

Where is nursing in academic nursing? disciplinary discourses, identities and clinical practice: a critical perspective from Ireland

Martin S McNamara

Aim. To elicit the languages of legitimation of senior nursing academics and national leaders and to investigate the extent to which distinctive disciplinary identities and discourses are embedded in them.

Background. Over six years after Irish nursing education became established in the higher education sector, an investigation into the disciplinary maturity of the field is overdue.

Design. A constructivist–structuralist research design was used; data were elicited by means of naturalistic professional conversations and subjected to critical discourse analytic methods to interrogate their structuring and structured character. The focus here is on the latter.

Methods. The languages of legitimation of Irish nursing's key disciplinary custodians were elicited and subjected to a critical discourse analysis informed by a theoretical framework that helps to explicate the bases of claims to academic legitimacy embedded in these languages.

Results. Clinical practice figures as a problematic component of Irish nursing's academic identity and disciplinary discourse. Yet a focus on clinical practice is seen as central to the autonomy, integrity and distinctiveness of nursing as an academic discipline as well as to the legitimacy and credibility of those who claim to profess it. The overall consensus on the state of academic nursing in Ireland is that of a field characterised by low autonomy, high density, weak specialisation and disciplinary immaturity.

Conclusions. The analysis highlights the need for academic nursing to reconfigure its relationships with clinical nursing, increase its intellectual autonomy, enhance its internal coherence, strengthen the epistemic power of its knowledge base and critically evaluate the ways the past should inform current and future practices and identities.

Relevance to clinical practice. The production and dissemination of knowledge for nursing policy and practice provides the foundation for nursing education. If clinical practice is not central to the educational and research activities of nurse academics, the relevance of academic nursing to its professional base and its status and future trajectory as a distinct presence in academia, will continue to be questioned.

Key words: academic nursing, discourse analysis, Ireland, languages of legitimation, nurse academics

Accepted for publication: 1 July 2009

Introduction

Over six years after Irish nursing education became established in higher education following the move to all-graduate entry to practice, an investigation into the disciplinary

maturity of the field is overdue. In this article, I report the findings of a study, which elicited the views of senior university-based nursing academics and other national leaders in Irish nursing education on the current state of their field. The study provides a framework for a debate about the

Author: *Martin S McNamara*, EdD, MA, MEd, MSc, BSc, RNT, RGN, RPN, UCD School of Nursing, Midwifery & Health Systems, UCD Health Sciences Centre, Belfield, Ireland

Correspondence: Martin S McNamara, UCD School of Nursing,

Midwifery & Health Systems, UCD Health Sciences Centre, Belfield, Dublin 4, Ireland. Telephone: +35317166486.

E-mail: martin.mcnamara@ucd.ie

current status and future trajectory of academic nursing in Ireland – and elsewhere – drawing on recent theoretical work in the sociology of education (Bernstein 2000, Maton 2005, Young 2008). I focus specifically on whether and to what extent a distinctive nursing disciplinary discourse, grounded in clinical practice, can be said to provide the basis for respondents' identities as nursing academics.

Background

The achievement of all-graduate entry and full academic status for former nurse tutors was hailed as groundbreaking (Begley 2001, Cowman 2001). However, the extent to which this achievement was driven by intellectual, and cognitive interests grounded in a distinctive disciplinary discourse centred on developing professional nursing practice has not been satisfactorily addressed (McNamara 2005). Following the industrial unrest of the late nineties, culminating in an unprecedented national nurses' strike in 1999, Irish nurses discovered a voice to argue for improved pay, conditions and parity of esteem with other healthcare professions. However, the fact that this was a trade union rather than a professional or academic voice raises important and as yet unanswered questions:

- On what specific knowledge grounds do nursing's professional and academic leaders base their own and nursing's claims to academic legitimacy?
- 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 distinctive nursing knowledge and practice basis of nurse educators' new identities as nursing academics?

Theoretical Framework

The theoretical framework draws on the work of Bernstein and those who have developed and extended his work in the sociology of education, notably Muller (2000), Maton (2000, 2004, 2005) and Young (2008). A social realist perspective on knowledge is central to this work (Young 2008). I discuss this perspective and the key concepts of boundaries, academic identity and disciplinary discourse as languages of legitimation (Maton 2000) and then pose the questions that arise for nursing.

