Received: 8 August 2023 | Revised: 18 September 2023 | Accepted: 18 October 2023

DOI: 10.1111/jan.15932

EMPIRICAL RESEARCH QUANTITATIVE

JAN Leading Global Nursing Research WILEY

What helps or hinders nurses to lead funded research projects? A survey of UK nurse lead-investigators

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Abstract

Background: There have been recurring UK initiatives to increase nurse research capability but little robust evaluation of long-term effectiveness. More nurses undertake doctorates, yet few lead major funded projects. Previous research suggests potential explanations but the perspectives of nurse lead-investigators themselves have not been examined.

Aim: To explore the perceptions of nurse lead-investigators about what has helped or hindered them to lead funded research projects.

Methods: Lead investigators of research projects from major UK funders (1 Apr 2017–Sept 2022) were identified from publicly available data. University profiles were screened to identify registered nurses. Entire population was approached (no sample size calculation required). Consenting participants completed an online survey (five open questions).

Results: A total of 65 nurse-lead investigators were identified, 36 (55%) completed the survey (20 December 2022 to 17 February 2023). Participants identified *Building (multi-disciplinary) collaborations* and *mentorship* as having been most important to their success. *High-quality mentoring* was also identified as most important in helping novice nurse researchers become leaders. Participants highlighted the critical importance of being supported by individuals with a *track record of funding success* and benefits of being situated in *research-supportive environments*. *Lack of career pathway/infrastructure* and being unable to pursue research due to *competing clinical/teaching priorities* were identified as most unhelpful to this group AND the most common reasons for peers not going on to lead research.

Conclusions: Ensuring access to mentors with an established track record is an important component of schemes to increase research capability in nurses. Funded, protected time for research and career structures that reward the significant skill development required to succeed in a competitive, multi-disciplinary funding arena is important.

Impact: Interdisciplinary collaboration and mentorship by experienced researchers are critical to success and should be incorporated into future interventions to increase

research capability in nurses. No patient or public contribution (as exploring a professional issue).

KEYWORDS
career pathways, leadership, research in practice

1 | INTRODUCTION

Internationally, there is a drive to develop research-active nurses and other allied professions (Carrick-Sen et al., 2019; Eckert et al., 2022; May, 2021; National Institute of Nursing Research, 2023). In the UK, since the late 1990s, there have been a series of initiatives designed to encourage nurses to undertake research and to build research capacity and capability in the profession (Baltruks & Callaghan, 2018). However, initiatives have not been accompanied by 'sustained investigation' (Segrott et al., 2006) and the long-term effectiveness is unclear (Henshall et al., 2021). In Nov 2021, the Chief Nursing Officer for England launched a strategic plan for research which confirms that there is much still to do to develop nurse research leaders (May, 2021).

2 | BACKGROUND

Nurses face a number of barriers to becoming research leaders. Historically, nursing has not been research-active (Westwood et al., 2018) with few nurses visible as role models (Collaboration UKCR, 2006) and with opportunities to be research-active varying between and even within countries (e.g. the UK; May, 2021). Increasing numbers of nurses are undertaking PhD and Clinical Doctorates (Hanssen & Olsen, 2018; McKenna et al., 2014) but there are few post-doctoral opportunities (Dickinson et al., 2017) and a lack of established clinical academic career structure (Cooke et al., n.d.; May, 2021). Nurse managers lack experience in supporting clinical academics (Cooke et al., n.d.; Gerrish & Chapman, 2017). Many nurses undertake research without funding (McCance et al., 2007) or struggle to balance research with competing teaching and/or clinical priorities.

Building the necessary expertise to deliver programmes of research has been identified as a key priority for nurses (McCance et al., 2007). This requires nurses to succeed in the competitive, multi-professional arena of health research funding. In the UK and elsewhere, (Eckert et al., 2022) the number of nurses who secure major funding for research remains very small (Mulvey et al., 2022). In the UK, the National Institute for Health Research (NIHR) recently issued a special call, specifically to encourage applications from nurses who they have identified as under-represented as lead investigators (National Institute for Health and Care Research, n.d.).

Qualitative investigation has highlighted a number of specific challenges nurses encounter—seniority at time of application meaning they do not fit 'standard' research trajectories, gender inequality and lack of infrastructure and support (Burkinshaw et al., 2022). There is little evidence as to what is most helpful in helping nurses to overcome significant barriers and secure research funding (Henshall et al., 2021). To date, the perspectives of nurse lead-investigators themselves have not been examined.

3 | THE STUDY

3.1 | Aim

To explore the perceptions of nurse lead-investigators about what has helped or hindered them to lead funded research projects.

