



## Editorial

Legitimation code theory: A new lens through which to view our academic practice

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# EDITORIAL

## Legitimation code theory: A new lens through which to view our academic practice

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**A**s nursing academics based in Ireland, where nursing is a relatively new entrant to the academy, we are interested in how the field of academic nursing legitimates its place in the academy (McNamara, 2009). In the age of austerity that now characterises many European economies, how we legitimate our practices to key stakeholders matters. A relatively immature academic field such as nursing may lack sufficient resilience to resist deformation from the pincer movement exerted by reforming health and higher education sectors.

In view of the potential vulnerability of the discipline, a number of fundamental questions are presented; these are: How are reforms in health and in higher education shaping nursing education, research, practice and scholarship? How are nursing academics' current practices shaping the structure of academic nursing? Whether, to what extent and in what ways is academic nursing constructed as specialised and differentiated? How well does academic nursing engage with its occupational base? What implications does the current structure of academic nursing have for integrative and cumulative knowledge building and long-term development and progression? (McNamara, 2010a, 2010b).

We have found legitimation code theory (LCT) to be a highly productive theoretical

intervention that helps address such complex questions. Developed by Karl Maton at the University of Sydney (see [www.legitimationcodetheory.com](http://www.legitimationcodetheory.com)), LCT builds on Bourdieu's field theory and Bernstein's code theory and incorporates insights from Popper, Foucault and systemic functional linguistics.

Like other social realist approaches, LCT aims to dig beneath the practices characterising fields to reveal their underlying structuring principles. LCT provides a theoretical lens that brings knowledge into focus as the central object of inquiry (Maton & Moore, 2010). It also provides a means of conceptualising the implications for academic nursing of its knowledge forms, including its developmental trajectory, its capacity to build powerful and cumulative knowledge, its relevance to its clinical nursing base, models of curriculum and pedagogy, and the identity of the nursing academic as both nurse and academic.

Legitimation code theory provides a conceptual toolkit to analyse nursing's knowledge-producing and knowledge-transmitting practices according to five underlying structuring principles: autonomy, density, temporality, specialisation and semantics. Of these, current work focuses on the latter two. Before discussing these, we will briefly outline the first three.

Autonomy refers to a field's external relations. There are two dimensions: positional and relational. Positional autonomy refers to distance from direct control by external agencies. Relational autonomy refers to independence from others' value systems. Density concerns a field's internal relations, and again, there are two dimensions: material, referring to the relative fragmentation or coherence of a field's contents, and moral, referring to the homogeneity of values. Temporality concerns the orientation of a field in time; it may be long-established or more recently formed, and may be forward or backward-looking.

Specialisation uncovers the basis of legitimate achievement, status and membership of an academic field; namely, whether claims to distinctiveness are based upon what you know and how (knowledge code) or who you are (knower code). A field's specialisation may be conceptualised in terms of two co-existing but analytically distinct sets of relations that highlight that knowledge claims and practices are at once claims to knowledge of the world and claims made by agents (Maton, 2010). These relations are the epistemic relation – the relation between knowledge and its proclaimed object of study – and the social relation – the relation between knowledge and its author or agent, who is making the claim to knowledge. For our purposes, the epistemic relation raises the question of what can be legitimately described as 'academic nursing', what are its distinct objects of inquiry and what methods are used to study them? For the social relation, the relevant question is who can legitimately claim to be producing legitimate nursing knowledge?

Maton (2011) uncovers the principles underlying Bernstein's concepts of verticality and grammaticality and how they work together to enable or constrain cumulative knowledge building. Verticality refers to a disciplinary field's capacity to progress integratively through increasing abstraction and explanatory sophistication. Grammaticality concerns a field's empirical

purchase on its objects of study. The principle of semantics encompasses two dimensions that enable a more fine-grained analysis of a field's verticality and grammaticality: semantic gravity, the degree to which meaning relates to its context, and semantic density, the extent to which meaning is condensed within symbols, such as concepts or phrases.

