



Nursing academics' languages of legitimation: A discourse analysis

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ABSTRACT

Aim: To identify the proclaimed bases of Irish nursing academics' identities as academics and to interrogate the ways in which they legitimate nursing as an academic discipline. **Background:** Six years after pre-registration nursing education in Ireland transferred to the higher education sector, tensions continue to exist concerning the status and legitimacy of the discipline and those who claim to profess it.

Method: The languages of legitimation of senior nursing academics were elicited in the deliberately argumentative conversational context characteristic of many discourse analytic studies. These languages were analysed in terms of four of the building tasks of language: knowledge, politics, relationships and identities.

Findings: Irish nursing academics are unable to credibly and convincingly resist representations of their discipline as lacking legitimacy in academia. Indeed, they themselves construct academic nursing as a fragmented field, prone to colonisation and subversion by a plethora of other discourses, including medical, management and industrial relations discourses.

Conclusions: Senior nursing academics in Ireland need to urgently consider how nursing in the academy can reconfigure its relationships with clinical nursing, increase its intellectual autonomy, enhance its internal coherence and cohesiveness, strengthen the epistemic power of its knowledge base and critically evaluate the ways in which past practices inform its present, and whether and to what extent they should shape its future.

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What is already known about the topic?

- Tensions persist around the status of nursing in the academy.
- Nurse scholars have engaged in much soul searching concerning the basis of nursing's claims to legitimacy as an academic discipline.
- Human science and disciplinary eclecticism have figured prominently in nursing academics' languages of legitimation.

What this paper adds

- A discourse analysis of the languages of legitimation of nursing academics in Ireland.
- A detailed analysis of how academic nursing in Ireland is portrayed by its principal disciplinary custodians.
- Consideration of the implications of these analyses for the current status and future trajectory of academic nursing in Ireland.
- A novel conceptual and analytic framework for examining academic nursing and other disciplines.

1. Introduction

According to Geertz (1983, p. 157), a proper understanding of 'the terms through which the devotees of a

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scholarly pursuit represent their aims, judgements, justification and so on' provides insight into their disciplines. I consider what such a proper understanding of academic nursing might entail. I draw on interview data from senior nursing academics in Ireland collected as part of a broader inquiry into the current status and likely future trajectory of academic nursing in Irish higher education. Although the specific empirical case under study is academic nursing in Ireland, the issues raised are not only relevant for nursing as an academic discipline elsewhere but are also part a broader debate. This debate concerns the role of disciplinary boundaries in shaping academic and professional identities, establishing and sustaining specialist communities of practice and inquiry, informing the knowledge base of the professional practice curriculum, and guiding pedagogy (Young, 2008).

Maton's (2000) concept of 'languages of legitimation' provided the theoretical starting point for the inquiry; these are

the claims made by actors for carving out and maintaining intellectual and institutional spaces within education, i.e. the proclaimed *raison d'être* that provides the conditions of existence for intellectual fields. (Maton, 2000, p. 149)

Maton's work is located within the tradition of critical social science that Bourdieu refers to as 'structuralist constructivism' (in Bourdieu and Wacquant, 1992, p. 11). Structuralist constructivism seeks to convey that social actors' actions are structurally determined whilst preserving a sense of their agency. Agency in this context refers to actors' capacity to construct the social world and themselves, although to different extents, and with different effects, depending on their relative positions within stratified social structures, such as higher education (Chouliaraki and Fairclough, 1999). Maton's languages of legitimation may be conceptualised as both structured and structuring phenomena. They are structured in that they are the empirical manifestation of underlying generative mechanisms that govern the bases of legitimacy in fields of social practice such as academia (structuralism). They are structuring in that they construct versions of social reality that have real material effects (constructivism) (Wetherell and Potter, 1992; Gee, 2005).

This paper examines the structuring effects of Irish nursing academics' languages of legitimation. Its aim is to provide a fuller understanding of the ways in which respondents construct their identities as academics and nursing as an academic discipline. These structuring effects may be analysed in terms of the building tasks of language they perform, a method of discourse analysis proposed by Gee (2005). Underpinning the research focus on respondents' discursive constructions of their identities and their discipline is the key constructivist premise underpinning discourse analysis: discursive practices, in this case languages of legitimation, are not mere rhetoric but rather perform a range of building tasks (Gee, 2005). The building tasks that address the study's research questions are building knowledge, building politics (the distribution of social goods), building relationships and building identities.

2. Background

Following the report of the Commission on Nursing (Government of Ireland, 1998), nursing in Ireland became a graduate profession in 2002. The achievement of all-graduate status for nurses and full academic status for their teachers was hailed as a major success (Begley, 2001; Cowman, 2001). However, the extent to which these achievements were based on recognisable and legitimate knowledge grounds, as opposed to not unreasonable considerations related to improved pay, conditions and parity of esteem with other healthcare professions, has not been satisfactorily addressed (McNamara, 2005). Irish nurses realised their collective power and found a voice following the industrial unrest of the late nineties, culminating in an unprecedented national nurses' strike in 1999, but the fact that this was a trade union rather than a professional or academic voice raises a number of important questions that remain unanswered in the Irish context:

- On what, if any, specific epistemic grounds do nursing's academic leaders base their own and nursing's claims to academic legitimacy?
- In what directions do they envisage their own, their successors' and nursing's academic development proceeding?
- To what extent did nurse educators fully grasp that their new careers as academics would entail much more than a change of location for the enactment of their previous roles?
- In light of the level, form and substance of their nursing and academic qualifications, and the focus, depth and currency of their clinical experience, what is the distinctively nursing knowledge and practice basis of nurse educators' new identities as nursing academics?

These questions were reformulated in light of the study's conceptual and methodological framework to frame research questions concerning how respondents' languages of legitimation constructed the field of academic nursing in terms of four of Gee's (2005) building tasks of language. The specific research questions that guided the inquiry were:

- How do respondents' languages of legitimation privilege or disprivilege different ways of knowing and believing or claims to knowledge and belief?
- What perspective on social goods are respondents' languages of legitimation communicating? In this study relevant social goods include higher education, disciplinary knowledge, nursing theories, nursing degrees, material reward, status and prestige.
- What sort of relationship or relationships are respondents' languages of legitimation seeking to enact with others (present or not)?
- What identity or identities are respondents' languages of legitimation being used to enact?
- What identity or identities are respondents' languages of legitimation assigning to others and to what end? (after Gee, 2005, pp. 12–13).

3. The conversation around academic nursing

During periods of change, when fields of social practice engage in reflexive debates within themselves about themselves, opponents and proponents of particular stances articulate issues, frame problems and solutions, and position themselves and others with a particular intensity. At the same time, the questions posed and the answers provided are always part of a wider conversation that provides the discursive backdrop against which identity and legitimation work are discursively accomplished. In *Gee's* (2005) work, the concept of conversation refers to long-running debates and controversies that circulate in various texts. For this study, the relevant texts comprise scholarly and professional debates in the nursing literature.

