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This article was published online on 20 August 2024.

It is available from https://doi.org/10.7748/nr.2024.e1929

Volume and issue number not yet assigned.

Nurse Researcher (ISSN 1351-5578)

https://rcni.com/nurse-researcher

Building inclusive research cultures in nursing – getting ready for the Research Excellence Framework 2029

Abstract

Background

The framework and principles for the next Research Excellence Framework (REF) have been published. This paper is directed principally at a UK readership as the REF framework applies to the four countries of the UK. Submission will be in 2028 and results published in 2029. The three elements have changed and new weightings applied. People, Culture and Environment forms 25% of the whole and is the focus of this paper.

Aim

The research environment is a complex eco-system but is vital for nurturing excellence, vitality and sustainability. This discussion paper considers inclusivity in research cultures, what has been learned from the last REF and what more needs to be done collectively across the sector and specifically in nursing. This paper aims to inform research leaders, investigators, clinical nurse researchers, doctoral and postdoctoral students to prepare living and dynamic research strategies that prioritise inclusivity in talent management and succession.

Discussion.

The discussion draws on personal knowledge and experience as a research leader, senior manager as well as being a university governor. The discussion is intended to be challenging and practically orientated. It sets out provocations, which will shape an agenda for promoting inclusive research cultures to ensure organisational readiness for REF 2029.

Conclusion and implications for practice

The paper concludes with pragmatic suggestions for moving forward at pace with making the culture in nursing research more open, transparent and fair.

Introduction

The evaluation of research quality is a feature of most advanced higher education systems and is valued as a driver of international comparison and league tables. Research is central to notions of prestige in academic life and in the competition for students, income and reputation (Blakemore 2016). But how do we judge research quality? Evaluation methods vary internationally and there is an ongoing debate on how to improve the current systems and make them work for everyone. Australia is reviewing whether to design a new comprehensive system from scratch while the Nordic countries have a more selective approach, for example, the Swedish Research Council assesses specific disciplines as required rather than in an all-encompassing exercise (Nature 2023). The San Francisco Declaration of Research Assessment (DORA 2012) is a worldwide and influential initiative that aims to advance practical and robust approaches to research assessment globally and across all scholarly disciplines. More than 2,800 institutions in 160 countries are signatories to DORA and its principles that evaluation should not rely on journal impact factors as a measure of research quality, but should call for broader representation of researchers that can address structural inequalities in higher education.

In the United Kingdom there is increasing recognition that successful research depends on the right culture and equality of opportunity, which enables researchers to thrive and do their best work. As Research England has published the outline design for the next REF in the Future Research Assessment Programme (FRAP 2023), this paper focuses on how universities and in particular nursing can plan in readiness for the next cycle. REF 2029 will have an expanded definition of research excellence. The three elements familiar from REF 2014 and REF 2021 have been renamed, their content adjusted and weightings rebalanced (Box 1).

Box 1

REF 2029 Three elements:

People Culture and environment (25% weighting) replaces the environment element and will be expanded to include research culture.

Contribution to knowledge and understanding (50% weighting) replaces the outputs element. It will largely be based on assessment of research outputs, but will also include evidence of broader contributions to the advancement of the discipline.

Engagement and impact (25% weighting) will replace the impact element. It is similar to the impact element of REF 2014 and will consist of impact case studies and an accompanying statement.

While the broad outline has been set out, Research England is currently responding to concerns raised during the sector-wide consultation on the People Culture and Environment component, and has initiated work to co-produce indicators that will be piloted during 2024 to test what works for different disciplines and institutions while mitigating burden. Even though the precise indicators have not been agreed, the direction of travel has been set out, which enables planning for cultural and organisational change to start now. This paper does not discuss outputs, impact and the controversies and relative balance between those domains, rather it focuses on the People, Culture and Environment with equality, diversity and inclusion as the bedrock of an optimum research culture.

