



# Transfusing our lifeblood: Reframing research impact through inter-disciplinary collaboration between health geography and nurse education



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## ABSTRACT

Geographers have long grappled with how their research can positively impact individuals, communities and society. Demonstrating research impact is an increasingly important aspect of academic life internationally. In this paper we argue that agendas for encouraging 'impact' would be well-served if impact through teaching was identified and stimulated more explicitly, and if academics better recognised and seized the opportunities that already exist for such impact. We take engagement between health geography and nurse education as an example of how social scientists could demonstrate research impact through inter-disciplinary involvement in the education of health care professionals, and specifically student nurses. We begin by showing how the UK's Research Excellence Framework (widely regarded as the key reference point for research performance management regimes internationally) has tended to produce an undervaluation of impact via education in many disciplines. A comprehensive overview of international scholarship at the intersection between geography and nursing is then presented. Here we trace three 'waves of enquiry' that have focused on research interactions before calling for a fourth focused on critical pedagogy. To illustrate the possibilities of this fourth wave, we sketch a case study that outlines how engagement with research around blood donation could help provide a foundation for critical pedagogy that challenges student nurses to practice reflexively, think geographically and act justly. Finally, we call for closer engagement between health geography and nurse education, by encouraging educators to translate, teach, and transfuse ideas and people between health geography and nurse education. In so doing, we argue that work at this interface can be mutually beneficial and demonstrate impact both within and beyond research assessment rubrics. Hence, our ideas are relevant beyond nurse education and geography insofar as this paper serves as an example of how reframing research impact can recover the importance of impact through education.

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## 1. Introduction

Human geography both advances understanding of the world and is unapologetically applied. Yet, geographers have long grappled with the balance between its theoretical and practical edges. Internationally, these debates have been thrown into sharp relief through the need for academics to demonstrate the impact of their research on economy, society, culture, public policy or services,

health, the environment or quality of life, beyond academia. Such 'impact' is measured through institutional audits such as the UK's Research Excellence Framework (REF), Excellence in Research for Australia (ERA), and New Zealand's Performance-based Research Fund (PBRF). Although renewed emphasis on the public benefit of (often publicly funded) academic work is welcome, such audits do not simply measure activities, they actively produce them. Arguably, they presently cause academics to focus primarily on having impact on policy, practice and (profitable) commercial enterprise, rather than to consider the impact they might make by cultivating critical enquiry and reflexive praxis among students, especially across disciplinary borders. The resultant missed opportunity is

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very apparent in the general lack of proactive engagement between social science researchers and disciplines such as nurse education where students are training for careers delivering services and care to the public.

In this paper we argue that agendas for encouraging ‘impact’ would be well-served if impact through teaching was identified and stimulated more explicitly, but equally, that academics should better recognise and utilise the opportunities that already exist for such impact. We take engagement between health geography and nurse education as an example of how social scientists could demonstrate research impact through inter-disciplinary involvement in the education of health care professionals, and specifically student nurses. We begin by showing how the UK’s REF exercise (widely regarded as the key reference point for research performance management regimes internationally) has tended to produce an undervaluation of impact via education in many disciplines. A comprehensive overview of international scholarship at the intersection between geography and nursing is then presented. Here we trace three ‘waves of enquiry’ that have focused on *research* interactions before calling for a fourth focused on *critical pedagogy*. To illustrate the possibilities of this fourth wave, we sketch a case study that outlines how engagement with critical research around blood donation could help provide a foundation for critical pedagogy that challenges student nurses to practice reflexively, think geographically and act justly. Finally, we call for closer engagement between health geography and nurse education, by encouraging educators to translate, teach, and transfuse ideas and people between health geography and nurse education. In so doing, we argue that work at this interface can be mutually beneficial and demonstrate impact both within and beyond research assessment rubrics. Hence, our ideas are relevant beyond nurse education and geography insofar as this paper serves as an example of how reframing research impact can recover the importance of impact through education.

## 2. Research impact

Debates about research impact are not new to geography. Geographers have long strived to ensure their research not only serves to better understand the lives of others, but enables change through direct engagement with participants or by providing evidence that shapes the policy process. Calls have been made repeatedly to demonstrate and defend geography’s applied edge (see summary in Kyle et al., 2011). In recent years, these calls have been mounted as a challenge to the neo-liberalisation of higher education, which *inter alia*, the codification of research impact through performance management regimes such as the UK’s REF signals (Pain et al., 2011).

