The Ambivalent Academic

Like most PhD students, I entered the program without a clear idea of what to expect. I was passionate about undergraduate education and had only a vague understanding of the inner workings of academia. The intellectual challenge of the first year has been exhilarating, but, frankly, I have been dismayed at what I have come to understand as the taken-for-granted assumptions of academia. I am deeply concerned about the future of nursing—particularly the future of nursing education—and have the ability and energy to make a significant contribution. However, sacrificing the rest of my career to the norms of traditional academia will not help me to achieve that goal.

The traditional faculty role is defined in terms of a balance between research, teaching, and service. The ideal that is held up for emulation is the "triple-threat individuals," defined by Norbeck (1998) as "the people who do it all—they are consistently funded and publishing research; they are outstanding teachers and they are selected for service on the most important faculty committees and task forces (p. 198). However, there are problems with this definition of success. It fails to account for the complexity and time-consuming nature of undergraduate education and makes no provision for the preparation of future leaders in nursing education. It privileges a traditional research paradigm that is increasingly unrealistic and impractical, given current faculty workloads and economic realities. Finally, it rewards certain personalities and skill sets, marginalizing those with different backgrounds, abilities, and interests.

The traditional definition of success devalues the scholarship of teaching. Nursing leaders advocate increased numbers of doctoral-prepared nurses as a key strategy in addressing the looming faculty shortage (Institute of Medicine, 2011; Yordy, 2006). Because there are no required education courses in most Doctor of Nursing Practice (DNP) and traditional research-based PhD programs and no monetary incentive for pursuing a faculty career, it is unclear how a simple increase in numbers will make a difference (Chase & Pruitt, 2006; Kelly, 2010). The unspoken assumption—that teaching requires no special training—is insulting to those of us who understand the complexity and time-consuming nature of undergraduate education.

Nursing education is changing (Benner, Sutphen, Leonard, & Day, 2010). Content-heavy PowerPoint® lectures are giving way to contextualized case studies and concept-based learning activities. A typical clinical assignment in our undergraduate accelerated baccalaureate program is 0.9 full-time equivalent, consisting of 2 full clinical days in a hospital setting and 1 full day of instructor-led learning activities off site. Spiraling and scaffolding the complexity of nursing practice from novice to expert is a challenging task that requires constant collaboration between clinical and theory instructors. With some mentoring, DNP and PhD graduates could certainly fulfill these roles. But who exactly is going to do this mentoring? Who is going to teach in the DNP and PhD programs of the future? What provision is being made for the preparation of future leaders in nursing education? Instead of harnessing the energy and enthusiasm of the current generation of nursing educators, the traditional definition of success has marginalized their scholarship with a narrow focus on a research style that is unattainable and impractical for most nurses. The kind of research that is appealing (and practical) for nurse educators is likely to be small scale, collaborative, and embedded in practice. Such a research program is seldom respected in university systems, which are driven primarily by financial considerations.

The current definition of success rewards a style of research that is increasingly unrealistic and impractical. The traditional definition of success is driven, at least in part, by university financial priorities. A top-tier research university's prestige and financial solvency depends on the ability of its researchers to secure large-scale private or federal grants, a portion of which goes to the university to cover "indirect costs." Smaller nursing education grants do not provide this perk and are thus of less value to the university. Furthermore, many modern universities are selecting institutional research priorities based on the availability of funding—a blatantly pragmatic solution to shrinking revenue sources that should give us pause. Nursing is no different. If your research interests align with National Institute of Health and National Institute of Nursing Research priorities, AND if you can find a primary investigator in that field willing to mentor you, you will be successful. If you are interested in nursing education or any number of other "nonessential" topics, you are on your own. As Afaf Meleis (2001) thoughtfully reminded us:

Should not the goal of scholarship be to answer significant questions about people's health and illness by using any and all available resources? Should not a scholarly community evaluate contributions rather than the sources, or amounts of financial support? Should not scholars value contributions, however big or small, as long as they lead to effective results? (p. 104)

