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Nurs Sci Q 2010 23: 249

DOI: 10.1177/0894318410371837

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Lost in Transition? A Discursive Analysis of Academic Nursing in Ireland

Nursing Science Quarterly
23(3) 249–256
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DOI: 10.1177/0894318410371837
http://nsq.sagepub.com


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Abstract

A critical discourse analysis of Irish nurse academics' comments reveals a dependent, fragmented discipline with a weak academic infrastructure, prone to colonization by other discourses. Respondents lack a language that articulates an academic and professional nursing identity, the form and content of educational programs that are distinctively nursing, and lack the proper focus and scope of nursing research. These findings are discussed in light of the role of academic clinical practice and nursing discipline-specific discourses in providing the conditions of possibility for the establishment, maintenance, and reproduction of a critical mass of nurse scholars with both academic and clinical legitimacy.

Keywords

education, Ireland, language, nursing

Nursing in Ireland became a graduate profession in 2002. The achievement of all college graduate status for nurses and virtually guaranteed full academic status for their faculty was hailed as a major success. However, the extent to which these achievements were based on the articulation of a distinctive nursing perspective, a coherent theoretical base, defined research methodologies, and clearly articulated criteria for judging the worth of scholarly outputs has never been satisfactorily addressed.

The author here argues that the institutionalization of nursing in the Irish academy in the absence of a robust debate concerning its nature as a distinct academic discipline has created a field prone to plantation by a plethora of other discourses. Consequently, Irish academic nursing continues to experience low autonomy, low coherence, and a weakly specialized academic identity. These features, which seriously threaten its future as a distinct presence in academia, result from twin failures to critically engage with nursing practice from the position of research and scholarship and to seriously investigate the potential of nursing discipline-specific conceptual and theoretical frameworks to provide an academic infrastructure for the discipline.

These worrying findings derive from an inquiry into the current status and future trajectory of academic nursing in Ireland. As part of this inquiry, the senior disciplinary custodians in Irish nursing participated in a critical discourse analytic project. The project's aim was to elicit their *languages of legitimation* (Maton, 2000); that is, the claims made by actors for carving out and maintaining intellectual and institutional spaces within education, the proclaimed

raison d'être that provides the conditions of existence for intellectual fields (Maton, 2000).

Project Questions

Specifically, the questions posed in the inquiry are:

1. 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 nursing academics' identity?
2. What implications does the condition of its academic infrastructure have for programs of nursing research and education, for the consequent production and reproduction of nurse scholars and scholarship, and so for the current status and future trajectory of academic nursing in Ireland?
3. Does academic nursing in Ireland, as currently structured, meet or fail to meet the needs of nursing students, practitioners, educators, and researchers?

Frame of Reference

The frame of reference for the project draws on Maton's (2005) integration, extension, and application to contemporary higher education of the work of Bourdieu (1988) and

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Bernstein (1971, 2000) in the sociology of education. Bourdieu (1988) regarded agents' stances and claims as a function of their positions within status hierarchies, and as designed to maintain or enhance those positions. Central to Bernstein's (1971) thought is the idea that agents' knowledge claims have structuring effects for the field, and that these claims are historically situated social relations of power. Languages of legitimation are rendered more or less plausible and persuasive by the internal structure or form of disciplinary knowledge. Educational knowledge is not merely a reflection of power relations, but comprises more or less epistemologically powerful claims to truth. Knowledge comprises both sociological and epistemological forms of power (Maton, 2000).

Thus, the form taken by proponents' strategic claims regarding the legitimacy of their intellectual fields "are significant both to the way educational knowledge itself develops and to its institutional trajectory" (Maton, 2000, p. 161). Languages of legitimation are academics' representations of themselves, others, and their discipline as they discursively enact their academic identities. Competing claims to possess and profess legitimate academic knowledge, and bids for limited status and resources within higher education, are embedded in these discursive performances. The author elicited the languages of legitimation of Irish nurse academics and national leaders through a series of lengthy conversations in which they were called upon to account for themselves as academics and for nursing as an academic discipline.

Languages of legitimation are considered to be both structured and structuring phenomena (Maton, 2005). They are structured in that the form and content of the strategic claims to legitimacy made by academics may be conceptualized as governed by the dominant norms prevailing in academia at any given time. They continually structure by building versions of social reality that have real material effects. Languages of legitimation embody messages as to what should count as legitimate participation in academia and who decides. These messages furnish the rules of the academic game and provide the basis of recognition in academia and the criteria by which success in it is to be judged.

