The ECR should be able to build his/her careers within a collegial collaborative multidisciplinary team and given opportunities to participate in grant writing as

well as contributing and writing high-quality research for high impact factor journals (Watson 2009). ECRs need to be able to demonstrate strong research performance by gaining grants and publishing highly cited papers to become expert researchers in our own rights.

- Scholarship and research outcomes need to be at the forefront of the minds of ECRs as well as those of their employers. These conversations should start during the PhD and not at the time of submission.

The onus is not just up to the universities and senior academia, ECRs need to be proactive to succeed (Clark & Thompson 2013). We believe that ECRs need to be cognizant of these points and ensure that they are active in pursuing them. ECRs need to:

- Demonstrate expertise in their chosen field and regularly disseminate their work and influence their discipline by being journal reviewers, be present at national and international conferences, participating in public speaking in a variety of settings on their topic, be members of the relevant professional body and work with government and industry in the development of policy.
- Be able to take on board constructive feedback whilst being self-critical, motivated and articulate.
- Be able to network effectively to develop collaborative working relationships with clinical and academic colleagues.
- Maximize their own professional development by taking advantage of opportunities within own institutions to develop research, leadership, project management and strategic thinking skills. In essence, ECRs need to keep one eye on the next job that could be around the corner.

ECRs need to work in a scholarly environment continuing to develop skills if they are to emerge as strong independent researchers who can be handed the 'academic' baton. With the right encouragement and guidance, nursing ECRs can become credible leaders and succeed in

becoming professors or clinical chairs in nursing and have the same academic credibility as other disciplines (Watson & Thompson 2010). ECRs are the future PhD supervisors and principal investigators and we want to achieve these positions through our outputs, not the lack of suitably qualified people. Adequate preparation for senior academic posts is essential and ECRs need to be properly prepared for this transition if we are to become the academic elite.

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References

- Bazeley P. (2003) Defining 'early career' in research. *Higher Education* 45, 257–279.
- Clark A.M. & Thompson D.R. (2013) Succeeding in research: insights from management and game theory. *Journal of Advanced Nursing* 69(6), 1221–1223.
- Thompson D.R. & Darbyshire P. (2013) Is academic nursing being sabotaged by its own killer elite? *Journal of Advanced Nursing* 69(1), 1–3.
- Watson R. (2009) Editorial: rating research performance. *Journal of Clinical Nursing* 18(20), 2781–2782.
- Watson R. & Thompson D.R. (2010) How to be a professor: what Taylor et al. didn't tell you! *Nurse Education Today* 30(6), 489–491.