Knowledge: a social realist perspective

Young (2008) critiques both idealist and materialist conceptions of knowledge, according to which knowledge resides either solely in one's head or wholly 'out there' in

the world and emphasises the historical and social situatedness of all knowledge. While socially produced, knowledge is also context-independent and is irreducible to particular standpoints; it transcends the contexts of its production to assume an objectivity grounded in the social networks, codes of practice, rules, traditions and debates of specialists in different fields. Knowledge entails systematic structures of thought at various levels of abstraction from the concrete world of practices, yet must have the capacity to gain a conceptual purchase on that world for the purposes of corroboration and theory-building. The specialised and differentiated character of knowledge and the communities where it is produced and acquired point to the significance of the boundary in Bernstein's sociology (Bernstein 2000).

Boundaries

Boundaries refer to the degree of insulation between knowledge domains. Historically, relatively strong boundaries existed between disciplines in universities and subjects in the curriculum. Today, this form of disciplinary and curricular organisation is contested as calls mount for increased flexibility and transdisciplinary modes of knowledge production and transmission (Beck & Young 2005).

Young (2008) questions whether it is the principle of strong boundaries or the form they have assumed that is contested. Like Muller (2000) and Graham (2005), he emphasises the epistemological and pedagogic significance of boundaries and how they relate in fundamental ways to how knowledge is acquired and produced. He cautions against blurring knowledge boundaries and undermining the specialist practice, research and pedagogic communities associated with them, believing that there will be a price to pay in terms of knowledge production, transmission and acquisition if boundaries are dispensed with. The important question concerns the forms of classification that will replace disciplinary boundaries should they be dissolved (Young 2008).

Academic identity

Boundaries shape academic identities and entail the dual right to be socially and intellectually included and at the same time separate and autonomous (Bernstein 2000). Academic identities are forged by strong boundaries between domains of knowledge, in the same way as professional identities are grounded in strong classification between fields of practice. The current emphasis on transdisciplinary research, education and practice raises important questions concerning the

forms and strength of the boundaries that will support the link between identity, knowledge and practice.

For Bernstein (Bernstein & Solomon 1999), academic identity is linked to the various resources of legitimacy available to academics. Different amounts and types of resources will differently specialise identities, relations and practices and will determine status in a field. In addition, a field's structure, one's position in it and the trajectory by which one arrived there determine ability to harness available resources to constitute legitimate identities, relations and practices (Bourdieu 1997, Bernstein 2000, Maton 2005).

The literature on academic identity strongly suggests that a clear and distinctive disciplinary focus and a coherent theoretical discourse are among the conditions necessary for the establishment, maintenance and reproduction of stable and distinct knowledge communities (Parry *et al.* 1994, Delamont *et al.* 1997a,b). These communities of arguers, enquirers and critics (Bridges 2006) constitute a critical mass with the necessary resources to forge strong academic identities, establish sustainable and cumulative research programmes, engage in interdisciplinary collaboration and provide coherent curricula that meet the current and projected needs of practitioners (Henkel 2000, 2004, 2005).

Disciplinary discourse and languages of legitimation

Although discourse may be used in a general way to refer to language and other forms of representation, it is also used more specifically to refer to 'ways of using language, of thinking, valuing, acting and interacting' that are recognised as legitimate in particular communities (Gee 2005, p. 26). For Fairclough (2003) and Gee (2005), discourses refer to relatively stable and enduring social practices, mental maps and material realities. We draw on a repertoire of discourses as we account for ourselves and enact particular identities.

Being an academic is a discourse in the sense that pulling off being an academic involves putting 'language, action, interaction, values, beliefs, symbols, objects, tools and places together in such a way that others recognize you' (Gee 2005, p. 27) as an academic engaged in academic activity. To succeed, one's performance must be recognisable to others who inhabit the discourse of academia; if not, then legitimacy has not been established. To be or not to be recognised as inhabiting a particular discourse is highly consequential for one's identity and differential access to resources of legitimacy means that people have differential access to different identities.

According to Fairclough (2003) and Gee (2005), identity is a dynamic performance constructed in interaction and shaped by the wider structural context in which that interaction occurs. In academia, Maton's (2000) concept of languages of legitimation is a useful analytic tool for investigating the performance of academic identity.