The aim of this paper is to arrive at a conceptual description and interpretive explanation (Sandelowski & Barroso, 2003) of the academic infrastructure of Irish nursing, as discursively constructed by its professional and academic leaders. Like any field or arena of social practice, academic nursing is held to possess intrinsic properties that determine how it is shaped by forces external to it; its consequent form in turn shapes the identities and practices of those who claim to profess it. Different constructions of academic nursing may be conceptualized as the empirical realization of different rulers of status and success in academia. The term ruler is used here in the dual sense of governor and gauge, governing consciousness and gauging the legitimacy of its manifestations.

Relevant Literature

The lack of a distinctive nursing theoretical language has contributed to nursing's invisibility and inaudibility in both healthcare systems and academia. Theoretical language performs the essential work of disciplinary demarcation, a form of cognitive closure that marks out boundaries from other disciplines and proclaims nursing's unique focus and its substance. According to Bernstein (1971), this quest for disciplinary coherence and distinctiveness may be understood as an attempt to ground nurses' academic and professional identities. Academic identities necessarily entail "a particular kind of humane relationship to knowledge—a relationship . . . centred in . . . 'inwardness' and 'inner dedication'" (Beck & Young, 2005, p. 184).

Such a relationship gives rise to academic identities "centered in the perceived intrinsic value" of specific disciplinary domains; they thus "partake of the sacred" (Beck & Young, 2005, p. 185), and bestow upon academics and students "a special significance," a pure identity grounded in knowledge that is "not ordinary or mundane, but something esoteric" (Bernstein, 1971, p. 215). It also confers "academic resourcefulness," a concept which captures a discipline's "level of academic generative capacity and its prestige or access to status positions" (Hashem, 2007, p. 198).

Academic resourcefulness is crucial since it provides the basic stock of knowledge upon which the emerging field establishes its claim to expertise. The more an area of knowledge is elaborate, the more there is a chance that a sub-area can be assembled as a stand-alone field with enough abstract and applied principles that meet the standards of higher education and deserve recognition. (Hashem, 2007, p. 187)

Low levels of academic resourcefulness inhibit the growth of a field, exposing it to external pressures from above, in the form of vested interests, legislation, and funding mechanisms, and from below, in the form of public demands and occasional media-generated moral panics. Conversely, there is evidence to support the contention that the establishment, maintenance, and reproduction of stable and distinct knowledge communities depend on academic resourcefulness: the achievement of a critical, collegial mass of scholars generating the synergy necessary to form academic identities, sustain disciplinary allegiances, establish long-term research programs, and produce canonical works (Delamont, Parry, & Atkinson, 1997; Parry, Atkinson, & Delamont, 1994; Henkel, 2005).

For nursing students, nursing discipline-specific discourses have an integrative role and provide the resources to strengthen their identity as nurses. Hodges, Keeley, and Grier (2005) stated that Parse's (1998) humanbecoming school of thought provides an appropriate framework with

which to promote professional resilience and career longevity, and to create strong professional identities. Without such a framework, students and academics fall victim to “curricular universalism” (Chapman, 2007, p. 61), resulting in eclectic offerings likely to ensnare them in a “classic multidisciplinary trap” with its “range of tempting distractions” (Parry et al., 1994, p. 40). Lack of a disciplinary discourse to frame thinking and research, places current and aspiring academics “too far from the frontier of any . . . discipline to make any serious contribution” (Parry et al., 1994, p. 39). Limited academic engagement with the context and practice of nursing care can only exacerbate the problems caused by such “multidisciplinary illiteracy” (Chapman, 2007, p. 60). The intellectual progress of a field requires consensus on theories, methods, and the proper objects of inquiry. Such agreement is also a prerequisite for the initiation of novices into any discipline (Bridges, 2006). Without “an internalized map of the conceptual structure of the subject, acquired through disciplinary training” (Muller, 2007, p. 82), nursing academics lack the unifying principles and clarity of purpose essential to the advancement of their field and risk seduction by the call of any disciplinary siren (Chapman, 2007).