3.2 | Design

A cross-sectional online survey.

3.3 | Research questions

1. What factors do nurse research leaders identify as
   a. having been critical to their success as research leader?
   b. having been unhelpful to them achieving success as a research leader?
2. What support do nurse research leaders consider to be most crucial for novice nurse researchers to help them secure research funding and lead projects?

4 | METHODS

4.1 | Sample

4.1.1 | Participants

Nurses who led a health research project funded by NIHR, Chief Scientist Office (CSO), Medical Research Council (MRC) or Economic and Social Research Council (ESRC) in the UK (funded between 1 Apr 2017 and Sept 2022) were eligible to take part.

Inclusion criteria

(i) Currently or previously registered as a Registered Nurse
(ii) Named lead investigator on a research grant funded by the NIHR, CSO, MRC or ESRC

Exclusion criteria

(i) Nurses receiving funding for their own PhD (research training)

All eligible participants were invited so a sample size calculation was not required.

4.2 | Recruitment

4.2.1 | Population identification

Major research funders (NIHR, MRC, CSO, ESRC) were approached and asked to provide the following (publicly available) data about projects funded by them and led by nurses between 1 Apr 2017 and Sept 2022

- Chief Investigator Name
- Host University
- Start and end date
- Total award amount
- Award title

The MRC, ESRC and CSO do not record whether the lead investigator is a nurse and so could not provide the requested data. Instead, the named lead investigator and the host university of all funded projects were identified and the university profiles from departments with health, nurs* or care in the name were searched to identify lead investigators who had a nursing qualification.

NIHR provided data, however omissions within the list first provided, were identified by chance [projects the author (BF) was aware of as being led by a nurse did not appear]. It was established this was because the job title field was being used to identify lead investigators who were nurses; if this did not contain 'nurs' the projects did not appear in search results. Therefore, a repeat search was conducted using the same criteria as for the other funders (departments with health, nurs* or care in the name) and the same process to identify nurse lead-investigators followed.

4.2.2 | Consent

All potential participants were contacted by email on 20 December 2022, provided with a Participant Information Sheet and invited to take part. Those wishing to take part were asked to click a link to an online survey (hosted by onlinesurveys.ac.uk). Those who did not wish to take part did not need to take any further action.

Those who linked through to the survey were presented with a landing page which summarized the purpose of study and given a further opportunity to decline to participate (by clicking out of the online survey tool).

5 | DATA COLLECTION AND ANALYSIS

Those who consented to take part were asked to respond in their own words to the following questions:

1. Very few nurses receive funding to lead a research study. Can you describe in your own words what has helped you to be able to achieve this when most do not? Please provide as much detail as you can—there is no word limit!
2. Please describe anything that has been unhelpful to you as you tried to lead research.
3. What do you think is most important in helping novice nurse researchers become research leaders?
4. Think back to when you did your PhD—how many other nurses doing the same were you close with? How many of those have gone on to lead funded research?

- Next question depending on response
  1. Where it is 'all'
     a. why do you think your cohort have done so well?
  2. Where it is a high proportion (>50% but <100%)
     a. why do you think your cohort have done so well?
     b. what do you think has stopped some peers from being able to lead funded research?
  3. Where it is a low proportion (<50%)
     a. what do you think has stopped your peers from being able to lead funded research?

In order to preserve anonymity in such a small population, full demographic details were not collected; only gender and time since PhD in categories: <5 years, 5–10 years, >10 years (or the option 'don't have a PhD') were requested.

The limited demographic data and numerical responses to Q4 were summarized using descriptive statistics. Qualitative responses to the open questions were reviewed and pseudonymized before being uploaded to NVivo and analysed thematically.

6 | ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained on 18th Nov 2022 (prior to any data collection) from the University of Stirling General University Ethics Panel: Ref 10962. No particular risks to participants or researchers were identified.

7 | RESULTS

A total of 65 nurse lead-investigators were identified, with 35 (54%) of those holding the title Professor. The breakdown of the funders they received funding from was as follows: ESRC ($n=5$), MRC ($n=7$), CSO ($n=3$) NIHR ($n=52$), (numbers do not sum as two lead-investigators appeared

in more than one funder list). Thirty-six (55%) of the 65 identified lead-investigators completed the survey between 20 December 2022 and 17 February 2023 (note: the author was identified in the search but did not participate in the survey, thus 56% of eligible participants took part).

Participants were 69% female ($n=25$), 28% male ($n=10$) and one preferred not to state their gender. All participants had a PhD and most (84%, $n=30$) reported obtaining that qualification more than 10 years ago, 13% ($n=5$) between 5 and 10 years ago and one less than 5 years ago.