Languages of legitimation 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)

They are academics' representations of themselves and their discipline as they discursively enact their academic identities. Claims to possess and profess legitimate knowledge and bids for limited status and resources in higher education are embedded in these discursive performances. Languages of legitimation are considered to be structured (Maton 2005) in that the form and content of the strategic claims to legitimacy made by academics may be conceptualised as governed by the dominant norms prevailing in academia at any given time; they can therefore be thought of as the empirical manifestation of underlying structuring principles that govern the bases of claims to academic legitimacy. These principles are autonomy, density, specialisation and temporality, which, respectively, conceptualise a field's external relations, its internal relations, the bases of its specialisation and its orientation in time (Maton 2005).

Questions for academic nursing

The theoretical framework poses the following questions for nursing:

- What frameworks structure our observations, focus our enquiries and frame our communication?
- What do our languages of legitimation tell us about the structure of our discipline?
- What does it mean to have a strongly classified *nursing* disciplinary domain and distinct *nursing* perspective?
- What principles inform the selection, sequencing, pacing and assessment of content in nursing curricula in order that they are coherent, systematic and theoretically grounded?
- Do we have cumulative research programmes that attend to the focus and nature of enquiry in the discipline and to its primary mission to society?
- How do we preserve the core of the discipline as we become more interdisciplinary?
(after Meleis 2007).

Research design

The design involved eliciting respondents' languages of legitimation in a discursive context informed by an analysis of the international literature concerning the entry of nursing to the academy. This literature was conceptualised as constituting a conversation (Gee 2005) between two discourses: a discourse of opposition and a discourse of legitimation.

The conversation surrounding academic nursing

For Gee (2005), a conversation refers to long-running debates and controversies that circulate in various texts. Here, the relevant texts comprise debates in the international literature concerning the status of nursing as a discipline (e.g., Allen 2004, Jensen & Lahn 2005, McAllister 2007, Newman *et al.* 2008). Pervading this conversation is a preoccupation with the form and content of the specialist knowledge underpinning nursing as an academic and professional discipline; the autonomy, integrity and coherence of the discipline, as well as its relationship with its past, being the principal issues at stake. This literature may be conceptualised as comprising discourses of legitimation: the ways proponents' languages of legitimation are expressed in the scholarly and professional nursing literature (Maton 2000, 2005). There are also discourses of opposition that this literature implicitly or explicitly addresses, and it is to these that I first turn.

Discourses of opposition

One such discourse constructs nursing as essentially dirty work (Lawler 1991, Meerabeau 2001, 2004, 2005), a profane, menial activity acting as a Trojan horse (Watson & Thompson 2004) to smuggle profane, polluting influences into higher education, in the form of the wrong kinds of teachers, learners, practices and values (Maton 2004). Another invokes a 'virtue script' (Nelson & Gordon 2006, p. 11), harking back to an era when nursing was symbolised by 'veil and vow' (Gordon & Nelson 2006, p. 16) and was legitimated by emphasising the strength of nurses' moral character and their devotion to their calling. According to Nelson and Gordon (2006), the virtue script marginalises nursing's discipline-specific intellectual resources.

A third discourse considers academic nursing to be lacking and failing in its bid to become an autonomous academic and professional discipline, constructing it as a contrived, spurious entity, invented to secure status and material reward (Warren & Harris 1998, Ward 2002). Without an

epistemically powerful nursing language with currency in both academic and clinical settings nursing academics may find it difficult to credibly resist this discourse (Fealy & McNamara 2007).

Discourses of legitimation

These comprise the proclaimed bases of nursing academics' legitimacy. Five principal discourses are evident: nursing as a distinct human science singular, the region of nursing studies, specialisation in another discipline, transdisciplinarity and genericism.

Singulars are bounded disciplines that socialise both teachers and students into specialised identities (Bernstein 2000). The 'nursing science' singular discourse constructs academic nursing as a human science (Northrup *et al.* 2004) with its own disciplinary paradigms and schools of thought (Barrett 2002). A recurring theme is 'extinction or distinction' (Nagle 1999, p. 71), which refers to the importance of establishing and maintaining distinct boundaries for disciplinary survival. The discourse is an attempt to articulate a distinctive language for nursing, the lack of which is considered to render nursing invisible and inaudible in health systems and academia (Barrett 2002).