For Fawcett (2005), the map of nursing’s conceptual structure is given by the “structural holarchy of contemporary nursing knowledge” (Fawcett, 2005, p. 4). This *holarchy* comprises, in descending order of abstraction, the metaparadigm of nursing, philosophies of nursing, conceptual models of nursing, grand nursing theories, middle-range nursing theories, and nursing empirical indicators. These components are then translated into research, education, and practice through the creation of conceptual-theoretical-empirical systems of nursing knowledge and conceptual-theoretical-empirical system-based nursing practice (Fawcett, 2005).

The claim is that this structural holarchy provides a compass for negotiating the healthcare maze, a mooring or jetty in the turbulent waters of contemporary health systems, an intellectual lens through which to view the recipients of nursing care, and a systematic and purposeful practice methodology (Fawcett, 2005). Through the study and implementation of conceptual-theoretical-empirical systems of nursing knowledge, nurses are provided with a language with which to articulate the scope and substance of professional nursing practice, research, and education.

According to Bernstein (1971), conceptual-theoretical-empirical systems of nursing knowledge furnish *supracon- tent* concepts. These binding principles allow nurses to select and meaningfully integrate inputs from a number of sources, including the *adjunctive* disciplines; to discriminate between relevant and irrelevant information; to distinguish between appropriate and inappropriate nursing actions; and to achieve a distinct and consensual professional perspective (Fawcett, 2005). In short, conceptual-theoretical-empirical systems of nursing knowledge are the basis on which the academic legitimacy of the discipline of nursing rests.

Without such a foundation, Latimer (2000) suggested that nurses systematically efface their own contribution to care, while acting to serve the goals of clinical medicine and healthcare management. Without a nursing language, nurses cannot negotiate with patients to authorize and legitimate their needs, because discretion and the power of signification “lie elsewhere in other disciplined bodies of knowledge” (Latimer, 2000, p. 91). Consequently, nurses become visible and audible only by invoking “orders of discourse coming from elsewhere” (Latimer, 2000, p. 119), namely, biomedicine, and managerialism.

Even if one accepts that there is “no ground state in which definitive borders can be drawn between traditional disciplines,” disciplinary labels are far from “empty or insignificant” (Derrida, as cited in Drummond, 2004, p. 531); this is because they name a distinctive style and exert a stabilizing effect on academic practices and communities. It is not even necessary to accept Bernstein’s (1971) thesis that knowledge forms are irreducible to social practices, and may be more or less epistemically powerful, to acknowledge the importance of disciplinary boundaries. Whether disciplines comprise intrinsically worthwhile and distinctive contents or are ideologically based social constructions, disciplinary demarcation remains necessary for a sense of academic identity and for meaningful academic work: The sacred resides in the boundary, rather than in what is bounded.

For those nurse academics that turn their faces away from nursing practice and reject nursing discipline-specific theories and frameworks, preferring instead to look inward to an eclectic mix of disciplines, the questions are surely: What integrates the components that comprise nursing studies? And what grounds their academic and professional identities? In the absence of a distinctive nursing discourse and clinical nursing expertise as the grounds of legitimacy, nurse academics appear to resort to one of three legitimating strategies: specialization in another disciplinary field; confused notions of interdisciplinarity, transdisciplinarity or even postdisciplinarity, and genericism.

Some nurse academics deny their nursing roots and ground their identities in other disciplines. Whether they in fact possess the requisite epistemic capital to realize legitimate practices in their disciplinary domain of aspiration is a matter for empirical investigation. Also at issue is the precise nature of such individuals’ contribution to the fields of academic and clinical nursing, and to developments in nursing policy and practice. “Everything is everything, or is it?” pondered Cody (2001, p. 274), referring to often ill-defined notions of interdisciplinarity or transdisciplinarity invoked by some nurse scholars. Transdisciplinarity advocates boundlessness, whereas interdisciplinarity retains the notion of distinct but permeable and intersecting disciplines: The theoretical and methodological resources of one discipline grant additional insights into the subject matter of another. However, as Cody (2001) pointed 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) also condemned the *spurious ideology of boundlessness* and questioned the validity of claims that inter- or transdisciplinary approaches to knowledge production should replace orthodox disciplinary forms. He argued that inter- and transdisciplinary competence is 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 nurse academics, many of whom lack a nursing discipline-specific knowledge base and who reside in academic departments of nursing comprised of people with an eclectic mix of disciplinary backgrounds. In such circumstances, it is difficult to see how a critical mass of disciplinary specialists (Delamont et al., 1997) could be achieved in order to sustain research teams capable of driving programs of research into nursing phenomena. Moreover, in Ireland, certainly, the majority of nurse academics are conspicuous by their absence from the context of application—the clinical domain in which inter- and transdisciplinary healthcare research would have to take place.