I write this opinion piece having spent a long career in higher education starting off in a joint appointment doing my PhD while practising half time as a district nurse. Then building a career, alongside having a family, through postdoctoral work in a Medical School, as a research leader at King's College London and finally as Dean of a large multi-disciplinary health care faculty at Kingston University and St George's, University of London, where I was able to influence career opportunities for others. When I started in the seventies, and in the early days of building nursing as an academic discipline, there was little in the way of structural support, systems of development, funding schemes available for nurses and even finding mentors was a matter of luck. Despite that I was fortunate to be encouraged by

extraordinarily generous leaders and role models, many of whom were doctors. I have been able to draw on this experience to contribute to institutional change. More recently I was a member of the REF England Equality and Diversity Advisory Panel (EDAP) and this paper reflects on some of that learning.

Equalities in context

The UK Research Councils are unequivocal about the importance of equality, diversity and inclusion (EDI) to foster research and innovation excellence (UKRI EDI Strategy 2023). The strategy sets out four principles for growth and change: diversity, connectivity, resilience and engagement. These are set out as fundamental for a high-quality research system that is "by everyone for everyone". However, despite the ambition, the reality often falls short. If we take funding for fellowships as an example, although the gender gap has narrowed in recent years, with half of fellowships awarded to women, there remain stark and stubborn disparities for people from black and minority ethnic backgrounds and for people with a disability (NIHR 2022). There are, for example specific barriers in the researcher development journey of colleagues from global majorities such as in doctoral training, postdoctoral research and leadership development.

In this paper, I acknowledge the difficulties around the language of race, which is contested and evolving. Many documents in higher education policy use abbreviations such as Black and Minority Ethnic (BME) or Black, Asian Minority Ethnic (BAME). This paper uses the language in the policy documents or research cited and where general points are made the term race or global majority is used.

Implicit to the next REF is the idea that building a strong, credible publication record, which shows promise of international reach, coupled with grant income, is essential for successful promotion in research careers and is best nurtured in an inclusive culture and job security, where you can bring your whole self to work. In addition, the more enlightened nursing research environments recognise professional leadership and roles that influence national and international change for patient benefit and increased wellbeing.

However, there are serious questions if we are to crack the concrete ceilings for all. Specifically, we should ask - how does culture and environment open up, or unintentionally close barriers to staff with protected characteristics (for example gender, race, disability, those with long term health conditions, caring responsibilities) to be their most productive best as researchers? Once we have understood the barriers, what can we do about it?

The last REF 2021 found improvement across the board in research environments and cultures, especially in the support of women's careers, probably accelerated by the wide implementation of Athena Swan in STEM research. However, there was also evidence of disadvantage perpetuated through the system, specifically in relation to race (Khan et al 2022).

The access and widening participation agenda in higher education has focused successfully on diversifying the undergraduate student population, for example, in health care (UK Health Education England 2022). Universities are required by government to be accountable for widening access and supporting success for under-represented groups. However, this widening access has not uniformly translated into corresponding improvement in outcomes, exemplified by persistent and sector wide awarding gaps where Black, Asian and the Minority Ethnic (BAME) student population are less successful in attaining first or upper second-class degrees than their White counterparts even after entry qualifications, field of study and type of institution have been factored in (Ross et al 2018, Office for Students 2021). Poorer graduate outcomes will have consequences for recruitment into postgraduate, doctoral and post-doctoral training, where the entry is dependent on a good first degree. Of course, there will be other social, economic and systemic factors affecting choices such as financial pressures of costly and lengthy postgraduate and doctoral training, a competitive environment for funded fellowships and other structural barriers like the precarity of postdoctoral work (London Higher 2022). Therefore, if race is a barrier to getting started on research careers, it is not surprising that across the higher education sector there is a paucity of research leaders from Black and African heritage. In the most recent report on higher education staff, it was found that out of a total population of 22,855 Professors, only 1% are black, 7% Asian and 28% women (HESA 2022).