Regions are 'knowledge structures where several singulars are brought together within an integrating framework' (Young 2008, p. 154). For nursing academics, the question concerns the specific frameworks that integrate the singulars that comprise nursing studies. In the absence of a discipline-specific knowledge base and clinical nursing expertise as the grounds of their legitimacy, nursing academics appear to resort to one of three legitimation strategies: identification with another discipline, transdisciplinarity and genericism.

Some nursing academics may 'deny their nursing roots' (Thompson & Watson 2006, p. 125) and specialise their identities solely with reference to other disciplines, regardless of their potential to contribute to the discipline of nursing. Alternatively, often ill-defined notions of transdisciplinarity (Holmes & Gastaldo 2004) are invoked.

Transdisciplinarity implies total boundlessness, rather than the notion of distinct knowledge domains with strong but permeable boundaries (Meleis 2007). Young (2008) argues that other than in certain restricted contexts, there is little empirical evidence to support the putative benefits of transdisciplinarity, such as synergy and critical mass, which might just as readily arise from intensive discipline-specific work. Muller (2000) argues that transdisciplinary competence must first be predicated on a sound disciplinary base. In academic nursing departments, a high degree of disciplinary eclecticism may militate against the convergence (Becher &

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.

Genericism refers to a situation where power and control have shifted away from professions and academic disciplines towards the state and the market (Bernstein 2000, Young 2008). With its emphasis on the process rather than the content of lifelong learning, Bernstein (2000) considers genericism to be an empty concept, devoid of substance, comprising little more than the ability to respond to the latest educational fad. The result is that the autonomy of professional and disciplinary specialists is weakened, and the conditions for the production and application of new knowledge are undermined (Young 2008). Academic nursing is likely to be particularly vulnerable, given the difficulty it experiences in defining and articulating its distinctive knowledge base and in reaching consensus as to which, if any, of the extant systems of nursing knowledge might provide the integrating framework required for coherent programmes of research and education that would ground nurses' academic and professional identities (Beck & Young 2005, Young 2008).

Data elicitation and analysis

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 & Potter 1992, Potter 2004). By adopting the role of 'animated conversationalist', I elicited respondents' languages of legitimation in a dialogical context (Potter 2004), constructed from the discourses of opposition and legitimation. By adopting this less formal role, I elicited unexpectedly frank and direct responses to my questions, resulting in very rich data.

Respondents comprised nursing academics in Irish universities at senior lecturer level and above as well as national leaders in nursing education. Twenty-two potential respondents were approached and all but one agreed to participate. Ethical approval was obtained from the relevant ethics committees. Interview data were digitally audio-recorded, uploaded to a password-protected file on a password-protected computer, located in a locked office and deleted from the recorder. Transcribed data were anonymised and stored in a similar manner.

Analysis focused on both content – *what* was said – and process – *how* the content was spoken, to focus attention on stretches of conversation where identity and legitimation

work were taking place. Preliminary analysis occurred as extracts from each text was tentatively grouped. These groupings were then re-organised in successive rounds to condense and transform the data by conceptualising them as languages of legitimation.

In qualitative studies, findings may be classified according to the degree of transformation they achieve: the 'interpretive distance' (Sandelowski & Barroso 2003, p. 908) from the raw data. Rigour resides in the way any conceptual description and interpretive explanation of the phenomenon of interest is demonstrably anchored in and clearly derived from the data. In this study, all data generated from all respondents could be accounted for in terms of the structuring principles discussed below.

Findings

This article is concerned with whether and to what extent a distinctive nursing disciplinary discourse, grounded in clinical practice, can be said to provide the basis of respondents' identities as nursing academics. While clinical practice should be central to the mission and mandate of academic nursing, respondents believe that it is in danger of being displaced as its central focus. This displacement may be explained by the particular career trajectories of individual academics and by the wider context in which nursing practice and education occurs. The result is at best an ambivalence towards clinical practice and at worst a turning away from it as a subject of inquiry towards more generic health and social research, much of which could just as well be conducted in other academic departments.

The findings are presented in terms of the underlying principles structuring respondents' languages of legitimation: autonomy, density, specialisation and temporality, supported by representative exemplars of the data. Their languages construct academic nursing in Ireland as a field with low disciplinary autonomy, high density with a tendency towards fragmentation, ill-defined bases of specialisation with a decentring of clinical practice as a focus of education and research, and an ambivalent relationship with past identities and practices.