Examples of current debates in the international literature include the collection of papers in a recent issue of *Advances in Nursing Science* entitled 'State of the Discipline'. Contributions considered the disciplinary perspective underpinning nursing's professional and academic identity (Newman et al., 2008), the unifying focus and coherence of a knowledge base to inform nursing practice and provide a basis for interdisciplinary work (Willis et al., 2008), and the critical concepts of nursing's disciplinary discourse that distinguish it from other disciplines (Cowling et al., 2008). This collection is but the latest instalment in an ongoing conversation concerning the status and trajectory of nursing as a professional and academic discipline; similar debates have and continue to take place in Australia (Emden, 1995a,b; McAllister, 2007), the United Kingdom (UK) (Kirk et al., 1996; Latimer, 2000; Allen, 2004) and Sweden (Elzinga, 1990; Jensen and Lahn, 2005). Pervading this debate is a preoccupation with the form and content of the specialist knowledge underpinning nursing as a distinct academic and professional discipline. The autonomy, integrity and coherence of the discipline are the principal issues at stake.

This literature may be conceptualised as a discourse of legitimation: the ways in which proponents' languages of legitimation are expressed in the scholarly and professional nursing literature (Maton, 2000, 2005). However, there is also a discourse of opposition that this literature implicitly or explicitly addresses. The discourse of opposition comprises the spoken and written texts produced by nurses and others who oppose or question the very idea of nursing as an academic or scholarly pursuit. In the next section, I first consider the discourse of opposition that comprises the discursive context against which nursing academics account for themselves and their discipline. I then go on to discuss in more detail the principal discursive repertoires that nurses draw upon in their discourse of legitimation. Given the relative recency of developments, there is, as yet, a paucity of literature on the experience in Ireland, as compared to, for example, England, the United States and Australia. Accordingly, commentary on the Irish situation is located within the wider conversation taking place in these other Anglophone countries, mainly over the last two decades.

3.1. The discourse of opposition: mutual contamination

3.1.1. *Bedpans and brooms*

An enduring discursive repertoire in opponents' discourse constructs nursing as a profane, menial activity, whose presence in higher education disturbs long-established boundaries between the sacred and the profane, and threatens the forms of capital, identities and practices long held sacred by more established incumbents. Sacred and profane in this context refer to different forms of knowledge. Briefly, profane knowledge is the knowledge needed to respond to the everyday world in immediate and concrete ways; it may be condensed as common sense. Sacred knowledge, on the other hand, refers to systems of concepts with which people can make connections between seemingly unrelated events and envisage alternative futures; that is, abstract thought and theoretical knowledge (Young, 2008).

According to the 'bedpans and brooms' repertoire, nursing is depicted as an instrumentalist conduit, or Trojan horse (Watson and Thompson, 2004), smuggling profane, polluting influences into higher education, in the form of the wrong kinds of knowers, practices and values (Maton, 2004). This diminishes the status of established forms of capital and undermines the cherished academic identities of members of more established and strongly bounded tribes. These members are concerned with preserving their autonomy, and the integrity of boundaries between disciplines and between sacred and profane knowledge (Becher and Trowler, 2001; Young, 2008).

Meerabeau (2001, 2004) examines the metaphors of pollution and contamination that construct nursing as essentially dirty work (Lawler, 1991). She notes that 'much of the knowledge needed for bodily caring is disreputable' (Meerabeau, 2005, p. 131) and observes how bedpans figure prominently in discussions of nursing and higher education in England (Meerabeau, 2001). This motif has also proved irresistible to Irish commentators:

Nurses must now obtain a degree, though I doubt their nursing skills will improve because of it, nor our respect for them increase. Their calling requires patience, care and technical skill, but these qualities do not increase merely because their owners can now put B.Pans (or whatever it is) after their names. (Myers, 2002, p. 15)

3.1.2. *Veils, vows and virtue*

Another dominant discursive repertoire in the discourse invokes a 'virtue script' (Nelson and Gordon, 2006, p. 11), harking back to an era when nursing was symbolised by 'veil and vow' (Gordon and Nelson, 2006, p. 16). The virtue script legitimates nursing by emphasising the strength of nurses' moral character and their devotion to their calling. Bradshaw (1995, p. 89) believes that the vocational essence of nursing has been destroyed and replaced by 'intellectual confusion' as nurses are led up the 'blind alley' of academic nursing theories. Consequently, the nurse now rejects activities that might spoil her identity: she stands there 'with crossed arms considering certain sorts of care beneath her duties' (Magnet on BBC Radio 4, 2003).

In Ireland, the 'veils, vows and virtue' repertoire has surfaced in letters to *The Irish Times*. Following controversy about elder abuse at a Dublin nursing home, Healy claimed that the advent of graduate-only entry to practice had resulted in Irish nursing withdrawing 'from core nursing' and redefining 'personal nursing care, the feeding, the toileting, the touching of the bodies of the weak and vulnerable' as "'non-nursing' activities" (Healy, 2005, p. 17).

3.1.3. *A discipline manqué*

This discursive repertoire constructs academic nursing as somehow lacking and failing in its ambition to become a distinctive academic and professional discipline. Accordingly, academic nursing is portrayed as a contrived and spurious entity, invented to secure status and material reward, and lacking a distinctive knowledge base of its own (Bradshaw, 1998; Warren and Harris, 1998; Phillips, 1999; Ward, 2002; Magnet, 2003).

All disciplines have a social as well as an epistemic aspect; these are two sides of the same disciplinary coin (Becher and Trowler, 2001). Fawcett clearly articulates this:

A distinctive body of nursing knowledge is the only (I believe) justification for schools of nursing and doctoral programs in nursing. . . claims for the existence of a distinctive body of knowledge are necessary for political and pragmatic reasons. (Fawcett, 2001).

Bernstein (1971, p. 213) refers to these material, political and pragmatic concerns as the 'property aspect' intrinsic to all knowledge claims. However, in the absence of an epistemically powerful nursing language with currency in both academic and clinical settings (Fealy and McNamara, 2007), there is a danger that academic nursing will be viewed as a wholly profane enterprise, concerned solely with its property aspects. Accusations that nursing academics are motivated primarily by considerations of status and reward is reinforced by the contention that they are removed from, and insensitive to, the realities of nursing practice (Bradshaw, 1998; Dingwall and Allen, 2001). Clarke (2006, p. 177) acknowledges that 'academic nursing has all but turned away from studying' the 'front-line illness care' and 'bedside nursing work' which concern most practising nurses.

