



## The research assessment exercise and its effects on practice development

On the face of it, the research assessment exercise (RAE) appears innocuous enough: an exercise to assess the research activity and output of university departments. However, its impact is felt much more widely than this, and it is the effects of the RAE on the role of nurse academics, and in turn, nursing practice and practitioners that concern us here.

We are all, no doubt, familiar with concerns within education that the assessment process can drive, and even dominate, students' learning experiences to the extent that they (and those who teach them) structure learning solely around the course assignment. Similarly, the RAE might be seen as driving and dominating not only the research agenda of university departments, but also the teaching agenda, to the extent that all academic activity becomes fixated on achieving a good research assessment. There is a danger that, as nursing departments are increasingly being judged by their RAE scores, the research function is seen as more important than the teaching function, and thus researchers are seen as more important than teachers. Certainly, the criteria for promotion in many nursing departments are increasingly oriented towards research achievements such as publications, research grants and the possession of a research degree.

In more theoretical disciplines, such an emphasis on research activity might be appropriate. For example, research is primarily what sociologists do – sociological research is the practice of sociology, and so the notion of a gap between theory and practice is meaningless. Students studying sociology in a university do not need to ask whether their lecturers

are also practitioners of sociology, and one of the indicators of good practice is for students to be able to read their lecturer's latest journal publication or research report. However, the role of the nurse lecturer or nurse academic is, we would argue, both different and more complex. Unlike in theoretical disciplines, the primary function of nurse academics is not to practise nursing themselves, but to enable others to do so; in other words, to facilitate practitioner and practice development. Doing research is, of course, one element of practice development, since evidence-based practitioners rely on empirical research for part of their evidence base. However, in professional disciplines such as nursing, we might argue that it is only a small part, and that the professional and ethical imperative is the educational development of existing and prospective practitioners rather than the generation of knowledge through research. Indeed, many practice developers would argue that research is as much the role of practitioners as it is of academics.

Our concern is that the monolithic presence of the RAE is driving a wedge through the discipline of nursing. First, nurse academics are in danger of becoming part of a separate profession that has little to say to practitioners of nursing, and whose primary concern is not the development of practice and practitioners, but the acquisition of research grants and the publication of research findings. Second, those academics who choose practice development over research are in danger of being disadvantaged by a two-tier hierarchy where the products of research are valued more highly than the less tangible products of

teaching. The danger is that if nurse academics want to develop and seek promotion, often their only option is to move away from teaching (and thus away from facilitating practitioners and practice development) and into the research domain. The implications of the RAE and its consequent impact on nursing practice and practitioners may only just be beginning to be felt.

**LYN GARDNER**

**GARY ROLFE**

*l.d.gardner@swan.ac.uk*  
*School of Health Science*  
*University of Wales, Swansea*