Provocation: *What quick and longer-term change can nurse leaders introduce to ensure research cultures support a development pipeline for researchers from Black, Asian and*

minority ethnic backgrounds, for example bridging funding, bespoke fellowships, talent management, support for writing, leadership development mentorship etc.

Who judges research quality in the REF?

The research assessment exercise judges quality through peer review. Assessors are nominated by external professional or academic bodies. In the UK the assessment of nursing research is undertaken in what is known as Unit of Assessment 3. This covers research into all aspects of the disciplines of allied health professions, dentistry, nursing, midwifery and pharmacy. The relevant bodies in nursing may include the Royal College of Nursing, Royal College of Midwifery, Institute of Health Visiting, the Council of Deans, as well as stakeholder groups and public representatives. Bodies and organisations nominating individuals to panels are asked to take account of equality and diversity in the process. For REF 2021, the characteristics and representativeness of panels were reviewed by the Equality and Diversity Advisory Panel (EDAP) at two time points and the results published (REF EDAP Final Report 2022). It should be noted this report only identified broad themes across all the panels, so extrapolation to nursing should be circumspect. The report concluded that while gender was taken seriously by nominating bodies, other protected characteristics such as disability, sexual identification and race were often overlooked. Compared to the REF in 2014, there was a slightly increased proportion of panel members from BAME backgrounds, but even so this was lower than the proportion in the permanent academic population.

This analysis matters because as REF depends on the principle of peer review, the individuals appointed to panels should be expected to represent multiple perspectives, views, life experiences and research methods. If panels disproportionately represent one segment of the academic population or one research paradigm, then despite efforts to mitigate this, it is possible that bias creeps into decision making. The Equality, Diversity Advisory Panel recognised in its final report the importance of expanding opportunities for under-represented groups who face barriers to progression, and have not been in the right place at the right time to develop the “usual markers of seniority” or esteem to be nominated. It suggested that the funding bodies consider nominating additional observers to sit on panels

to gain insight and experience into the process of research assessment (EDAP final report 2022).

Provocation: *Nursing leaders should think strategically, inclusively and proactively about preparing and positioning the next generation of academic leaders for roles in research assessment and peer review by identifying opportunities to build esteem and develop personal impact by arranging support and milestones for learning (eg as observers on panels). As these things take time, they should start now.*

Uncoupling individuals from the team

UKRI (2023) recognises that the high-quality researcher is supported by sustainable teams, groups working together and nurturing workplace cultures. The innovative proposals published for the Future Research Assessment Programme are radical in that they shift the old-style mind set of assessment of individual outputs to a focus on the wider discipline. Under the new proposals, staff will be submitted if they have a significant responsibility for research, (defined in employment contracts), which will be drawn directly from the Higher Education Statistics Agency (HESA) staff record, thus reducing the university's administrative burden and the potential for gaming. If these proposals are implemented undiluted, it will mean a complete decoupling of the individual from research outputs. In this way the focus of assessing quality will migrate from the individual, with its connotations of assessing performance, to the impact of the discipline, group and the unit on advancing knowledge.

There may be challenge to these changes from some disciplines, such as philosophy, where there is an established and respected tradition for individual researchers doing great work alone producing research books and papers. However, even in these disciplines it is likely that the lone researcher will have honed, expanded and developed ideas through conversations and engagement with colleagues, students, doctoral students in tutorials, lectures and seminars. In nursing and professions allied to medicine, the majority of knowledge production is the consequence of collaborative work in teams and research programmes. Indeed, research activity is often organised in themes and programmes, which may have cross cutting relationships with wider disciplines such as sociology, policy, medicine etc. In my own research the questions I asked were mostly multifaceted and

required answering through interdisciplinary and collaborative groups. Therefore, building collaborations across academic disciplines, alongside service users and the wider public, was central and non-negotiable.