Autonomy

The principle of autonomy refers to a discipline's external relations and its degree of insulation from external control and value systems (Maton 2005). According to respondents, academic nursing in Ireland has weak external boundaries with programmes of research and education heavily influenced by others' agenda:

that is our vulnerability...we cannot seem to find nursing knowledge, cannot seem to find the discipline... we're still part of the medical world and we can't find ourselves so we're always going to be that afterthought, always coming behind, I can't understand why we can't lead (RA);

the thought of people haven't a screed of knowledge about education, can dictate how a programme should be run is just anathema to me...it's appalling (RE);

nursing would obviously like to have more status...but it never happens, nursing doesn't have that kind of power in our society, it simply doesn't have that kind of authority, the only reason it gets taken into the university in the end is because it suits other power brokers (RM);

there are senior lecturers' post in nursing and funding streams in relation to research and a whole support structure in relation to research...those posts are then given to non-nurses...when we look then at the outputs are they actually contributing to nursing knowledge, do they publish in nursing journals, do they present at nursing conferences, what in fact do they contribute or what do they bring to the table for nursing (RR).

Density

The principle of density refers to a discipline's internal relations and the degree of differentiation in it. It captures the relative integration or fragmentation of a discipline, its overall coherence, the homogeneity of values, beliefs and identities and whether it has achieved a critical mass of intellectual and research capacity (Maton 2005). Respondents' depicted a heterogeneous field of high density, reflected in content-saturated curricula, a dispersal of disciplinary expertise, opportunistic, small-scale and unrelated research projects and a lack of a critical mass of research and academic leadership capacity. There was also a disconnection between academia and clinical practice:

there's not enough support in the university for nurses...there's too few of us, too few at this level...we're under great threat in this university...we haven't got enough professors, enough senior people to make a difference (RH);

the integration of nursing knowledge... is there an integration with all those subjects, can we say that the curriculum is designed around a nursing framework...I don't think that that's the process (RA);

I am absolutely outraged with the clinical programmes including some of our own that have not tried to really look at levels of practice...if we don't we will be perpetuating a ragbag sort of curriculum (RI);

one of the things we do have to engage with very, very, very strongly and very honestly, because I don't think it's been done honestly to date, is dual roles, joint appointments and I don't only mean at junior lecturer level, I mean right the way up...that is the only way we can keep the focus on clinical nursing (RJ).

Specialisation

The principle of specialisation refers to the way academics, and their discourses are constructed as specialised and distinctive. It captures the relative emphasis on who you are and what you know. Disciplinary specialisation may centre on the character of those *who* may legitimately claim particular knowledge or, instead, the emphasis may be on discipline-specific cognitive skills: *what* knowledge is claimed and *how* it is obtained. In the former case, individual dispositions are the basis of claims to legitimacy. In the latter case, these claims are founded on domain-specific cognitive mastery and a repertoire of specialised techniques and procedures for knowledge production (Maton 2005).

Respondents' characterised their field as having a weak academic infrastructure, with insufficient specialised knowers and a poorly defined and articulated body of knowledge; that is, a field lacking a critical mass of speakers of a distinctive disciplinary discourse. The upshot is the almost complete absence of cumulative research programmes, difficulty in designing curricula that are distinctively nursing and recognisably higher and problems in convincingly articulating nursing's distinctive contribution to interdisciplinary working in the academy:

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 (RO); I think you can contribute much more effectively in an interdisciplinary way if you have a confidence in what in what it is you're contributing from (RH).

The centrality of clinical practice was acknowledged by all respondents; for example:

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 (RI).

Yet there was an equally unanimous view that it is in danger of being displaced as a focus of research and graduate education:

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

I wonder are we asking too much and yet why would you want to be taught by nurse academics who you say 'well when did you last stand in a ward' – 'oh twenty years ago and I left that behind me and I came into teaching cos I couldn't stand it' this is not a great role model (RF).

One reason for the decentring of practice was the lack of clinical expertise of nurse academics themselves:

what about...a large proportion of the current lecturers who have a clinical career that is at best a cursory sort of dipping the toe in the water for a year or two or three and who can't really claim to have any expertise as a clinician at worst well people they just sort of wanted to get out of the clinical as quick as ever they could and education was the route to do it ...all that I've said would seem to suggest that they actually are redundant in the whole enterprise (RN).