Generic modes derive from the belief that education should be functionalized to respond to the shifting priorities of employers in the *real* world. They inculcate *trainability* and instill a “flexible transferable potential” (Bernstein, 2000, p. 59) by means of transferable *generic, key, or core* skills (Beck & Young, 2005). Beck (2002) argued that genericism excludes alternative discourses that might equip students with critical thinking capacities. For Bernstein (2000), trainability is a dereferentialized concept, its whole point is to cultivate trainees' receptiveness to an externally-imposed agenda (Beck, 2002). The upshot is the erosion of professional and academic identities. How much more vulnerable to these trends is the emerging 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 grounds of its proponents' academic and professional identities? In Bernstein's terms, without clearly-articulated epistemic grounds the consequences will manifest and undermine the whole at every point.

These consequences are already visible. Many nursing education programs are shaped by external discourses, such as medicine or healthcare management, which are not necessarily consistent with a nursing agenda. As a result, nurses revert to dependent and subordinate roles and serve others' interests and objectives, not those of their clients and colleagues. Fawcett (2005) agreed that much of what passes for advanced nursing practice is little more than limited medical practice. Scientific medicine is incapable of providing the

“resources of legitimation” (Maton, 2005, p. 240) for academic nursing, or for nurses who wish to become professional and autonomous practitioners. The call is for a return to nursing's first principle: “that of the human condition (*humanitus*)” (Drummond, 2004, p. 525).

Drummond (2004) argued that nursing as a whole cannot yet be considered as research-driven because much of nursing practice remains “conceivable in the absence of research” and is “grounded in practical knowledge” (p. 529). In Ireland, nursing's entry to higher education coincided with a fundamental restructuring of that sector and of the health system. Caught in a pincer movement between reforms in higher education and healthcare, and without a clear sense of its own academic and professional identity, nursing may be left with little room to maneuver in either sector. Fawcett (2005) acknowledged the great effort required to implement conceptual-theoretical-empirical systems of nursing knowledge in practice is great. It demands nothing less than a root-and-branch reform of systems of healthcare delivery, requiring fundamental changes in institutional cultures, an end to medical hegemony, and radical perspective transformation on the part of nurses and other healthcare workers (Fawcett, 2005). Nurse academics who persist in basing nursing education on the current status quo are not exploiting the potential of a proper higher education for nurses. Nursing discipline-specific discourses help to articulate what nursing is and what it might become. Such idealism is not naïve and the *either/or* thinking that opposes it to practical competence needs to be challenged. For Bernstein (2000), the whole point of a proper higher education is to provide not only “knowledge of how it is (the knowledge of the possible),” “the thinkable,” but also a sense of “the possibility of the impossible,” “the unthinkable” (p. 29). *Both/and* thinking recognizes that the need for technical skills and specialist knowledge in the nursing curriculum should not displace an emphasis on the cultivation of a distinctive nursing gaze.

Project Method

The author reports on interview data from 16 senior nurse academics and professional leaders in Irish universities and national nursing organizations. The nature and purpose of the project were communicated to all potential participants in writing and orally. Ethical approval was obtained from the relevant ethics committees.

Some discourse analysts recommend that researchers should assume an active and interventionist stance in interviews, challenging interviewees by offering counter-examples and questioning assumptions. By adopting the role of an animated conversationalist, the author elicited respondents' languages of legitimation (Maton, 2005) in a deliberately argumentative or dialogical context. This made it possible to investigate whether and how respondents negotiated academic nursing's dilemma of disciplinary development in

their language of legitimation. This dilemma places proponents of higher nursing education in the position of having to legitimate academic nursing, while defending themselves from accusations that nursing is essentially a discipline manqué, lacking the essential attributes of an academic pursuit.