Bringing the outside in

As argued above, collegiality, collaboration and inclusion can strengthen creativity and positive outcomes. To draw from sociology, Michael Farrell's (2001) study of group dynamics in six collaborative circles is useful here. He studied diverse groups ranging from the French Impressionists and Sigmund Freud's psycho-analysists. Farrell's argument sets out how ideas, and creativity in contested fields comes about through friendship and colleagueship, which serves to sustain motivation and excellence. In the health field, collaboration is often recognised as a tool for success, for example where members trained in different fields with some practising clinically outside the university, work together to integrate knowledge, skills and perspectives into collaborative research (Hager et al 2016).

In past research assessment exercises, it has been difficult to recognise and include clinical experts or public representatives in university submissions, even those who had been active partners and involved in winning grants and writing for publications as co-authors. Indeed, there have been disincentives for universities to recognise such research partners as it came with few rewards and required organising a part time employment contract, which for a service user may compromise the independence of being a "critical friend" in the research process. As noted above, in nursing research, partnerships, for example with the NHS, charities and social care are central to the research effort. The new rules make it easier to embrace "the outside" in the REF submission. Institutions will be able to submit outputs where there is a demonstrable and substantive link to the submitting institution within the REF assessment period. To prepare for this, it will be useful to audit current partnerships, where clinical experts or public representatives are part of the research activity and enable the initiation (at a minimum) of 6-month 0.2 contracts to facilitate these individuals to be entered and thus strengthen the submission. This will promote voice, belonging and inclusion in research endeavour.

Provocation – *What more should nurse leaders and universities do to integrate clinical researchers, senior leaders and public representatives into research teams, establishing funded fractional contracts and establish progression pathways for these individuals?*

Using data for improvement

Accurate and reliable data is powerful for driving improvement. Given the new focus on research culture in the next REF, it is important to start identifying benchmarks and baseline measures. For example, what do we know about pay, progression, retention, funding awards, workload distribution in research groups and specifically shine the spotlight on groups of people who may face barriers to progression. Equality impact analyses are a useful way to document progress from baseline measures. For example, we can measure the average time taken for promotion to a Chair, record the stages in the journey and establish whether there are discrepancies for gender, sexual identities, race and people with disabilities. Secondly, we can record the interruption to research productivity caused by parental or carer leave and absence due to long term illness and the impact on research outputs. Here I give a personal example to illustrate my point. When I came back to work after my third baby and joined a research meeting with two senior (male) Professors from the Medical School to discuss the progress of a grant, on which I was a co-applicant. I was told "You have had a baby; we haven't got time to fill you in". This was a long time ago and I was ill prepared and unsupported to deal with this type of microaggression, which was reinforced by inequalities of gender, seniority and positional power in the room. However, I believe we can and are doing better, but can do more. For example, evidencing inequalities and expecting institutions to acknowledge and record the impact of parental leave or extended sick leave on outputs and take action, for example, in staging returns, acknowledging possible modifications to workload allocation, offering catch up writing time. I want to see a future, which facilitates reasonableness and fairness without researchers stealing writing time from their families and significant others by working evenings, weekends and even holidays.

Finally, and most importantly institutions need to review and expand capacity building and accelerate leadership development for research staff across all levels. This should be targeted, not just at staff on research contracts, but be available to those who through their performance development reviews express ambition to do research to inform their teaching and practice. We should not forget the line managers who are crucial to make it work. Many may not be research active themselves, but should be motivated to support their institutions research strategy to enable research cultures and first-class outputs that will benefit the whole. For example, managers could argue for resources to support development for writing grants, fellowship awards, writing for publication, tracking impact and developing skills to convey stories that are meaningful for a range of different audiences of how research is contributing to health and social care outcomes, wellbeing, organisational improvements, learning and development.