Born of Margaret Thatcher’s government in an era of fiscal restraint, the UK’s first Research Selectivity Exercise was conducted in 1986 (King’s College London, 2015). Its aim to assess research quality in order to allocate limited public funds across institutions has remained unchanged through subsequent incarnations of the exercise in 1989, 1992, 2001 and 2008, despite notable changes in the mechanisms of assessment, grading rubrics, and increases in the scope, scale and cost of the exercise over the intervening three decades. REF2014 represented a “step change” for the UK assessment exercise (Penfield et al., 2014) (and those that emulate it) by introducing the new measure of ‘research impact’. This now counts for 20% of the overall weighting of assessment, adjusting downward the relative weighting of the existing measures of ‘quality of published research outputs’ and ‘research environment’ (now 65% and 15% respectively). In guidance issued to universities, research impact was defined as: “an effect on, change or benefit to the economy, society, culture, public policy or services, health, the

environment or quality of life, *beyond academia*.” (HEFCE, 2011; emphasis added).

Submitted impact case studies were assessed in terms of their ‘reach’ and ‘significance’ and scored between 1 and 4 stars, or were unclassified (HEFCE, 2011). Because of the novelty of ‘research impact’ in REF2014 and its likely increased prominence in REF2021 (HEFCE, 2011), impact case studies submitted to REF2014 have come under close scrutiny since publication of REF results (King’s College London, 2015). Such inspection is an inevitable product of the neo-liberal project REF supports and much effort is being expended to understand the rules of the game so as to better enable the gaming known to plague such exercises (Martin, 2011). Yet, a critical post-positivist assessment of audit measures would suggest not only that they have already reshaped the academy, but that if reframed, they could remake it again in more productive ways.

Taking all 162 impact case studies submitted to the Public Health, Health Services Research and Primary Care Unit of Assessment (UoA 2), Greenhaugh and Fahy (2015) used content analysis followed by detailed qualitative enquiry to identify the most commonly cited research designs (i.e., randomised controlled trials), impacts (influenced new or revised guideline) and approaches to achieving impact (strong and on-going links with policy makers). Summing up their findings they noted that “the dearth of designs grounded in the social sciences [...] is consistent with previous claims that such work rarely produces direct and readily measurable impacts” (Greenhaugh and Fahy, 2015: 8), yet they are critical of the tendency to privilege direct (linear) links between research and impact over indirect effects.

Developing mindliness – defined as “collectively generated and socially shared tacit knowledge developed in professional communities of practice” (Greenhaugh and Fahy, 2015: 2) – is, they contend, a common route through which indirect impact occurs among health professionals. Education is essential to develop mindliness, yet the stress placed on ‘impact’ being defined as effects of research “*beyond academia*” (HEFCE, 2011; emphasis added) has tended to down-play the possibility of impact through teaching – *even though this was admissible* to the audit (where demonstrable *beyond one’s own* students/institution) (HEFCE, 2012). Data mining of all publically available impact case studies submitted to REF2014 confirmed the side-lining of educational impact, with just 2% of submitted case studies in both the nursing and geography units of assessment (UoA 3 and 17, respectively) citing educational impact (King’s College London, 2015).

Addressing the “concern” that “researchers [placed] relatively low emphasis on the processes and interactions through which indirect impacts may occur” (Greenhaugh and Fahy, 2015: 1), this paper aims to recover education as a route through which research impact can be realised, both within and beyond research assessment rubrics. Specifically, it presents a case study of one pathway to educational impact by suggesting how ever-closer engagement between health geography and nurse education might encourage student nurses to embrace social science approaches and insights in ways that enhance the care they provide to their patients. In so doing, we propose a fourth wave of enquiry at the long-standing intersection between geography and nursing.

## 3. Geography and nursing

A loose chronology of the scholarly intersections between geography and nursing might identify three ‘waves’ of enquiry (see Andrews, 2016):

1. The ‘nursing environment’ as a meta-concept in nursing theory;
2. Environment as an empirical concern;
3. Geographies in nursing.

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