During analysis, passages, phrases, and words that were considered to be potentially salient in light of the project questions were noted. In terms of process linguistic markers of identification, or style, 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-organized in successive rounds in order to condense and transform the data by identifying important patterns, issues, themes, or concepts pertinent to the questions.

The findings of qualitative studies may be classified according to the degree of transformation of data they achieve: The *interpretive distance* (Sandelowski & Barroso, 2003, p. 908) traveled from the transcribed data to the findings. Findings are defined as the data-driven and integrated discoveries, judgments, and pronouncements that researchers offer about the phenomena, events, or cases under investigation (Sandelowski & Barroso, 2003, pp. 909-910).

In this project, interview data were transformed by conceptualizing them as languages of legitimation, providing insights into the underlying structure of Irish academic nursing. In qualitative studies, rigor resides in the way in which theoretical and analytic tools interact with data 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. Data from each respondent supported the findings relating to the current condition of Irish nursing's academic infrastructure. These data are presented under three headings: *disciplinary autonomy*, *disciplinary coherence*, and *disciplinary specialization*; each theme is supported by representative narrative exemplars.

Disciplinary Autonomy

Without a shared theoretical discourse, academic nursing in Ireland experiences relatively low autonomy from sources of power and control originating beyond nursing. Analysis revealed a field with weak external boundaries, particularly susceptible to outside influences. One respondent said, "We cannot seem to find nursing knowledge, cannot seem to find the discipline, in fact we're still part of the medical world. We can't actually find ourselves, we're always going to be that afterthought, always coming behind, I can't understand why we can't lead." Another stated, "what they are reproducing is subservience, I'm just horrified and it's interesting because other faculties are not in quite that position of active

disablement of themselves, their people do theorize," and a third claimed, "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 except where the patient was concerned."

One of the tasks of academic nursing is to provide an intellectual basis for the rejection of dependent and subordinate enactments of nursing practice, as one respondent clearly recognised: "what's happened in nursing is that we have been so closely allied to medicine and the notion of the doctor as the director and the nurse as the assistant we're not even a stone's throw away from that." Another participant said, "nurses are being pulled away by the increasing technical demands of what is possible in medicine and surgery, and I think the majority of nurses anyhow in this country are frustrated beyond belief because they cannot nurse because they are doing technical stuff."

The underpinning values, proper scope and potential of nursing care will be clarified only if nursing academics engage with practice and theorize it: "there is a core issue around the way nursing thinks about and approaches things that we do need to get a grip on and I think our research, the only reason as far as I'm concerned for having us in the university environment is that we actively try to engage in discovering and articulating what that's about." Otherwise other disciplines dictate the nursing agenda: "I'm really fearful that we're going to have a sociology tail wagging a nursing dog." Low, disciplinary autonomy has implications for programs of education: "it would have been very much on a medical model and from my own research that actually hasn't changed enormously in the way that we are now presenting nursing to nurses. What nursing hasn't done yet is developed its own notion of what that practice really is and it hasn't defined what is unique about nursing and what is unique about nursing practice. Nurses need to understand and reconfigure what it is that they're about." Another respondent declared, "I begin again to connect it up with this project of caring and if we have more and more commoditization, if we have no capacity whatsoever in our societies left to articulate how we value caring and how we value re-building of health through caring work, then where will we be as professionals?" There are consequences also for programs of research: "how the people in the university are going to maintain their competence within a mainly practice-based profession when they have such a disconnect from the clinical area I don't understand. I don't know how they are going to research it if they don't have relationships in the clinical setting."

Disciplinary Coherence

The second category of concerns discussed by the respondents relate more closely to issues of disciplinary coherence and the absence of a critical mass of sufficiently integrated cohorts of academic leaders, scholars, researchers, and practitioners,

focused on specific domains of nursing inquiry one respondent said, “they have no sense of coherence around their own intellectual capacities, thus how in God’s name are they meant to be able to teach their students?” Another said, “I think maybe this is something that’s wrong with some of the nurses who have moved into academia who do not know how to teach nursing from a philosophical perspective.”

One outcome of the lack of coherence is content-saturated curricula with neither nursing practice nor theory at the center: “every medical condition is still there, there is no theoretical framework or even principles. We were talking about that years ago, it hasn’t happened, it’s lip service.” One participant stated, “we say that the curriculum is designed around a nursing model and then you can actually integrate all the components. I don’t think that that’s the process.” Another said, “if you ask the students what curriculum model we were using I doubt if they’d come up with wellness and health I would be fairly sure that if you asked them what nursing was they couldn’t tell you. We do not deliver a quality course.”