7.1 | What helped nurses to succeed as lead-investigators?

Building collaborations, mentorship and protected time were most frequently referred to by nurse lead-investigators as being important to achieving success.

7.1.1 | Building collaborations

Building collaborations ($n=27$), particularly multi-disciplinary collaborations was cited as being important in relation to (i) development of research skills:

> most important factor was being located within a world-leading applied health care research environment … I was able to discuss my ideas with methodologists and … encouraged to challenge myself methodologically (*Participant 29, F, PhD >10 years*)

(ii) setting expectations around leadership

> Post PhD jobs…in large research intensive University department … gave me exposure to how research careers were, [the] expectation was to lead research studies (*Participant 2, F, PhD >10 years*)

and (iii) as key to successful grant applications:

> I can't stress enough that good applications need credible multidisciplinary teams with methodological expertise, not just topic (*Participant 33, gender not provided, PhD >10 years*)

> I wonder whether nurses planning research tend towards focusing on improvements for individual patients (naturally, given our backgrounds) when funding bodies are more interested in broader interventions? So, I suppose thinking big is important. (*Participant 5, M, PhD 5–10 years*)

7.1.2 | Quality mentorship

Quality mentorship was the next most commonly identified factor as helping nurses achieve success ($n=19$) and also viewed by participants as most important in helping novice nurse–researchers become leaders:

> I spent a considerable amount of time with very good mentors (who genuinely wanted me to succeed) and by making sure I collaborated with expert researchers in my field so I could maximise my opportunities to learn from them and observe them at work. (*Participant 18, F, PhD > 10 years*)

Many participants ($n=10$) highlighted the critical importance of being supported by individuals who understand the research funding landscape

> I spent time with Professors (of many different disciplines) who were already research leaders and who had secured prestigious grants from major research councils … were experienced in grant reviewing and were members of grant panels. I seek out these people to comment on my research grant proposals (*Participant 18, F, PhD >10years*)

> Lucky to work [with] a leading researcher who guided me on producing a good grant application (*Participant 13, F, PhD >10years*)

and the particular benefits of being in a research-supportive environment

> I was fortunate to secure a research only post in a research institute. This was working with a truly multidisciplinary team of clinicians, methodologists and administrative support staff. The training I received there was invaluable in understanding the research process from developing ideas, to applying for funding to running projects (*Participant 12, F, PhD >10years*)

> I was also working in an environment where research was the norm and fully supported, and the development of clinical academic roles also fully embraced—this is not the norm in nursing (*Participant 15, F, PhD >10years*)

Many highlighted that the most useful mentorship may lie outside nursing:

> I did not waste any time with Professors of Nursing who knew little about research and who were not research active (there are a lot of them!)
> (*Participant 18*, *F*, *PhD >10years*)

> Work with professions who are stronger at acquiring competitive funding
> (*Participant 24*, *M*, *PhD >10 years*)

7.1.3 | Protected time

Protected time to focus on research and to be released from other commitments (clinical, administrative or teaching) was identified as key for many of the participants and similarly a lack of protected time was something that hindered them and their peers:

> I was very fortunate that I secured a role as a research fellow prior to my funding award, which gave me 100% time allocation to do this
> (*Participant 15*, *F*, *PhD >10years*)

> Time is another critical factor. The largest grant on which I am CI I got following a period of research leave from the organisation I worked for. During that time I undertook ground work (such as feasibility and literature work) that enabled a strong application. But perhaps more importantly it gave time to think—despite being academics—time to think is such a precious commodity and to make our applications competitive we need to think. If we really want nurse academics leading in research, getting time out from teaching or practice in big enough chunks to think is critical
> (*Participant 9*, *F*, *PhD >10 years*)

7.2 | What was unhelpful to nurses seeking to lead research?

The lack of research career pathways, pressures from other commitments (research and/or clinical or administrative) and negative attitudes from other nurses were the most commonly identified issues that were unhelpful to participants.

7.2.1 | Lack of career pathway/infrastructure

Lack of career pathway/infrastructure and a lack of opportunities to obtain research funding were identified as unhelpful to nurses trying to lead research:

> Very little recognition of nursing as a discipline or specialty, and that we have something unique to bring to the table, no nursing research council or specific nursing research funding, need have more joined up thinking for clinical academic, careers. Most doctors expect to be a consultant, and to be able to treat patients and do research, few nurses have the same opportunity (*Participant 20*, *F*, *PhD >10 years*)

7.2.2 | Pressures from other commitments

Being unable to pursue research due to pressures from teaching or clinical priorities was highlighted both as having been most unhelpful to this group AND the most common reasons they provided as to why peers of theirs have not proceeded to lead research.