3.2. *The discourse of legitimation*

The discourse of legitimation comprises the proclaimed bases of nursing academics' legitimacy. Two principal repertoires are evident in the literature: nursing as a distinct human science singular and the region of nursing studies. For Bernstein (2000), singulars are bounded disciplines that socialise both teachers and students into specialised identities. Singulars can be thought of as discourses whose agents have been successful in appropriating and securing recognition for themselves and their knowledge. Young (2008, p. 154) defines regions as 'knowledge structures in which a number of singulars are brought together within an integrating framework'.

They face outwards to fields of professional practice outside the academy.

3.2.1. *Nursing as a human science*

A recurring theme of the self-styled 'nursing science' movement is 'extinction or distinction' (Nagle, 1999, p. 71). Nagle is referring here to the importance of establishing and maintaining distinct boundaries for disciplinary survival, a view which finds support in Young's most recent work. Young (2008) points out that boundaries have significance for knowledge production, and for teaching and learning, and warns that there may be an epistemological and pedagogical price for dispensing with them. Drawing on the work of Durkheim and Bernstein, Young (2008) advises caution about the blurring of disciplinary and subject boundaries and the consequent weakening of the specialist research and teaching communities associated with them.

Within academic nursing, the discursive repertoire of 'nursing science' is an attempt to define the boundaries of nursing and to articulate a distinctive nursing discourse, the lack of which is considered to contribute to nursing's invisibility and inaudibility in health systems and academia (Barrett, 2002). Academic nursing is constructed as a human science (Daly et al., 1997; Northrup et al., 2004) with its own disciplinary paradigms and schools of thought (Barrett, 2002). Through this repertoire, the 'nursing scientists' lay claim to what they believe to be the key requisites of an academic discipline: a clear and distinctive focus, a coherent theoretical base, defined research methodologies and clearly articulated criteria for judging scholarly output. The establishment, maintenance and reproduction of stable knowledge communities are considered to depend on clarity in and consensus on these matters. These epistemic communities then provide the conditions of possibility for the development of smaller groupings, each comprising a critical, collegial mass of scholars, that generate the synergy necessary to form academic identities, sustain disciplinary and cross-disciplinary allegiances, devise integrated and coherent curricula and establish long-term research programmes (Parry et al., 1994; Delamont et al., 1997a,b; Henkel, 2000, 2004, 2005; Graham, 2005). These groupings correspond to the subspecialisms characteristic of the disciplines examined by Becher and Trowler (2001).

In essence, 'nursing scientists' are embarked on a quest for disciplinary autonomy, coherence and specialisation that may be understood as an attempt to ground nurses' academic and professional identities in 'a particular kind of humane relationship to knowledge' (Beck and Young, 2005, p. 184; original emphasis). In their study of 'academic tribes and territories', Becher and Trowler (2001), highlighted the epistemological and sociological importance of disciplinary autonomy, integrity and specialisation. The large and expanding volume of knowledge requires academics to carve out their own niche of expertise while status and reputation depend on making precise contributions to their discipline. While there may be dissent amongst subspecialisms within a discipline concerning precise objects of study, disciplinary intention, degree of reflexivity, methods of inquiry, verification procedures and

conceptual frameworks, at the macro-level of the discipline itself demarcation from adjacent disciplinary areas and the assertion of control over disciplinary contents emerged as significant concerns (Becher and Trowler, 2001). In a study of the experiences of nurse educators transferring to the UK higher education sector (Kirk et al., 1996), the extent and nature of specialisation of the nursing academic's role emerged as a key consideration for the development of academic and clinical credibility and scholarship.

The basis of “nursing scientists” specialisation and autonomy as academics is believed to reside in conceptual–theoretical–empirical (C–T–E) systems of nursing knowledge (Fawcett, 2005), comprising various conceptual models of nursing, middle-range theories and nursing-sensitive dependent variables. Through the study and implementation of C–T–E systems, nurses are provided with a ‘distinct and consensual professional perspective’ (Fawcett, 2005; Alligood, 2006) from which to articulate the scope and substance of professional nursing practice, research and education. C–T–E systems thus provide ‘the foundation on which claims for disciplinary status for nursing rest’ (Fawcett, 2003, p. 229).

Unfortunately, however, there is scant evidence to suggest that C–T–E systems of nursing knowledge guide research, education and practice or that they contribute to the formation of stable and distinctive academic nursing identities or communities. Their impact on education, research and practice has been ‘less than compelling’ and limited to a very small number of very particular settings (Rawnsley, 2003, p. 6). Nelson and Gordon (2006, pp. 4–5) argue that ‘nursing science’ perpetuates a ‘hand-holding’, ‘sentimentalized caring rhetoric’, which marginalises nurses’ medical knowledge and the hard work of bodily care. In a climate of economic retrenchment, an emphasis on the relational aspects of nursing contributes to a failure to convincingly articulate the nursing contribution to patient outcomes.

Evidence from ethnographic research in the UK supports the contention that the ‘nursing science’ repertoire has failed to provide nursing with a powerful voice. For Latimer (2000), the bedside is not the site of autonomous nursing practice because professional discretion and power ‘lie elsewhere in other disciplined bodies of knowledge’ (p. 91). Discourses of nurturing and individualised nurse–patient relationships are subordinate to medical and managerial discourses and provide epistemological capital that is ‘too weak to be persuasive or to have influence’ (p. 94). Allen (2004) also points to lack of evidence for claims that nurses’ distinctive contribution to patient outcomes comprises individualised holistic care. She proposes an ‘empirically based reformulation of the nursing mandate’ (Allen, 2004, p. 271) whose ‘core’ contribution is that of ‘healthcare mediator’.

Proponents of nursing science take issue with such restrictive constructions of nursing, arguing that insights gleaned from observing what is cannot provide a guide for what should be (Mitchell and Bournes, 2006). Watson would dismiss the roles of conductor of care (Latimer, 2000) and healthcare mediator (Allen, 2004) as ‘trim’ and not ‘core’ (Watson, 2005, p. 3). For nursing scientists, the

core of nursing resides in the formation of a particular type of nurse–patient relationship based on being ‘truly present’ with patients (Parse, 2006, p. 5). Sceptics dismiss such constructions as manifestations of a one-sided, emotional self-indulgence, grounded in nursing ‘theology’, not science (Barker et al., 1995, p. 388).