Greater coherence will only be achieved through the elaboration and articulation of a nursing discourse which will provide the theoretical resources for values clarification, concept-based curricula, and the progressive integration of academia and practice through joint appointments at the most senior levels of academia and service. According to one respondent, “academic nursing needs a very, very clear practice focus along with a research agenda in order to integrate the two very well, linked to the education agenda. That is what we need to do, however we manage it. We’re not really there yet.” Another respondent asserted, “the university people are not in the clinical setting with the students and that causes all kinds of problems in some ways also for service staff because they’re taking on two jobs and not all of them are able for that.” A third declared, “we need to identify the values, the behaviors that best shape this emerging role of the nurse into the future so we need to look at our value system and make sure that doesn’t slip, make sure that we identify clearly what the values of the nurse are.”

Disciplinary Specialization

The third category of respondents’ heading of the respondent’s comments related to their concerns about the discipline’s specialization. Respondents agreed that a majority of Irish nurse academics lack clear foci of practical and theoretical nursing specialization. One respondent said “the big problem is that we have nurses in the university considering themselves nurse academics who don’t have any higher education in *nursing*.” Another respondent claimed, “well there is a group who are educators I think almost without being nurses,” and another said, “I wouldn’t be entirely popular for saying this, but this is one of the problems, nurse teachers,

many of them haven’t had the depth of practice and they haven’t had the recency of it.”

Respondents’ collective construction is of a field lacking a critical mass of speakers of a distinctive language. But they accept that this language does exist: “There all kinds of bodies of thinking out there that could invigorate them that would resonate with care at it’s best and it would enable them to feel intellectually secure about what they were doing.” However, as one respondent acknowledged, “nurses have trouble articulating it and then when it is articulated coming to some agreement about sticking with it . . . nurses themselves don’t see nursing as nursing, they see it as second-rate.” A major concern is the lack of academic engagement with nursing practice which prevents the elaboration of theoretical discourse grounded in the experiences of providers and recipients of care. One respondent declared, “they are saying that nursing is not important. Why would the word clinical make nurse lecturers’ hairs on their neck stand up—? Because they are dead scared of it. I think that’s very peculiar there’s not one faculty member here who teaches students in clinical area—something’s wrong.” Without a distinctive academic focus on nursing theory and practice, nursing risks being subsumed and dislocated, losing its identity and unique mission. One respondent said, “we’ll be back to square one again until we begin to confront the critical debate: why is it that we don’t value what’s invisible, which is the caring element of work?” Another said, “but nursing has never struck out, it has taken on bits from the doctors and nurses are delighted to do it there’s no doubt about that. We don’t know what our role is and a lot of people out there don’t know what their role is and actually they would perceive that they’re the ones that do what it is nobody else would. I look at advanced nurse practitioners and as far as I’m concerned they are becoming mini-doctors, but to me advanced nursing practice it’s about advancing nursing.” Lastly, one participant said, “a generic healthcare worker, I mean in a way that’s almost nursing. People talk about the various therapists taking our role but they’re not, they’re only taking one portion of our role, but a generic healthcare worker might take over nursing.”

Discussion

According to Bridges (2006), “conditions for both the production and validation of research require communities of arguers, enquirers and critics and a condition for the possibility of such communities of arguers is their sharing in a common language and their shared recognition and reference to some common rules . . . of intellectual and creative behavior” (pp. 264-265). This inquiry suggests that academic nursing in Ireland continues to lack the differentiated, coherent, systematic and shared conceptual language necessary to establish and sustain a community of enquirers investigating phenomena relevant to the provision of quality nursing care.

Without such a language, academic nursing is unable to meet the needs of nursing students, academics, and practitioners. All respondents included in this project said that this is due to the failure of academic nursing to seriously engage with nursing practice in a meaningful way, combined with a lack of exposure to and serious engagement with nursing discipline-specific discourses.