> a lack of permanent research contracts means you have to take a teaching/research post and nursing curricula is very teaching intensive so challenging to have the space for research time
> (*Participant 2*, *F*, *PhD > 10 years*)

> the pressure for other things including administrative roles, teaching and practice that are very hard to decline or contain
> (*Participant 8*, *F*, *PhD> 10 years*)

Teaching responsibilities were reported to impinge on research even when nurses had obtained funding for their research:

> Not being given time for applications/managing research (despite being funded for it) as UG teaching had to take priority
> (*Participant 22*, *M*, *PhD >10 years*)

Lack of infrastructure or protected time for research was also seen as contributing to a perceived 'unequal playing field' with other disciplines.

> I think nurses have it particularly hard as we don't have the time or capacity (usually) to develop post doc careers, and so when applying for research, we're up against postdocs who spend 100% time in labs/projects, and who have had opportunity to build up a wealth of experience and publications.
> (*Participant 15*, *F*, *PhD> 10 years*).

7.2.3 | Negative attitudes from others

A surprising number of participants ($n = 8$) highlighted *other nurses* as having been unhelpful to them as they endeavoured to lead research citing, for example:

> horizontal aggression from other nurses who do not value research
> (*Participant 8, F, PhD> 10 years*)

> [the] attitudes of my nursing colleagues has not always been helpful—I've had to cope with a lot of negativity and resentment from those who predominantly teach. It can feel very isolating.
> (*Participant 30, gender not provided, PhD > 10 years*)

> Nurse researchers are isolated and there is a culture of resistance, that's why sometimes it's necessary to step outside of nursing for support.
> (*Participant 4, F, PhD 5–10 years*)

> It has been a never-ending struggle, and in my view, reflects the pervading research culture in the NHS in relation to clinical academic careers for nurses. Some of the most unhelpful and obstructive NHS staff have been very senior nurses with a PhD, and senior managers with a PhD, who unsurprisingly, have not been research active since they obtained their PhD
> (*Participant 18, F, PhD >10 years*)

One participant noted that other professionals who are more dominant in the [health] research landscape may under-estimate the abilities of nurse researchers

> Being under estimated by other professionals who dominate the research landscape (medicine and psychology in particular)
> (*Participant 4, F, PhD> 10 years*)

with another participant's response suggesting this led them personally to 'downplay' their nursing background:

> sometimes the word "nurse" attached to your title can be unhelpful and I have had to deal with assumptions that I am not qualified or capable of undertaking research. Until I reached a senior level I rarely used nurse in my title
> (*Participant 12, F, PhD> 10 years*)

8 | EXPERIENCES OF PEERS

Three-quarters of participants ($n = 26$) responded that less than half of their PhD peers had gone on to lead research. As reported earlier, a lack of post-doctoral career structure or support and heavy teaching loads in academic roles were the most common reasons cited for this. One participant noted

> those who stayed in nursing per se tended to get sucked back into clinical work. Those who stepped out into other fields (in my case [specialist area], or a friend who went into cancer care) were more successful
> (*Participant 16, F, PhD> 10 years*)

Three participants noted the very challenging nature of a research career, providing explanation as to why many may choose not to continue:

> Our job can seem very negative. You write a proposal that is rejected, ethics don't like your study, participants are hewn from granite, funder does not like your findings, publishers do not like your article—it takes a whole lot of resilience to keep battling especially when, for many, teaching is seen as their primary job
> (*Participant 28, F, PhD> 10 years*)

> The process is hard (and at times brutal). Learning from failure and hard times is a core skill set.
> (*Participant 29, F, PhD> 10 years*)

> Thinking about this most recent large award: this came after more than a quarter of a century of being active in research. Mentorship, experience, perseverance, excellent colleagues, bloody-mindedness, sufficient time: all have been important. This new project was rejected in earlier guises (more than once, I think), demonstrating the value of not giving up (*Participant 32, M, PhD >10 years*)

9 | DISCUSSION

This study demonstrated that it was not easy to identify nurse lead-investigators reliably from any of the major health funders in the UK. To address this and help facilitate future evaluations of the impact of interventions to increase nurse-led research (Henshall et al., 2021) such as the CNO strategy (May, 2021), it is recommended that major funders of health research capture data about professional background from applicants and crucially store this information in a format that can be searched and produce reliable results.

