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Guest Editorial: Rethinking research training.

Rahm Hallberg, Ingalill

Published in:
Journal of Advanced Nursing

DOI:
[10.1046/j.1365-2648.2003.02957.x](https://doi.org/10.1046/j.1365-2648.2003.02957.x)

2004

[Link to publication](#)

Citation for published version (APA):
Rahm Hallberg, I. (2004). Guest Editorial: Rethinking research training. *Journal of Advanced Nursing*, 45(6), 553-554. <https://doi.org/10.1046/j.1365-2648.2003.02957.x>

Total number of authors:
1

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LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00

Guest Editorial: Rethinking research training

In Sweden (my country), as in most European countries and virtually all around the world, it is becoming mandatory that health care should be based on scientific evidence. This raises questions about how research training in nursing should now be provided so that our future research can properly provide the more robust knowledge base that 'evidence-based nursing' requires.

The PhD has been the main form of research training in nursing (as in other disciplines) during the developmental phase of nursing science. In many countries, including my own, knowledge development in nursing has relied heavily on PhD theses. While doctoral studies will continue to make significant contributions to nursing knowledge, a robust evidence base for nursing cannot rely any more on doctoral studies alone. The need for an expansion of postdoctoral training and career development is long overdue. Those of us who are experienced researchers need to reflect urgently on how we can best coach our doctorally prepared nurses to become tomorrow's leading researchers, properly equipped to tackle the formidable challenges attached to the global aspiration of 'evidence-based health care'.

In bringing young members of our profession into research training, we now need to pay much closer attention to questions about the recruitment and funding of doctoral students; about whether the research for their theses should be part of a senior researcher's programme or a freestanding study; about the best balance in their training between course work and research; and about how the international outlook and the multidisciplinary perspective can be brought into their training. These questions are crucial if the next generation of nurse researchers are to be properly equipped to function in today's world of science where, even in health care, research is increasingly a multidisciplinary and international activity. This does not mean that questions relevant to

nursing care and to the local context are neglected; but, instead, that nursing studies are embedded in larger programmes of research and, in turn, that these are concerned with producing knowledge – evidence – with the capability of being generalized.

In Sweden, there has been an obvious shift in recruitment as well as in the length of study time during the last 10 years. It has been stipulated that most doctoral studies should be undertaken on a full-basis and should not take more than 4 years. The rationale is to ensure that doctoral research training is intensive, but not interminable, so that well-prepared researchers are produced as quickly as possible. Of course, finances have to be solved before students can take on this type of study. Also, nowadays, doctoral students in Sweden are mainly recruited from the health care system, as clinically active nurses, and most of them return to practice, either on a joint appointment with an academic nursing department (i.e. combining teaching and research with clinical work) or with a research role incorporated in full-time clinical practice. This probably makes 'the road to implementation' shorter than before, when the most common doctoral student was a nurse teacher and so the implementation of the findings of their research tended to be routed through education rather than taken straight back to practice. These are welcome developments. We need to ensure that neither the education system nor the nursing service put unnecessary demands and obstacles in the way of attracting able, young registered nurses into doctoral training programmes and then assist their movement either back into service as research-active practitioners or on into postdoctoral positions in university departments to become principal investigators and, in turn, PhD supervisors.

Efficiency and effectiveness in the supervision of new doctoral students – and also of new postdoctoral research-

ers – are much more likely to be achieved when there is a match of research interests. In contrast, the individual research topic and the perpetuation of individual studies is counterproductive to efficient and cohesive knowledge building. If doctoral students and postdoctoral trainees connect their studies with the research programme of their supervisor, skilled and knowledgeable supervision can be provided. Furthermore, the outcome will certainly be more substantial than with isolated, small-scale work on topics that often are never followed through with further research.

Ultimately, knowledge building is an international task. We now need to consider how doctoral students are best trained to consider their own research as part of the overall global task of knowledge building in nursing. Sometimes it seems as if there is a huge divide, perhaps especially between the USA and Europe – and generally between the West and the East – in properly acknowledging the value of research already done within an area, but conducted elsewhere. Of course there are language barriers that contribute to this, but it is also attitudinal and historical. We have to make sure that today's research students understand the notion of an international research community and that the relevance of reported research is not viewed as stopping at the border of its country of origin (unless, of course significant cultural differences dictate this). The global task of accelerating the generation of nursing knowledge for evidence-based health care compels us to take note of each other's research, and to collaborate internationally on research, whenever there is any opportunity to do so.

In Europe, we are now actively nurturing doctoral nursing students in this outlook. The initiative taken by Professor Emeritus Rosemary Crow (UK) and the late Professor Georges Evers (University of Leuven, Belgium) to form a

European Academy of Nursing Science (EANS) has supported the development of a European Network of PhD Nursing Programmes. Some 20 universities around Europe are now members of this Network and an annual summer course is held, rotating around the member universities, for their doctoral students and supervisors. The last summer course was in Sweden and more than 50 doctoral students, representing more than 15 countries, participated in this, together with about 15–20 senior staff members. The effects in terms of broadening the students' perspectives have been far beyond expectations. The hope is that, as postdoctoral researchers, they will exploit the links and networks already established at a formative stage to engage in productive international research collaboration, perhaps especially benefiting from the involvement of the non-English speaking countries whose research to date has not attracted so much notice. This initiative of EANS should inspire similar ventures, perhaps internationally, and its unique strength is its deliberate intent of nurturing a new – and different – generation of nurse researchers.

By the same token, and as I am doing in my own university, we also need to nurture at least some of our young

researchers from the outset in the arena of multidisciplinary research. Nursing care takes place in a multidisciplinary perspective and most of the research questions approached in nursing relate in some way or another to medical, social or humanistic aspects that cannot simply be ignored. Nurses often say that medicine cannot contribute to the kind of knowledge building taking place within nursing or that only nursing research addresses the human experience of living with illness. This is of course not true. Arguably, we have more to gain from closer collaboration and multidisciplinary research than from standing apart, but we need to train nurses and doctors (and others) to engage constructively in cross-disciplinary collaboration. The Swedish Institute of Health Care Sciences (Vårdalinstitutet) where I work provides multidisciplinary research training in collaboration with the universities and more than 35 students from very differing backgrounds are currently enrolled in this programme. The doctoral students can be physicians, nurses, occupational therapists, engineers, or have a background in political science, ethnology, psychology, social work, sociology and so on. Currently nurses dominate the numbers and this bodes well in terms of

nursing leading, not just joining, the multidisciplinary health care research teams of the future. I am not suggesting that this is the only way of training nurses for research in the future, but it is one way, and the one thing that I do believe is that we need now to be diversifying our approaches to research training.

To build a powerful knowledge base for nursing in this new era of demand for evidence-based health care, we need to identify and coach strong young scientists within the field of nursing. We especially need to discuss and reflect on recruitment, the timing of entering research training, the length of training and the approaches to supervision. We also need to think creatively about how best to approach multidisciplinary research questions in collaboration with other researchers and about how to encourage more international collaboration.

Ingalill Rahm Hallberg
*Professor, Dean of Nursing and Head of
The Swedish National Institute for
Health Sciences, Lund University,
PO Box 187, SE 221 00 Lund, Sweden.
E-mail: ingalill.rahm_hallberg
@omv.lu.se*