3.2.2. Nursing studies

Nursing is a region (Bernstein, 2000) because it combines a wide range of singulars with technical skills and procedural knowledge (Muller in Christie et al., 2007). Regions are the interface between knowledge production and action in and on the world; they face simultaneously inwards to bounded disciplines and outwards to practice. Serious questions of legitimacy arise for nursing academics who turn their faces away from nursing practice and reject nursing discipline-specific theories and frameworks, preferring instead to look inwards to an eclectic mix of disciplines. For them, the question is surely: ‘What integrates the region of nursing studies, and what grounds their academic and professional identities?’ In the absence of a discipline-specific knowledge base and clinical nursing expertise as the grounds of their legitimacy, these nursing academics appear to resort to one of three legitimisation strategies: specialisation in another discipline, confused notions of inter- or transdisciplinarity, and genericism.

Some nursing academics may ‘deny their nursing roots’ (Thompson and Watson, 2006, p. 125) and seek to specialise their identities solely with reference to other disciplines. In Young’s (2008) terms, they have failed to exploit a productive tension between disciplinary domains and fields of professional practice. The precise nature of such individuals’ contribution to the fields of academic and clinical nursing, and to developments in nursing policy and practice is a matter for empirical investigation.

Cody (2001) refers to the often ill-defined notions of interdisciplinarity (Kitson, 2001) or transdisciplinarity (Holmes and Gastaldo, 2004) invoked by some nurse scholars. Transdisciplinarity advocates total boundlessness, whereas interdisciplinarity retains the notion of distinct but permeable and intersecting disciplines: the insights of one discipline are considered to ‘illuminate the subject matter of another better than it could expect to do relying on its own methods’ (Graham, 2005, pp. 189–190). However, as Cody (2001) and Graham (2005) point out, other than in certain restricted contexts, there is little empirical evidence to support the claims of proponents of interdisciplinarity. Indeed, many of its putative benefits, such as synergy and critical mass, may just as easily result from intensive discipline-specific work. Muller (2000, p. 5) condemns the ‘spurious ideology of boundlessness’ and questions the validity of claims that inter- or transdisciplinary approaches to knowledge production should replace orthodox disciplinary forms. He argues that inter- and transdisciplinary competence must first be predicated upon a sound disciplinary base. Attempts to develop inter- and transdisciplinary strategic or problem-solving research before adequate disciplinary capacity has been built up are doomed to failure in his view.

Muller’s thesis poses a challenge for academic departments of nursing that lack a critical mass of staff

prepared in a given disciplinary singular and in which nursing academics are absent from the context of application – the clinical domain – in which much inter- and transdisciplinary healthcare research will take place. Disciplinary eclecticism within nursing departments may militate against the convergence (Becher and Trowler, 2001) and the formation of the collegial and critical mass of scholars (Delamont et al., 1997a,b) necessary to deliver integrated and coherent curricula, and to establish and drive focused programmes of research. Lack of consensus regarding conceptual and theoretical frameworks, methodological approaches, and even domains of inquiry, mark nursing as a relatively dispersed, divergent and polyvalent discipline (Becher and Trowler, 2001; Drummond, 2004). Consequently, students and staff risk becoming ensnared in a ‘classic multidisciplinary trap’ with its ‘range of tempting distractions’ (Parry et al., 1994, p. 40). Lack of a consensual, credible and productive disciplinary discourse to frame thinking and research may place current and aspiring nursing academics ‘too far from the frontier of any... discipline to make any serious contribution’ (Parry et al., 1994, p. 39). This may result in a kind of ‘multidisciplinary illiteracy’ (Chapman, 2007, p. 60), further exacerbated by limited academic engagement with the context and practice of nursing care.

If singulars are characterised by their inwardness and regions by productive tensions between singulars and external fields of practice, genericism refers to a situation in which the balance of power and control has shifted decidedly outwards, away from professional and academic specialists towards the regulatory mechanisms of the State and the market (Bernstein, 2000; Young, 2008). This shift arises from the fact that precedence is given to rules, procedures and practices that are not specific to particular professions or disciplines (Young, 2008). According to Bernstein (2000), increased bureaucratic control of professions and the encroachment of market principles into more and more aspects of knowledge production and transmission has resulted in the instrumentalisation of knowledge.

Bernstein (2000) argues that genericism, with its emphasis on trainability and lifelong learning, is a free-floating concept, unanchored in a knowledge base, essentially devoid of content and comprising little more than the ability to respond to every new educational initiative and external demand. As a result the autonomy of professional and disciplinary specialists is weakened and the conditions for the production and application of new knowledge are undermined (Young, 2008). The upshot is the erosion and erasure of professional and academic identities (McAllister, 2007). How much more vulnerable to these trends is the field of academic nursing, given the difficulty it experiences in defining and articulating a distinctive knowledge base, and in reaching consensus as to which, if any, of the extant systems of nursing knowledge might provide the integrating framework necessary for coherent programmes of research and education, and for proponents’ academic and professional identities (Beck and Young, 2005; Young, 2008)?

4. Research methods

4.1. Data elicitation

This paper deals with interview data from 16 senior nursing academics in Irish universities, all research-intensive teaching institutions. Because of their status and the nature of their positions, gaining access to these disciplinary custodians involved careful negotiation. As highly research-literate academics and experienced researchers, several requested quite specific and detailed information on the study’s aims and design, conceptual framework and plans for dissemination. The nature and purpose of the study were communicated to all potential participants in writing and orally. When requested, further information was provided. Ethical approval was obtained from the relevant ethics committees. Interview data was digitally audio-recorded, uploaded to a password-protected file on a password-protected computer, located in a locked office, and then deleted from the recorder. Transcribed data were anonymised and stored in a similar manner to the audio files. No hard copies of the transcribed interviews were made and the potentially identifiable audio files have since been destroyed, in accordance with a commitment given to participants.

Discourse analysts believe that, far from being neutral and uninvolved, researchers should assume an active and interventionist stance in interviews, challenging interviewees by offering counter-examples and questioning assumptions (Wetherell and Potter, 1992; Benwell and Stokoe, 2006). Potter (2004) discusses the difficulties of working with talk derived from researcher-generated contexts. He cautions that it may be contrived, influenced by participants’ powerful expectations about social science research (particularly when researching academics), and is difficult to extrapolate to activities in other settings. Potter (2004) notes that it can be productive for the researcher to be actively involved and even challenging during data collection. He dismisses the notion that the researcher can ever be neutral, passive and uninvolved. This approach breaks down the somewhat laboured distinction between ‘natural’ and ‘contrived’ data, much discussed in the methodological literature of discourse analysis (e.g., Speer, 2002a,b; ten Have, 2002; Potter, 2002). By adopting the role of ‘animated conversationalist’, I elicited respondents’ languages of legitimation (Maton, 2005) in a deliberately argumentative or dialogical context (Chouliaraki and Fairclough, 1999; Wertsch, 2001; Wetherell, 2001), using trigger statements representative of the discourses of opposition and legitimation discussed above. By adopting this less formal role, I was able to elicit unexpectedly frank and direct responses to my questions, resulting in very rich data.