Provocation – *for REF 2029 nursing research activity in universities must focus on demonstrating cultural change through data and evidence. Leaders should focus on improvements for all groups with protected characteristics, challenge themselves by being critically reflective and avoid well meaning, descriptive, aspirational sound bites. Ask questions like what do we want to do? What can we do? What are the measures that will tell us what difference we are making and over what timescale? How is our inclusive research culture creating benefit for patients, families and the healthcare system?*

Personal reflections from REF 2021 to inform the future

The REF system is an enormously powerful lever for change and universities will comply and dance to its tune, because success influences league table position in the competition for students, funding, reputation and prestige. Therefore, as the next REF prioritises research culture it gives the higher education sector a real incentive to accelerate activity towards creating more equal environments and denting disadvantage. Looking back, it is clear that there is progress on reducing disadvantage in research careers and nursing as a discipline should be proud of what it has achieved. This has not been easy, because nursing as a practice-based profession has had to fight its corner and garner respect from established

academic elites. I remember a vice chancellor asking me once whether nurses did research and making the assumption that as I had a doctorate, I must be a medical doctor. I hope we have moved a long way from that kind of view. However, we know there is a lot of work to do especially around the iceberg of disadvantage for people from global majorities. This disadvantage is not just apparent in research careers, but exists in the wider health care system (Kline and Warmington 2024) discrimination in appointments to first jobs (Harris et al 2013, Hammond et al 2017, 2022) and in higher education as evidenced by disadvantage in awarding gaps discussed earlier.

Conclusion

The reasons for the inequalities discussed above are complex, multifaceted and long standing. They are influenced by an interplay between societal, systemic, institutional, relational and personal factors. Much research tends to problematize equalities at the level of the individual rather than looking at the external conditions. Therefore, it is not surprising perhaps that improvement strategies tend to target individual deficits rather than addressing institutional change. This paper has tried to suggest wider and institutional change. However, everyone will say changing cultures to create more inclusive research environments is slow, needs seismic change and there will be others who will argue that efforts at promoting inclusivity are misguided, icing on the cake or even "woke". It is useful here to take comfort from and learn the lessons from the corporate sector where the longitudinal research of management consultants provides compelling evidence that diversity in executive teams is associated with financial outperformance and has strengthened over time, despite the disruption to business in the global pandemic (McKinsey 2020). Qualitative research undertaken alongside the surveys underlines that the rhetoric about diversity is not enough, but that employees have got to feel valued and difference respected. Therefore, there is all the more reason to get started in nursing and healthcare research by increasing awareness of the scale of the problem, assessing the starting point, getting support and funding to reach out to the talent already within organisations and take positive action see Box 2.

Box 2

Action that could be considered:

1. Develop the pipeline and the next generation through talent spotting, succession planning and appropriate opportunities to 'grow on the job'.
2. Where the resources for capacity building do not exist within a small research group, (often the case in nursing) advocate and make the case for funding to support a cross institution approach with exchanges, secondments, shadowing, mentorship and collaborations.
3. Value all actors in the research endeavour and "bring the outside in" including practice experts and public representatives. Where appropriate set up contractual relationships to ensure eligibility for submission eg minimum 0.2 contract for at least 6 months in REF period.
4. Support research as a group/team/community/partnership effort and review how this will inform Performance Development Reviews (PDR) and progression/promotion framework in the institution.
5. Middle managers may not necessarily be research leaders or research active so ensure they have access to leadership development, are supported, celebrated and incentivised to build inclusivity in workplace cultures and develop others through PDR.
6. Build creative and systemic initiatives to support research active colleagues with protected characteristics eg workload support or protected writing time on return from parental leave to ensure they can get up to speed with research.
7. Measure the impact of equality related interventions on research culture through Equality Impact Assessments – drawing on advice and in collaboration with colleagues from Human Resources.
8. Ensure strong, committed and sustained leadership at all levels.
9. Ensure alignment and coherence between nursing and allied health disciplinary approach within the institution.

NB – these actions are tailored for a UK readership, and will vary depending on the requirements of different international systems of research assessment.

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