The outcome is a loss of disciplinary focus and almost an academic neglect of practice:

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 (RB);

I'm not so sure what nursing is any more to be honest with you (RK); there must be a way of investigating and examining nursing and researching nursing but we really haven't fully got there yet I don't think in Ireland or as nurses generally (RE);

very little is done about practice and its outcomes and its processes and its systems and I think that's where we show the value (RO).

Temporality

The principle of temporality refers to the discipline's orientation in time, the extent to which past practices and identities inform the present and the relative status attaching to them. Nelson and Gordon (2006) discuss nursing's constant need to reinvent itself and the rhetoric of temporal rupture that characterises its professional discourse. Respondents in this study acknowledge the relative immaturity of their discipline in the academy. They demonstrated an ambivalent attitude to the past, with some wishing to distance themselves from their nurse tutor predecessors, whilst others believed that university education provided the – as yet unrealised – potential to reclaim and reinvigorate core nursing values and principles through a liberal education. There was also a sense that Irish nursing education may have arrived too late in a rapidly reforming higher education sector impatient of its need for time and space to forge its own identity:

we're seen as new into the university we are reminded of this at every opportunity by other members of the academic and

management...there is an undermining process in place to put nurses in their place and your place is down at the bottom of the heap, your place always was at the bottom of the heap (RG);

it's just historically unfortunate when nursing is coming into the academic environment where there isn't that latitude which allows them to take time to develop an understanding without having to reach all the different value systems that the academy now is, which is a very much a commercial organisation (RK).

Clinical sites were viewed as problematic both as learning environments for students and as contexts of discovery for academics:

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...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 (RM);

what I'm hearing from the students is that they're constantly undermined by people within the clinical areas...they have a good day when people treat them decently and humanely... what has been there in the hospital as regards horizontal violence has just been displaced back into the university setting (RN);

we will shoot ourselves in the foot if we allow that path to continue where we're avoiding patients because we are avoiding patients (RH).

Discussion

Respondents' languages of legitimation construct academic nursing in Ireland as a field characterised by low autonomy, high density, weak specialisation and disciplinary immaturity. Lack of consensus on possible integrating frameworks makes it difficult to identify the core of the discipline, rendering it susceptible to external pressures from above, in the form of vested interests, funding mechanisms and a shift towards transdisciplinarity and from below, in the form of public demands and occasional moral panics.

Inadequate engagement with its clinical base undermines the field's relevance, while lack of a strongly classified disciplinary knowledge domain and distinct perspective signals an underdeveloped, impoverished theoretical discourse with low levels of abstraction, empirical purchase, cumulative potential and, consequently, generative capacity. This has resulted in a paucity of cumulative research programmes that attend to the focus and nature of enquiry in nursing as well as content-saturated curricula lacking the coherence afforded by a clear theoretical underpinning.

Meleis (2007) has proposed six indicators of scholarly maturity for nursing. The first, continuity, concerns whether fundamental questions are addressed with a theoretical nursing framework that refines and sharpens concepts over time. The second, concatenation, is demonstrated through nursing theories that evolve from practice and are used in education. A national body to co-ordinate programmes of research is Meleis' third indicator. The fourth is cumulative work through research and theory on the central concepts in nursing. The next is the presence of centres of research where a critical mass of scholars focuses on particular areas of nursing knowledge development such as vulnerable populations, care for elder adults and symptom management. Such centres train and mentor future nursing scholars and ensure the reproduction of the field. The final indicator is the integration of clinical and academic appointments to develop clinical scholarship.

These indicators are based on the principles of high autonomy, low density and strong specialisation, reflected in a distinct perspective and a vigorous, strongly bounded, discipline-specific cognitive domain. Addressing the temporal dimension, Meleis (2007) highlights the barriers to and resources for knowledge development that arise from the influence on nursing of religion, war, 19th century discourses on womanhood, medical hegemony and gender politics. Two messages ring out: respect for clinical colleagues and the practitioners of the past and the valuing of front-line clinical practice.

Conclusions

In Ireland, academic nursing schools evolved in an ad hoc way and are staffed mainly by graduates of the schools' own eclectic postgraduate programmes, together with a smattering of individuals with postgraduate qualifications in diverse disciplines. Such structures contain in them the seeds of their own destruction because they are founded on the principles of low autonomy, high density and weak specialisation. Respondents were clear that the future trajectory of the discipline in Ireland must be in the direction of greater autonomy, integration, coherence and focus.