4.2. Data analysis

Analysis focused on both content and process. Discourses, discursive repertoires and their associated building tasks were identified through careful inspection of content; that is, *what* was said: passages, phrases and words considered potentially salient, in light of the

research questions. In terms of process; that is, *how* the content was spoken, linguistic markers of identification, or style (Fairclough, 2003), such as modality, mood, intonation, stress, pace, flow, person and pronoun usage, were noted. This focused attention on stretches of conversation in which identity and legitimation work were taking place. Preliminary analysis occurred as extracts from each text were tentatively grouped. These groupings were then re-organised in successive rounds in order to condense and transform the data by identifying important patterns, issues, themes or concepts pertinent to the research questions.

4.3. Rigour

In this study, interview data were transformed by conceptualising them as languages of legitimation that performed a number of building tasks with structuring effects for academic identities and for nursing as an academic discipline. In qualitative studies, rigour resides in the way in which theoretical and analytic tools interact to produce a conceptual description and interpretive explanation of the phenomenon of interest that is demonstrably anchored in and clearly derived from the empirical data gathered and generated for the study. The findings of qualitative studies may be classified according to the degree of transformation of data they achieve: the 'interpretive distance' (Sandelowski and Barroso, 2003, p. 908) travelled from the transcribed data to the findings. Findings are defined as

the data-driven and integrated discoveries, judgments, and/or pronouncements researchers offer about the phenomena, events, or cases under investigation. (Sandelowski and Barroso, 2003, pp. 909–910).

Given the research questions, the focus of analysis was on the building tasks that respondents' languages of legitimation performed. Trustworthiness is the primary criterion for evaluating the rigour of qualitative work (Sandelowski, 1993; Tobin and Begley, 2004). It comprises four key criteria addressing credibility, transferability, auditability and confirmability.

The credibility of this study may be judged by the extent to which it produces a conceptual description and interpretive explanation of contemporary Irish academic nursing that is recognisable, meaningful and applicable to respondents and to other agents in the field. For Gee (2005), the credibility of discourse analytic studies is enhanced the more the answers to questions concerning the building tasks of language converge to support the emerging description and explanation. The concept of 'coverage' (Gee, 2005, p. 114) refers to the greater credibility resulting from findings that take account of the greatest amount of data. I was able to demonstrate that my analysis took account of data from all respondents and did not ignore atypical data or quoted selectively to support preconceived views. A large amount of residual or excess data that cannot be explained by the theoretical framework, or be accounted for by the emerging conceptual description and interpretive explanation, would

suggest an inadequate, etiolated theoretical framework, an impoverished research product, or both. In this study, all data generated from all respondents could be accounted for in terms of the building tasks discussed below.

Transferability refers to the extent to which the findings apply to similar or other fields beyond the study situation. It must be established on a case-by-case basis and with reference to the wider empirical and theoretical literature. Auditability requires that the conceptual description and interpretive explanation constituting the findings must be demonstrably anchored in the data from which they are derived. I provided documentary evidence of the analytic pathways from data to findings. Confirmability is achieved when the criteria of credibility, transferability and dependability have been established. The key requirement is demonstrating that 'the findings are not figments of the inquirer's imagination but are clearly derived from the data' (Tobin and Begley, 2004, p. 392).

5. Legitimising academic nursing: knowledge, politics, relationships and identity

Each of the 16 conversations was intended to reprise the broader ongoing conversation (Gee, 2005) concerning nursing's academic status and legitimacy. The aim was to elicit respondents' languages of legitimation (Maton, 2000) as they attempted to account for themselves as academics, and for nursing as an academic discipline. These languages were then analysed as structuring phenomena, using the research questions posed at the end of Section 2 as tools of inquiry (Gee, 2005). It was useful to think of the tasks of knowledge and politics in terms of the various forms of capital conceptualised by Bourdieu (1997).

Forms of capital are the various stakes or currencies available to actors in their struggles for power, authority and status. Volume of capital refers to the quantity of resources possessed by individuals, distinguishing the 'haves' from the 'have nots' in a particular field. Species or type of capital determines what counts as having in the first place; for example, financial resources (economic capital), membership of influential social networks (social capital), and legitimate credentials and knowledge, or refined judgement and taste (cultural capital) (Bourdieu, 1997; Maton, 2005). The quantity and composition of agents' capital determines their relative positions in a field and how they act within it (Chouliaraki and Fairclough, 1999).

Differences in capital are differences in power. Chouliaraki and Fairclough (1999, p. 101) point out that economic, social and cultural capital may be converted into symbolic capital 'once they are (mis)recognised as and have the effects of power'. Symbolic capital confers authority and credibility, as in academic reputation, and, in the right circumstances, may be reconverted into economic, social and cultural capital (Klein, 1996). Central to the notion of symbolic capital is linguistic capital: the legitimacy and prestige which the possession of a particular linguistic style confers on particular positions in a field. Possession of legitimated linguistic capital is crucial for the conversion of other forms of capital into symbolic capital: the power to constitute representations,

relations and identities. So, field struggles are not only about the accumulation of capital but also about

the capacity to ‘constitute the given’, and the capacity to do so in a legitimated style which gives ‘credibility to that ‘vision’ of the world. (Chouliaraki and Fairclough, 1999, p. 102).

Agents will act both to increase their volume of capital and to ensure that the species of capital on which their position depends remains or becomes the pre-eminent marker of status in their field. Agents’ ability to do this, however, depends on the structure of the field, their specific location within this structure, and on the personal, social and career trajectories by which they have arrived in the field.

Findings are presented under the following headings:

- Building knowledge or symbolic and linguistic capital for professional and academic nursing. The principal issues at stake here were the form and content of nursing’s theoretical discourse, the distinctive knowledge base of the nursing curriculum and the proper focus of nursing research.
- Building politics (the distribution of social goods) understood as nursing’s economic, social and cultural capital. Respondents acknowledged the material and economic benefits potentially arising from locating nursing education in the academy but were concerned that these be regarded not as ends in themselves but as a way of enhancing nursing practice.
- Building relationships to clinical practice, and with other agents within academic nursing. These relationships were constructed as problematic and the tensions within them were frankly addressed.
- Building an identity for nursing academics and for nursing as an academic discipline. Academic nursing was represented as occupying an uncomfortable position between bodies of disciplinary knowledge and the field of nursing practice, with nursing academics facing inwards to a variety of disciplinary fields and outwards to practice to different degrees. ‘Nursing science’, at least in the incarnations discussed above, emerged as weak source of disciplinary identity.

5.1. Building knowledge for nursing

The principal challenge facing respondents related to the identification and articulation of a legitimated academic nursing discourse. The lack of symbolic and linguistic capital for academic nursing led to problems in communicating the nursing contribution to patient outcomes, in providing a properly higher and distinctively nursing education, and in establishing sustainable programmes of nursing research.

