



Stronger together: The case for multidisciplinary tenure track faculty in academic nursing

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As educators, clinicians, and researchers with responsibilities for preparing the next generation of nurse clinicians and scientists, we respectfully offer *Nursing Outlook* readers a perspective on multidisciplinary tenure track faculty roles within schools of nursing in response to the discussion paper by [Algase et al. \(2021\)](#). The authors identify increased hiring of multidisciplinary faculty members as a threat to disciplinary knowledge generation and call for discussion of the role of multidisciplinary faculty members in academic nursing programs moving forward. Here, we respond to the rhetoric as well as to the arguments, which we believe limit the functions and purpose of nursing science and overlook contemporary realities of academic nursing.

The authors permeate the paper with exclusionary language, such as pervasive use of the term “non-nurse faculty (NNF).” While technically accurate, “non” conveys an intrinsic othering of multidisciplinary colleagues who have earned tenure track positions alongside nurses. The use of othering terms does not align with *Nursing Outlook’s* (2021) Guide for Authors position on Use of Inclusive Language, which specifically requests that authors adopt inclusive language that “acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities.” Similar to other professions, nursing faculty often employ disciplinary-specific gatekeeping behaviors to determine who can and who cannot access certain identities and associated privilege such as who can be a nurse and, in this case, contribute to the generation of nursing science. Gatekeeping practices are often deeply engrained in professional norms and practices but are rarely critiqued. We believe the discipline must critically question the purposes and purported benefits of disciplinary gatekeeping defended by [Algase et al. \(2021\)](#); as elaborated they do not center patients, communities, students, or science.

The exclusionary approach continues with the assertion that multidisciplinary faculty cannot generate knowledge within the nursing discipline. Any discussion of contribution to nursing science presupposes agreed-upon definitions for nursing and nursing science. Tightly bound and concise definitions of each are elusive and for good reason: the discipline is vast and varied in terms of roles, activities, practices, and practice objectives. Earlier generations of nurse scientists pursued research doctorates in education, sociology, and other disciplines out of necessity because PhD programs in nursing did not yet exist to support the development of nursing-specific science. Indeed, nursing practice itself is shaped by both applied and theoretical aspects of many disciplines. As [Abbott \(1988\)](#) notes in *The System of Professions*, “The academic knowledge system of a profession generally accomplishes 3 tasks - legitimation, research, and

instruction- and in each it shapes the vulnerability of professional jurisdiction to outside interference. Legitimacy provides a central foundation for jurisdiction.” (pgs. 56-57). Has the discipline become so consumed by concerns of safeguarding scientific jurisdiction and disciplinary boundaries that some have lost sight of how we entered the academy – and the multidisciplinary faculty who facilitated our scientific development in the first place?

The question is not whether multidisciplinary faculty can generate discipline-specific knowledge; informatics, genomics, family systems, nursing-related health services research, and interdisciplinary aging studies are just a few of numerous exemplar areas where pioneers from multiple disciplines have advanced theories and methods essential to nursing science and clinical practice. Rather, we ask: should disciplinary knowledge generation, teaching, and training be limited to individuals who are grounded in the practice of nursing? We argue that this depends on what counts as grounding. Many tenure track nurse faculty either no longer maintain practice or practice nominally due to lack of support for dual roles. Does clinical education, in some cases obtained decades prior and without recent history of practice, count as being grounded in practice? A pure practice orientation as the foundation for knowledge generation and teaching within the discipline does not guarantee generation of knowledge that benefits the discipline, and more importantly, the people and communities nurses serve. While important, the salience of clinical practice as the singular criterion for knowledge generation and teaching within the discipline must be carefully critiqued.

Our collective experience suggests that students benefit greatly from a learning environment that embraces multidisciplinary faculty by expanding access to expertise that might otherwise not be available, encouraging pursuit of research doctorates both within and beyond nursing, and potentially expanding faculty demographic representation. Accreditation and state board of nursing policies often require that select undergraduate and graduate courses are taught by nurses. While this is one reason nurses hold most of the faculty positions within schools of nursing, these are challenges that can be solved with pedagogical strategies and structural changes to accreditation and regulatory policies. For example, team teaching approaches suggested by [Robb and Gerwick \(2013\)](#) can help re-balance tenure track faculty teaching loads such that all faculty have opportunity and responsibility to teach across curricula and programs. Given the well-documented shortages of PhD-prepared nurses, arbitrary and potentially discriminatory limitations on hiring by disciplinary background may have the unintended consequence of increasing teaching workload for all tenure track faculty members.

Finally, we question whether multidisciplinary faculty hires have truly increased as [Algase et al. \(2021\)](#) purport. [Smith et al. \(2019\)](#) adapted [Lenz and Morton's \(1988\)](#) prior work to explore current trends in nurse faculty composition, while also contemplating the evolution in nursing education, including the addition of Doctor of Nursing Practice (DNP) prepared faculty, and found a decrease of 15% in multidisciplinary faculty educating nursing students. In some programs the pace of multidisciplinary faculty hiring may have increased for site-specific reasons. However, we find no data to support generalized growth in hiring of multidisciplinary faculty nor data to support a view that qualified tenure track nurse applicants are disadvantaged by multidisciplinary faculty hiring. Nurse scientists increasingly conduct research across a diverse range of populations, settings, and topics, including some that are less closely associated with a traditional conceptualization of nursing practice such as -omics and genetics. In this context it makes little sense to close off faculty lines to multidisciplinary faculty who provide key expertise as research collaborators and educators.

After reflecting on the arguments made by [Algase et al. \(2021\)](#), we advocate for excision of exclusionary language and thought. We encourage our colleagues to consider it a wild disciplinary success that eminent scholars selectively choose to conduct science and teach alongside nurses; it was not always this way. Lastly we challenge programs to focus efforts on generative discussion and strategic planning for a) a robust and diverse pipeline of nurse scholars who are prepared to assume leadership roles, b) intentional support and advancement efforts to assure that multidisciplinary faculty contribute optimally and equitably across teaching, scholarship, and service missions, and c) attraction and retention of diverse scholars who are committed to advancing the important work of

advancing health and well-being for individuals and communities.

Author Contribution

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