However, coherent, integrated and cumulative programmes of education, research and scholarship are unlikely to emerge from Irish academic nursing schools as currently configured. Relatively small schools, competing against one another for limited funding from few sources for similar projects, will need to form strategic alliances to pool and concentrate their intellectual and other resources to secure funding. They need to focus on building specialist capacity in specific areas of practice and policy, research methodology and theory, if they are to make a distinctive contribution to

such alliances. Otherwise, consideration will need to be given to the closure and amalgamation of some of the 14 existing schools, many of which lack the necessary critical mass of staff engaged in nursing scholarship.

Academic nursing must be responsive to the needs of the profession for evidence of what works in practice and be capable of establishing connections with other academic fields to provide an academic infrastructure into which novices can be inducted. One of necessary conditions for such an infrastructure is a robust debate about the extent to which academic clinical practice and a discipline-specific discourse should provide the basis of the identity and practices of nursing academics.

Relevance to clinical practice

The production and dissemination of knowledge for nursing policy and practice provide the foundation for nursing education. If clinical practice is not central to the educational and research activities of nurse academics, the relevance of academic nursing to its professional base and its status and future trajectory as a distinct presence in academia, will continue to be questioned.

Contributions

Study design: MMcN; data collection and analysis: MMcN; manuscript preparation: MMcN.

Conflict of interest

None declared.

References

- Allen D (2004) Re-reading nursing and re-writing practice: towards an empirically based reformulation of the nursing mandate. *Nursing Inquiry* 11, 271–283.
- Barrett EAM (2002) What is nursing science? *Nursing Science Quarterly* 15, 51–60.
- Becher T & Trowler P (2001) *Academic Tribes and Territories (Second edn)*. The Society for Research into Higher Education/Open University Press, Buckingham.
- Beck J & Young MFD (2005) The assault on the professions and the restructuring of academic and professional identities: a Bernsteinian analysis. *British Journal of the Sociology of Education* 26, 183–197.
- Begley C (2001) Guest Editorial. Nurse education in Ireland: redressing the balance. *Nurse Education Today* 21, 595–596.
- Bernstein B (2000) *Pedagogy, Symbolic Control and Identity: Theory, Research, Critique (Revised edn)*. Rowman & Littlefield, Maryland.