The National Institute of Nursing Research is second to last in monetary allotment for research, receiving only slightly more respect than complementary and alternative medicine (National Institute of Health, 2010). Most of that money is allocated to a few top nursing schools. Many schools receive no funding at all. A recent study documented an average of 6.9 students per current grant and 8.3 students per "ever-funded" researcher (i.e., a researcher who has received funding at some point in his or her career) (Minnick, Norman, Donaghey, Fisher, & McKirgan, 2010). As a new doctoral student, you can read between the lines and consider your odds for success in this scenario. Other disciplines are beginning to address the scandal of doctoral student attrition, which is estimated to be approximately 50%, a figure that is higher with nontraditional students (i.e., female, older, part-time, self-funded, minority) (Gardner, 2008; Golde, 2005; Lovitts, 2001). Attrition rates for nursing doctoral programs are unavailable, but there is no reason to suspect they are any better, given that our demographic is almost entirely nontraditional. For the first time this year, the number of PhD graduates has decreased, whereas the number of DNP enrollees has sky-rocketed (Fang, Hu, & Bednash, 2011). Prospective doctoral students understand the inefficiency and impossibility of the current system, even if nurse leaders do not. More of them are opting for a streamlined DNP program over an arduous and unpredictable PhD program.

The traditional definition of success requires a level of personal sacrifice that few aspire to, and it rewards behaviors that are antithetical to the values that attracted us to nursing in the first place. The current academic system was created to serve the needs of White, middle class men with wifely support. Today, more than half of all doctorates are awarded

to women (Gardner, 2008); in nursing, 93.4% of research doctorates were awarded to women (Fang et al., 2011). Yet academic nursing has made no concession to gender. The personal and emotional cost for women of trying to "do it all" in a patriarchal academic system is well documented (Acker & Armenti, 2004; Currie, Harris, & Thiele, 2000; Harris, Thiele, & Currie, 1998), but the nursing literature is largely silent on the topic. The legitimacy of the goal is never questioned; the focus is on doing whatever it takes to attain it (Nolan et al., 2008).

I admire those individuals at my institution who seem to be able to do it all, but I wonder—at what cost? If I succeeded, in the traditional sense of the word, it would be at the expense of other things in my life that I consider important— my health, my relationships, my "think time." It is interesting that I am feeling pressured to choose between emotional stability and success in a profession that is based on caring and holistic concern for the welfare of others. The contributions that I do bring—teaching ability, reflective analysis, team building, mentoring—are equally valuable and necessary to academic life but are not part of the current reward system. The current system of tenure rewards publications and research (data based, preferably) but not the qualities that ensure good leadership.

The term *ambivalent academic* comes from an essay entitled, "Women in Higher Education: What Are We Doing to Each Other?" (Gray, 1994). This title, in turn, is taken from another article (Wasow, 1992) by a sociologist who makes the following observation:

From the time doctoral students begin their studies until the time tenure is achieved, they are under enormous pressure to produce and publish, the faster the better. This pressure tends to promote shallow work. Students are likely to go for the practical thesis that can be completed quickly without too many complications. How many times have we heard, "Save those ideas until after you have your PhD," and then, "Wait until after you have tenure to do that." The problem with all of this is that from the time people start their doctorate until they achieve tenure typically is anywhere from eight to 15 years, during which time passions

and beliefs can get lost. Severe anxiety and constant compromise can do a lot to destroy a person's self-confidence, desire, and dreams. Even worse, some people become re-socialized into this high-pressured way of doing things and into the narrow view of what is acceptable research. Now they are ready to impose this view onto the next generation. (p. 486)

Alternatives to the driven nature of modern academic life are being discussed in other disciplines (Drago & Williams, 2000; Hutchings, Huber, & Golde, 2006; Lester & Sallee, 2009; Sullivan & Rosin, 2008; Walker et al., 2008). I want to believe that the next generation of nursing scholars will work to implement positive changes in our discipline. We must make changes; the next generation of nursing leaders, myself included, are willing to work hard, but not in a system that is capricious and exclusionary.

The members of my own doctoral cohort are committed to helping each other succeed. A small group of dedicated undergraduate faculty members at my school, with the support of a tenured faculty member, have started to meet together in what noted educator and philosopher Parker Palmer (Palmer & Zajonc, 2010) called a "circle of trust." Our immediate goal is to help each other with writing and publishing, but we are also taking the time to get to know each other as people. In our own small way, I hope that we can be part of a new movement to debunk the myth of the independent scholar, "demonstrating, through (our) research practices and writing processes, that collaboration—interdependence—is the true condition of knowledge in academe" (Sullivan, 1994, p. 26).

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