5.1.1. Articulating the nursing contribution to patient outcomes

The lack of a distinctive nursing language was a major issue for respondents, and was connected to a failure to value nursing work: ‘we don’t value our contribution and

we don’t document it’ (R1). This places nurses in a vulnerable position, without ‘a strong political voice’ (R15):

good nursing is only seen in the absence of it and that’s a big problem because it’s very difficult to visualise. (R9)

Some attempts to formulate a theoretical discourse are regarded as having resulted in ‘a pseudo knowledge around the practice of nursing’ (R13) that ‘nobody understands, that nobody finds relevant, and that nobody finds useful’ (R1), couched in language characterised as ‘pressed’, ‘contrived’ and ‘dreadful’ (R2). While it provides some nursing academics with a ‘life belt to stay afloat in the academic whirlpool’ (R9) this discourse is unable to meet the needs of the discipline:

unless we tighten our act up we will be slowed down in our ability to grow the discipline, we need to become much more careful and much more rigorous in the way we talk about certain concepts. (R8)

5.1.2. A proper higher nursing education

Being ‘educated in the higher education establishment properly’ (R2) involves much more than the ‘transfer of what went on in schools of nursing into third level’ (R6), which is the current reality: ‘we’ve moved a venue that’s all’ (R15);

every single little fragment that was brought in from that already dysfunctional culture and re-embedded within the university structure, the sausage stuffing, the lack of confidence, the fear of actually having students think. (R11)

The undergraduate nursing curriculum was described as ‘a mixed bag to prepare somebody for practice’ (R4) with no ‘theoretical frameworks or even principles’ (R6), resulting in a situation where students ‘stagger in a bewildered haze from one class to another’ (R5), unable to see the big picture.

Many postgraduate courses fail to properly respect clinical practice because ‘we really don’t know what we mean by academic in a context of practice’ (R13). Nursing academics are

not engaging sufficiently with practice to tease out what different levels of practice look like and how you get there, that’s some of the hard work that has yet to be done. (R8)

Masters degrees in nursing do not adequately prepare nursing academics: ‘to grow the discipline, that isn’t an academic preparation’ (R8).

At doctoral level, many nursing PhDs were dismissed as ‘absolutely formulaic, repetitious, nothing whatsoever to do with original innovative work’ (R11). The situation whereby ‘any nurse with a PhD would supervise any nursing graduate who wanted to do a PhD’ is ‘outrageous absolutely outrageous’ and ‘immoral’ (R8) because

what you're absolutely not doing is providing the disciplinary skill that that person needs in the area in order to equip them to provide the correct supervision for their area down the line. (R8)

5.1.3. Nursing research

Much of the research and writing emanating from university schools of nursing is dismissed uncompromisingly: 'it's not scholarship it's cut and paste' (R11) that

doesn't bear an iota of an inkling to nursing, it doesn't develop the body of nursing, it's something with a nursing tag, but it's not nursing (R6);

I don't even know if they are concerned about what we're doing our research on as long as it's research. (R9)

What is required is a sustained effort to develop

evidence-based practice by actually researching nursing, nursing care, not just in terms of caring but in terms of economic factors, looking at the advantages to society, to the patient, to the hospital. (R7)

The onus is on senior academic nurses

to demonstrate for example through outcomes research what they bring to the table. (R16)

The way forward is for academic nursing to

marry into its practice base and link that with a research agenda and link it into the education agenda, that is what we need to do, however we manage it. (R8)

5.2. Building politics (the distribution of social goods)

Participants were concerned with two principal categories of social goods: pay and status for nurses, and the delivery of quality nursing care.

5.2.1. Status and material reward

The 'rather primitive drive' (R3) and 'hidden agenda of status' (R4) behind nursing's move into academia were acknowledged. Graduate entry was seen as 'a status thing', the nursing unions 'equated degrees with being able to negotiate a better salary' (R6). The role of the trade unions in finally achieving graduate status was considered much more important than that of educators themselves:

it would have been coming from monetary gain, it would have been the unions trying to raise the status of nursing, I think it was coming from threatened strike action, and more money and more status. (R5);

I don't think it was a professional ethos that drove it in terms of what I believe is necessary for nurses to look after the needs of patients in the current climate. It was other factors that drove it. (R14)

As part of this union-driven process, nurse tutors secured a 'sweetheart deal' (R9), whereby, provided they possessed at least a master's degree, they secured

permanent, pensionable, full academic posts without competition. They were considered to have been

seduced by the status of coming into the university, that issue of status for them must have been such a clarion call, such a siren call. (R11)

5.2.2. The centrality of nursing practice

There was a belief that increased status might make it easier to advocate for patients and would give nurses 'the confidence to care, to disagree with problematical administrative decisions' (R3) and maybe

create a culture within the nursing profession which allows the public debate around nursing and nursing care provision to be more than simply focused around pay and conditions. (R8)

Nursing academics need 'to articulate how we value caring and how we value re-building of health through caring work' (R11) but this is unlikely to happen unless they overcome their reluctance or inability to engage in clinical practice. Such disengagement is regarded as a

mortal sin, a really a serious, serious problem that actually will contribute to the destruction of the profession. (R2)

The real problem for nursing academics is 'with themselves, it's really sort of doing a values clarification' (R15). For respondents, making a difference to clinical practice was the only grounds for legitimating academic nursing:

clinical practice is the core activity of our discipline as far as I'm concerned, the base of growing a theory of nursing, or anything else, has got to come out of clinical practice. (R8)

5.3. Building relationships

Participants used language to communicate the nature of two key relationships: relationships with clinical nursing, and relationships with some former nurse tutors.