The key players in Irish nursing aspire to an academic discourse that promotes the cultivation of a nursing sensibility and the centrality of the nurse-patient relationship. Indeed, transferring nursing education into the universities is seen as a way of reclaiming nursing values, and of revitalizing the principles compromised as a result of a corrupted system of apprenticeship preparation that ultimately failed nurses and patients. However, the goal of an autonomous, coherent, and distinctive theoretical nursing discourse that cultivates a distinctive nursing standpoint and drives knowledge development for nursing policy and practice appears to have become lost in transition as Irish nursing moved to the university sector. Such a discourse provides the only basis from which nurse academics can engage in productive relationships with other disciplines in the academy. Respondents' concerns about the form, content, and quality of nursing education programs suggest serious misgivings about their current capacity to provide a future generation with the grounds of their identities as professional and academic practitioners.

The absence of a coherent and distinct nursing language corrodes the infrastructure of academic nursing, rendering it vulnerable to plantation by a plethora of other discourses. These may be the decontextualized segments of other disciplinary languages, the empty and reifying rhetoric of trainability and competency, or the related utilitarian managerial and economic discourses that are colonizing more and more areas of modern society. The weak boundaries and fragile academic core of academic nursing in Ireland render it particularly susceptible to the uncritical and unreflexive adoption of such discourses.

In addition, promiscuous use of theories and methodologies from diverse disciplines, applied to topics sometimes with only the most tenuous links to nursing policy and practice, results in unrelated, small-scale and short-term research activity engaged in by relatively few academics. This contributes little to the infrastructure necessary to support and sustain a cohesive community of arguers, enquirers, and critics who share a common language, values, norms, thought systems, and knowledge structures.

Coherent, integrated and cumulative programs of 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, might be better advised to form strategic alliances to pool and concentrate their intellectual and other resources to secure

funding streams. Postgraduate education and research training would also benefit from the resulting synergy. As well as this, individual schools will 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.

Instead of unconstrained theoretical and methodological diversification and proliferation, what is required is a period of discipline, of development and consolidation at all levels, from the individual to the institutional, in order to deepen and strengthen the bases of specialization. The field of academic nursing requires cultivation of a distinctive nursing gaze, as well as production of knowledge that informs nursing practice. But membership of a nursing academic community must entail more than expertise in research methods and techniques; it also requires the cultivation of "the intellectual virtues of patience, industriousness, thoroughness and care" (Bridges, 2006, p. 263). These virtues call into service a level of commitment that has long been associated with Irish nursing at its best. However, insulated and removed from the realities of clinical practice, and without the requisite discipline-specific discourses to realize legitimate practices in academia, many nurse academics appear to lack both the nursing and academic capital with which to realize an identity that is recognized as credible and legitimate by their nursing and academic colleagues. Neither academic nor clinical nurses are likely to achieve their full potential while a significant dichotomy exists between them. Nurse academics must work with clinical colleagues to break down counterproductive boundaries, while simultaneously enhancing their autonomy from medical and managerial agents who would dictate the form and content of nursing practice and education to serve their own agenda.

Conclusions

In Ireland, academic nursing schools evolved in an ad hoc way and are staffed mainly by graduates of the schools' own deficient postgraduate nursing programs, together with a smattering of individuals with postgraduate qualifications in diverse disciplines. Such structures contain within them the seeds of their own destruction because they are founded on low autonomy, low coherence, and lack of specialization.

The 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 programs, 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 harness the power of nursing discipline-specific discourses in order to reconfigure its relationships with clinical nursing

practice, increase its intellectual autonomy, enhance its internal coherence and cohesiveness, and strengthen the epistemic power of its knowledge base.

Academic nursing departments of the future will consist of networks of integrated, specialized nodes, focusing on specific problems and phenomena relevant to the discipline of nursing. These nodes will comprise a judicious mix of people who actually have something to profess: expert nurse practitioners, managers, policy-makers, and theorists whose clinical, methodological and theoretical expertise will make a real contribution to issues of concern to nursing. These nodes will provide the framework for a robust yet flexible academic infrastructure, responsive to the needs of professional nursing for evidence of what works in practice, and capable of establishing connections with other academic fields in the service of a strong ethical, theoretical, methodological, and empirical core for nursing into which novices can be inducted. In order to provide the conditions of possibility for the reproduction of the field, nursing faculty recruitment and development policies must be geared to establishing, strengthening, and extending such relatively autonomous, coherent, and specialized nodes.

Declaration of Conflicting Interests

The author declares that he does not have any conflict of interest.

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