- Bernstein B & Solomon J (1999) Pedagogy, identity and symbolic control: Basil Bernstein questioned by Joseph Solomon. *British Journal of the Sociology of Education* 20, 265–279.
- Bourdieu P (1997) The forms of capital. In *Education: Culture, Economy, Society* (Halsey AHL, Brown P, Lauder H & Wells AS eds). Oxford University Press, Oxford, pp. 46–58.
- Bridges D (2006) The disciplines and discipline of educational research. *Journal of Philosophy of Education* 40, 259–272.
- Cowman S (2001) Nursing education in Ireland: The end of the beginning and the envy of others in Europe (Editorial). *Journal of Advanced Nursing* 34, 419–420.
- Delamont S, Atkinson P & Parry S (1997a) Critical mass and doctoral research: reflections on the Harris Report. *Studies in Higher Education* 22, 319–331.
- Delamont S, Parry O & Atkinson P (1997b) Critical mass and pedagogic continuity: studies in academic habitus. *British Journal of Sociology of Education* 18, 533–549.
- Fairclough N (2003) *Analysing Discourse: Textual Analysis for Social Research*. Routledge, London.
- Fealy GM & McNamara MS (2007) Scholarship, interdisciplinarity and academic identity (Guest Editorial). *Journal of Clinical Nursing* 16, 1393–1397.
- Gee JP (2005) *An Introduction to Discourse Analysis (Second edn)*. Routledge, New York.
- Gordon S & Nelson S (2006) Moving beyond the virtue script in nursing: creating a knowledge-based identity for nurses. In *The Complexities of Care* (Nelson S & Gordon S eds). Cornell University Press, New York, pp. 13–29.
- Graham G (2005) *The Institution of Intellectual Values*. Imprint Academic, Exeter.
- Henkel M (2000) *Academic Identities and Policy Change in Higher Education*. Jessica Kingsley, London.
- Henkel M (2004) Current science policies and their implications for the formation and maintenance of academic identity. *Higher Education Policy* 17, 167–182.
- Henkel M (2005) Academic identity and autonomy in a changing policy environment. *Higher Education* 49, 155–176.
- Holmes D & Gastaldo D (2004) *Rhizomatic* thought in nursing: an alternative path for the development of the discipline. *Nursing Philosophy* 5, 258–267.
- Jensen K & Lahn L (2005) The binding role of knowledge: an analysis of nursing students' knowledge ties. *Journal of Education and Work* 18, 305–320.
- Lawler J (1991) *Behind the Screens: Nursing, Somology and the Problem of the Body*. Churchill Livingstone, Melbourne.
- Maton K (2000) Languages of legitimation: the structuring significance for intellectual fields of strategic knowledge claims. *British Journal of Sociology of Education* 21, 147–167.
- Maton K (2004) The wrong kind of knower: education, expansion and the epistemic device. In *Reading Bernstein, Thinking Bernstein* (Muller J, Davies B & Morais A eds). Routledge, London, pp. 218–231.
- Maton K (2005) *The Field of Higher Education: A Sociology of Reproduction, Transformation and Change and the Conditions of Emergence of Cultural Studies*. Unpublished PhD thesis, St John's College, University of Cambridge. Available at: <http://www.KarlMaton.com> (accessed 16 May 2005).
- McAllister M (2007) *Solution Focused Nursing: Rethinking Practice*. Palgrave Macmillan, Basingstoke.
- McNamara M (2005) 'Dr Nightingale, I presume?': Irish nursing education enters the academy. In *Care to Remember: Nursing and Midwifery in Ireland* (Fealy GM ed). Mercier Press, Cork, pp. 54–68.
- Meerabeau E (2001) Back to the bedpans: the debates over preregistration nursing education in England. *Journal of Advanced Nursing* 34, 427–435.
- Meerabeau E (2004) Be good, sweet maid and let who can be clever: a counter reformation in English nursing education? *International Journal of Nursing Studies* 41, 285–292.
- Meerabeau E (2005) Poor relations?: nursing and medicine in the English academy. *Higher Education Quarterly* 60, 52–73.
- Meleis AIM (2007) *Theoretical Nursing: Development & Progress*. Lippincott, Williams & Wilkins, Philadelphia.
- Muller J (2000) *Reclaiming Knowledge: Social Theory, Curriculum and Education Policy*. Routledge/Falmer, London.
- Nagle LM (1999) A matter of extinction or distinction. *Western Journal of Nursing Research* 21, 71–82.
- Nelson S & Gordon S (2006) *The Complexities of Care*. Cornell University Press, New York.
- Newman MA, Smith MC, Pharris MD & Jones D (2008) The Focus of the Discipline Revisited. *Advances in Nursing Science* 31, E16–E27.
- Northrup DT, Tschanz CL, Olynyk VG, Makaroff KLS, Szabo J & Biasio HA (2004) Nursing: whose discipline is it anyway? *Nursing Science Quarterly* 17, 55–62.
- Parry O, Atkinson P & Delamont S (1994) Disciplinary identities and doctoral work. In *Postgraduate Education and Training in the Social Sciences: Processes and Products* (Burgess RG ed). Jessica Kingsley, London, pp. 35–52.
- Potter J (2004) Discourse analysis as a way of analysing naturally occurring talk. In *Qualitative Analysis: Issues of Theory and Method*, 2nd edn (Silverman D ed). Sage, London, pp. 200–221.
- Sandelowski M & Barroso J (2003) Classifying the findings in qualitative studies. *Qualitative Health Research* 13, 905–923.
- Thompson DR & Watson R (2006) Professors of nursing: what do they profess? (Editorial). *Nurse Education in Practice* 6, 123–126.
- Ward CJ (2002) Risk management: does it work? The U.S. and Ireland experience. *Medico-Legal Journal of Ireland* 8, 14–22.
- Warren J & Harris M (1998) Extinguishing the lamp: The crisis in nursing. In *Come Back Miss Nightingale: Trends in Professions Today* (Anderson D ed). Social Affairs Unit, London, pp. 11–35.
- Watson R & Thompson D (2004) The Trojan horse of nurse education (Editorial). *Nurse Education Today* 24, 73–75.
- Wetherell M & Potter J (1992) *Mapping the Language of Racism: Discourse and the Legitimation of Exploitation*. Harvester Wheatsheaf, London.
- Young M (2008) *Bringing Knowledge Back In: From Social Constructivism to Social Realism in the Sociology of Education*. Routledge, Abingdon.