To facilitate ready access to nurses with a track record of leading major research projects, professional organizations such as the Royal College of Nursing or Florence Nightingale Foundation may wish to consider supporting a registry. The RCN register of the nursing and midwifery professoriate has been considered a proxy indicator for research leadership (Royal College of Nursing, n.d.) but the data reported in this paper suggest that focussing solely on professors misses 46% of nursing's research leaders. A research-focussed registry might better identify those with the experience of funded research and connect novices to them, experience that was emphasized as so valuable by participants in this study and in previous work (Avery et al., 2022).

Few nurses were identified as lead investigator: the 12 funded by MRC/ESRC represented 2% of 509 awards made to departments with health/care/nurs in the title; three from CSO represent 5% of all awards made by the Health Improvement, Protection and Services Research Committee at CSO which is very similar to results reported recently in Australia (Eckert et al., 2022). A survey of European post-doctoral nurses found only 14% achieved lead investigator on projects funded by national grants (Hanssen & Olsen, 2018).

Nurse lead-investigators who completed the survey all had PhDs and mostly obtained that qualification more than 10 years ago. There are significant caveats (data were obtained only from those who took part in the survey, does not reflect length of post-doc experience when grant awarded and participants may have had prior awards) but it does suggest that being a nurse lead-investigator on a grant from a major funder is uncommon soon after PhD. This might usefully inform expectations of those managing/supporting nurse researchers (as well as the researchers themselves). McKenna (2021; McKenna, 2021) recently highlighted the urgent need to dispel the myth that achieving PhD is sufficient preparation for becoming an independent investigator.

Participants reported that more than 50% of their PhD peers had not gone on to lead research. Responses indicate this was largely not their choice and therefore represents a lot of unrealised research potential. Given the significant time and resources required to develop nurses to PhD, interventions to retain their active involvement in research beyond qualification are urgently required, as are interventions to re-engage doctorally prepared nurses who have been 'lost' to research.

Most of this group of successful lead-investigators highlighted the key importance of collaborations and mentors with a track record of success. Ensuring access to such mentorship (not necessarily from within nursing) and support to develop strong multi-disciplinary collaborations within PhD and early career research programmes is critical and may help more novice nurse researchers to make the difficult transition to research lead. There is some evidence from a systematic review that mentoring can positively influence research productivity, career development and other outcomes in postdoctoral nurses (Hafsteinsdóttir et al., 2017).

We note that many respondents used words like 'lucky' and 'fortunate' when describing the circumstances that allowed them to succeed in leading research, reinforcing that research-conducive environments are not the norm for nurses. The resilience required to succeed is apparent from many of the quotations reported in the results section. Given that many of the participants in this study have succeeded despite a hostile environment, attempts to create more conducive research environments are likely to readily foster success. Workplaces that do so will likely be extremely attractive to nurses wishing to develop a research career (not least because there are so few options (Avery et al., 2022; Dobrowolska et al., 2021; Hanssen & Olsen, 2018)) and positively impact staff retention (Harding et al., 2017; Rees & Bracewell, 2019).

This cohort of nurse research leaders is exceptional, having overcome significant odds to obtain research funding and lead major projects and yet almost a third of them refer to unsupportive and even obstructive responses from other nurses. Calls for cultural change in relation to nurse research have been made by others in both clinical (Trusson et al., 2019) and academic spheres (McKenna, 2023). This is a pressing culture and leadership issue for nursing.

9.1 | Limitations

For reasons of resource (this was an unfunded study), nurse lead-investigators were only identified from the four research funders listed (NIHR, MRC, ESRC and MRC) over 5 years. Nurses who have led studies outside this timeframe or from other funders (e.g. charities) would not be identified and may report different experiences.

10 | CONCLUSIONS

Nurses in this study described a unique set of challenges that make it particularly difficult for them to be competitive in the multi-disciplinary health funding arena. Even when nurses succeed against significant odds, many experience unsupportive or even obstructive responses from other nurses. Interventions to retain nurses with PhDs as active researchers and to re-engage those not using their skills are urgently required. Ensuring access to mentors and collaborators with an established track record of research is likely an important component of future schemes to increase research capability in nurses. Ensuring funded, protected time for research, and career structures that reward the significant skill development required to succeed are critical to ensuring PhD-prepared nurses achieve their full research leadership potential.

ACKNOWLEDGEMENTS

This work was conducted as part of a Florence Nightingale Foundation leadership scholarship (co-sponsored by the Sigma Phi Mui Chapter).

FUNDING INFORMATION

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the author.

PEER REVIEW

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.15932.

DATA AVAILABILITY STATEMENT

Data are available from the author upon reasonable request.

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How to cite this article: Farquharson, B. (2024). What helps or hinders nurses to lead funded research projects? A survey of UK nurse lead-investigators. *Journal of Advanced Nursing*, *80*, 1464–1472. https://doi.org/10.1111/jan.15932