5.3.1. Relationships with clinical nursing

The clinical setting is regarded with ambivalence, being at once feared and revered; feared as a disempowering influence on nursing students, yet revered as a key site for the acquisition of nursing knowledge and skills:

50% of our students' time is spent in the culture of the health service and if that is a damaging inappropriate culture it will damage our students and it will not necessarily produce the kind of practitioners that we say we want. (R8)

Nurse educators must ensure that students

keep the questioning attitude and don't have it beaten out of them in the socialisation process out there. (R5);

Because there is 'something dreadfully insidious in the structures in this country' (R8);

we've objectified the self as nurses and when you see bad practice that's usually what happens, the nurse to survive for whatever reason has become totally objectified. (R9)

This is bound up with Irish nursing's history:

whether it was the Irish religious model, or whether it was the Nightingale model, both are militaristic models, they're both task-driven, it doesn't matter about the nurse as individual thinker, we don't even want the nurse as individual thinker. (R11)

However, nursing academics are not best placed to address problems in an environment in which they lack credibility and are rarely seen: 'I will still say to this day our lack of visibility in the clinical environment is an issue' (R1). Some younger nursing academics are believed to lack clinical expertise:

what about a large proportion of the current lecturers who have a clinical career that is at best cursory and who can't really claim to have any expertise as a clinician? All that I've said would seem to suggest that they actually are redundant. (R12)

Clinical nursing research will prove difficult if academics don't nurture relationships in the clinical setting:

we need to respect the people who've got a depth in clinical practice and we need to try and push that depth by getting them to look aspects or elements of that practice from the position of research and scholarship. (R8)

5.3.2. *The wrong kind of academic?*

The academic legitimacy of some of the teaching staff assimilated to academic posts in 2002 emerges as a major concern for respondents: 'how many we would not have selected if we had the choice' (R7);

being quite honest there is a big proportion of them that would never in their own right have got a position as a nurse academic – never (R6);

we actually have a large number of people who are first-level thinkers, and maybe some second-level thinkers, we don't actually have a huge number of people who have that ability to think within the third-level. (R9)

Some respondents believe that a lack of a critical mass of staff is 'a huge millstone around the schools of nursing' (R11) and fuels negative perceptions from other academics:

they meet one of our other colleagues who isn't doing research and isn't wanting to do research and is expressing that volubly and the word spreads out again: "Oh those nurses, you know, again, how do they get jobs, no interview, no assessment, no anything." (R5)

Many nurse educators lacked an appreciation of what an academic career entailed:

They never intended to come into the university to work, they didn't know what it was all about, it is totally different and I don't think that that many of them are that committed. (R7)

Others spoke of finding 'it hard to justify their existence' (R5) and of staff being underqualified on appointment:

to be perfectly frank, a Masters degree in the university sector, it's the very beginning and a step before the beginning for most normal academics (R8);

with a scattering, with a modicum, with a bit here and a bit there of degrees, diplomas, this's and that's, they have no sense of coherence around their own intellectual capacities. (R11)

Some were more optimistic:

some of them will carve out good academic careers and will become good academics because they are probably good thinkers and good teachers and will become good researchers with good training. (R12)

The 'good training' referred to here is significant because these extracts imply that Irish nursing's academic infrastructure has failed thus far to provide its nurse tutor graduates with the symbolic and linguistic capital necessary to realise legitimate practices and identities in higher education.

If status and salary were the carrots to entice people into the academy, a stick is also needed:

there is an absolute requirement for these people to engage in the university environment and if they don't there is an absolute onus on those of us who are in leadership positions to prevent them progressing. (R8)

Nursing academics need to be 'challenged' and 'forced' 'out of their comfort area' (R8). Given the relative immaturity of academic nursing in Ireland, one solution is to 'mix the disciplines' within university schools of nursing:

I would not have had a policy as head of school of only employing people from a nursing background, I would carefully mix the disciplines to make sure that we were being forced to live up to the role we had taken on us in moving into academia, one of my reservations about having a school of nursing purely populated by people who only have academic training in nursing: the people were not up to it (R8).

5.4. *Building an academic nursing identity*

Several respondents admitted to possessing fragile or weak academic nursing identities:

I wouldn't deem myself an academic, I came into academia, but I don't know why, I think that we have gone on a journey to try and actually find what we're about and I think the journey has been very difficult (R1);

I do sometimes feel like a little nurse running around college, we're still struggling as nurses I think with our academic base, we haven't fully got there (R4).

For those respondents who expressed most confidence in their personal identities as academics, this derived from their disciplinary training outside academic nursing

I actually have my academic preparation in another discipline. I have gained hugely from it. . . it's the one of the best things I've ever done because it allows me look at practice in a very different way (R8).

Some considered the discourse of nursing science as essential for students' and academics' nursing identities:

they would be taking on the cloak of the discipline, they'd be taking on a certain view, they would be taking on the mantle of a nurse, in a way what you're doing is you're giving them a template of nursing (R2).

However, in common with other respondents, these academics agreed that this potential source of academic nursing capital was not available to most nursing academics:

this is something that's wrong with some of the nurses who have moved in into academia, they have never studied nursing, they don't know how to teach nursing, you know, from a philosophical perspective, we can't do it unless the academics know it (R10);

the big problem is that we have nurses in the university considering themselves nurse academics who don't have an iota of education, higher education in nursing (R2).

Several respondents reject the nursing science discourse as the basis of their own or any credible academic nursing identity because it is all 'extremely descriptive without necessarily giving me a tool for an analysis that I always wanted' (R9). Others believe that this perception has to do with lack of familiarity and serious engagement with nursing theory; for example,

conceptual models and theories of nursing have something to contribute, we've got to stage where we've developed these theories and sort of had some stab at using them, but we haven't got beyond that to application and development, some limited testing of them, but also we haven't critiqued them (R4);

there should be a body of nursing knowledge, some people say it hasn't been discovered yet, that's a daft idea but I think it's there and nurses have trouble articulating it and then when it is articulated coming to some agreement about sticking with it. (R2)

Regardless of views on the ability of the nursing science discourse to furnish legitimate symbolic and linguistic capital, there was unanimity that some form of distinctive theoretical nursing discourse was required to sustain an academic identity:

we are a boundary discipline but we don't need to be on the boundary of everybody else's discipline, to allow another discipline to become the central focus, we need to use the boundary disciplines in a way that inform nursing and nursing is to be that central focus (R15);

I think frameworks are necessary because they give coherence and they assist in developing an analytical, I suppose, approach but I don't think we're at that stage yet (R16);

unless we actually think about what we mean by a theory of nursing, what it looks like, what it involves, we cannot legitimately talk about a concept analysis of caring, or comfort, or advocacy, or anything else, and I think that's where we need to spend a lot more effort. (R8)

This is needed for pragmatic reasons too:

theoretically there must be a body of knowledge of nursing, otherwise what are we doing here? (R2);

it matters not because you might be ever shut down, but that might in fact be the ultimate outcome of that in certain circumstances, in certain institutions that were restructuring, and in institutions where nursing did not have a strong disciplinary identity, it could happen in those situations where nurses were hidden, they would be subsumed. (R12)

Given the relative immaturity of academic nursing in Ireland, averting disciplinary stagnation and extinction may require the intellectual stimulus and support of other disciplines:

we do need to pull in concepts or methods or frameworks from other disciplines to help us reflecting on our own and I have no bones about that. I don't think that's a problem, I think what would be a problem is if in a hundred years' time we're still doing the same thing (R8).

To help negotiate what 'are quite often very painful transformative experiences' (R11) nursing academics must

build that intellectual formation by hook or by crook so that they can make sense of what they have been through (R11).

To do this, they should study

anthropology, critical social theory, sociology, philosophy. I want them to go and begin to get the tools of thinking in place, that's what I want them to do. (R11)

The current lack of symbolic and linguistic capital severely compromises the academic identity of nursing academics, and the legitimacy of academic nursing:

I see one deeply dysfunctional culture backed on to another deeply dysfunctional culture and the first one, namely, nursing, absolutely insecure about an identity which it cannot pin down in the academy, is utterly lost (R11).

6. Discussion

Against the discursive backdrop provided by the ongoing conversation between the discourses of opposition and legitimation, respondents, through their languages of legitimation, articulated particular perspectives on knowledge, social goods, relationships and identities within academic nursing. They argued that many of the activities relating to bodily care constructed as menial through the 'bedpans and brooms' repertoire needed to be revalorised, reframed and researched within a theoretical nursing discourse. The absence of such a discourse contributes to the devaluation, rejection and invisibility of such work. In seeking to reframe nursing practice in this way, and to represent it as a key social good, the power and enduring appeal of aspects of the 'veils, vows and virtue' script are evident. However, in seeking to articulate the mission and values base of nursing, the virtue script was updated, revalorised and recontextualised through the use of language characteristic of the 'nursing science' repertoire.

In attempting to formulate a language that articulates what professional nursing is about and what nursing academics should teach – and research – respondents experience and acknowledge considerable difficulty. This makes it difficult for them to counter the 'discipline manqué' repertoire. Former nurse tutors, now employed as academics, and who, it should not be forgotten, are mostly graduates of Irish university nursing schools, perhaps embody the failure of academic nursing in Ireland to provide the symbolic and linguistic capital with which to realise academic identities, and on which to base academic careers. The positioning of some of them as Other; that is, as in some ways 'the wrong kind of academic', perhaps works to mask the failure to date of Irish academic nursing to deliver the educational and research programmes required to produce and accumulate the forms of capital necessary for the growth, development and reproduction of the field.

The argumentative context of the conversational format through which the data were elicited ensured that issues of identity, knowledge, values and obligations remained salient as each respondent sought to enact their own identity and to legitimate nursing as an academic discipline. Many respondents admitted to possessing fragile or weak academic identities. For those who expressed most confidence in their personal identities as academics, this derived from their disciplinary training outside nursing. In cases where the discourse of 'nursing science' grounded respondents' academic identities, it was also regarded as essential for students' nursing identities. However, in common with all other respondents, these academics admitted that this potential source of distinctively nursing academic capital was not available to most nursing academics. For some, this was no bad thing as nursing's putative singular, as currently formulated, was rejected as the basis of an academic nursing career. Regardless of views on the ability of nursing's current theoretical discourse to furnish legitimate symbolic and linguistic capital, there was unanimity that some form of distinctive theoretical nursing discourse was required to sustain an academic identity. This was considered

necessary not only for sacred reasons relating to epistemological identity and 'ontological security' but also for more profane 'business purposes' (Chouliaraki and Fairclough, 1999, p. 96).

The collective consensus is therefore clear: the linguistic and symbolic capital that academic nursing in Ireland currently provides is unable to meet the needs of nursing students, academics and practitioners. For all respondents, this is due to the failure of academic nursing to seriously engage with nursing practice in a meaningful way. For some, it is attributed to a lack of exposure to, and serious engagement with, the discourse of 'nursing science'. Its proponents claim that 'nursing science' can revalorise cherished aspects of nursing's past by theorising and recontextualising them within a liberal humanist discourse. It foregrounds and protects the values base of the discipline, especially the presumed special relationship between nurse and patient.

For many respondents, however, the problem lies in the very nature of the 'nursing science' discourse; it is backward-looking and lacks a credible empirical base. It fails to conceptually grasp the reality of nursing practice and can neither inform practice development nor drive knowledge progression in the discipline. The result is an untested and impoverished theoretical discourse, and a stagnant, underdeveloped academic field. Instead, academic nursing in Ireland must turn its gaze outwards and to the future; not to uncritically embrace technological advances and healthcare reforms, but, rather, to confer the capacity to respond to and cope with them. However, insulated and removed from the realities of clinical practice, and without the requisite symbolic and linguistic capital to realise legitimate practices in academia, many nursing academics appear to lack both the nursing and academic capital with which to realise an identity that is recognised as credible and legitimate by their nursing and academic colleagues.

This constitutes a dilemma that goes to the heart of the identity of nursing academics and academic nursing. Proposals to resolve the dilemma, such as the importation of disciplinary expertise remain controversial, perhaps because of the fragility of nursing academics' own identities. The dilemma experienced by respondents in this study is by no means unique to Ireland. In the UK, Latimer (2000) discusses the problems the lack of a comprehensible and credible disciplinary discourse caused for practicing nurses attempting to counter the effects on patients' experiences of a powerful medical discourse. In the US, Willis et al. (2008) point to the paradox faced by nursing scholars attempting to articulate a substantive and distinctive knowledge base for the discipline of nursing while defending themselves from accusations of insularity and self-interest. Part of the resolution to this dilemma lies, as Muller (2000) and Young (2008) suggest, in concentrating first on disciplinary knowledge development and then using this as a specialised base from which to engage in interdisciplinary work informed by a clear sense of the distinct yet complementary perspective nursing brings to such collaboration.

Willis et al. (2008) believe that the blurring of disciplinary boundaries has led to disorder within nursing,

role confusion and the dilution of nursing's disciplinary knowledge and practice. They argue that without a specialised, coherent discourse, nursing will be unable to counter contemporary trends towards the increasing medicalisation and marketisation of care. Newman et al. (2008) agree that consensus on the intellectual and social boundaries of the discipline will help elucidate and articulate the structure of a discipline capable of receiving and integrating the knowledge of other disciplines in the interests of patient care. A consistent theme in the conversation taking place in this literature is the importance for nursing academic identity of an autonomous, coherent and distinctive disciplinary discourse which will frame programmes of education and research and inform nursing practice. This emphasis on the significance of strong yet permeable disciplinary boundaries resonates with the work of Bernstein (2000), Muller (2000) and Young (2008).

7. Conclusions

These findings reported in this paper raise wider issues about the nature of nursing knowledge, the form and content of nursing curricula, the nature and scope of nursing practice, the focus and conduct of nursing research programmes, and the preparation of the next generation of nursing academics. The current generation has a responsibility for providing the conditions of possibility for the development and reproduction of the field and to discharge this it will need to urgently consider how academic nursing in Ireland can reconfigure its relationships with clinical nursing practice, increase its intellectual autonomy, enhance its internal coherence and cohesiveness, strengthen the epistemic power of its knowledge base and critically evaluate the ways in which past practices inform its present, and whether and to what extent they should shape its future.

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