Together, the five structuring principles contained in LCT provide a conceptual framework for thinking about the current status and possible future trajectories of academic nursing in contemporary higher education and health systems. LCT provides a way of constructing academic nursing as a sociological object of study, using conceptual tools of high grammaticality, capable of precise empirical application. Our work to date has revealed, among other things, that many nursing academics appear incapable of conceptualising their disciplinary domain at a sufficiently high level of abstraction, indicating a lack of clarity and consensus on the proper focus and scope of their field. This is of concern and has implications for curriculum, pedagogy and research programmes; in short, for the reproduction of the field. By allowing nursing academics to gain a conceptual purchase on our discipline, LCT enables us to assume a critical and reflexive stance towards it and so to obtain a better understanding of its inner workings, and of the internal and external conditions under which it will flourish, or wither, in contemporary higher education. Subjecting the field to a structural analysis, using LCT as the analytical framework, reveals its underlying strengths and weaknesses, and its capacity to exploit opportunities and counter threats. It also illuminates the changes that need to be effected if academic nursing is to fulfil its social mandate.

## References

- McNamara, M. S. (2009). Nursing academics' languages of legitimation: A discourse analysis. *International Journal of Nursing Studies*, 46, 1566–1579.

McNamara, M. S. (2010a). Where is nursing in academic nursing? Disciplinary discourses, identities and clinical practice: A critical perspective from Ireland. *Journal of Clinical Nursing*, 19(5–6), 766–774.

McNamara, M. S. (2010b). What lies beneath? The underlying principles structuring the field of academic nursing in Ireland. *Journal of Professional Nursing*, 26(6), 377–384.

Maton, K. (2010). Analysing knowledge claims and practices: Languages of legitimation.

In K. Maton & R. Moore (Eds.), *Social realism, knowledge and the sociology of education: Coalitions of the mind* (pp. 35–59). London: Continuum.

Maton, K. (2011). Theories and things: The semantics of disciplinarity. In F. Christie & K. Maton (Eds.), *Disciplinarity: Systemic functional and sociological perspectives* (pp. 129–150). London, Continuum.

Maton, K., & Moore, R. (2010). *Social realism, knowledge and the sociology of education: Coalitions of the mind*. London: Continuum.

## FORTHCOMING

### TRANSFORMATIONS IN HEALTH CARE: PRIVATISATION, CORPORATISATION AND THE MARKET

A Special Issue of *Health Sociology Review* – Volume 20 Issue 3

ii + 110 pages – ISBN 978-1-921729-04-1 – September 2011

Guest Editors: **Kevin White** (The Australian National University), **Fran Collyer** (The University of Sydney), and **Jane Jones** (Flinders University of South Australia)

The health care services sector has been radically transformed in most economies since the 1980s. Among the more noticeable changes have been the active encouragement of competition by governments; increasing cost-consciousness on the part of third party payers; the sale or marginalisation of public sector services, and the growth and increasing dominance of health care markets by large, public corporations.

This increasing reliance on markets (to allocate resources) raises a number of issues which are increasingly salient and of interest to academics, researchers, policy-makers and health care practitioners; as evidenced by regional and international attention and publications. Although related papers have previously featured in *Health Sociology Review*, this special issue is devoted to international, regional and national papers exploring this theme.

Introduction: The privatisation of Medicare and the National Health Service, and the global marketisation of healthcare systems – *Fran Collyer and Kevin White*

Multinational corporations, the state, and contemporary medicine – *Rebeca Jasso-Aguilar and Howard Waitzkin*

Unhealthy policy: The political economy of Canadian public-private partnership hospitals – *Heather Whiteside*

Legislative hegemony and nurse practitioner practice in rural and remote Australia – *Clare Harvey*

Managerialism and medical charity: How employing and pre-paying doctors affects the provision of free care in the United States – *Christopher Keane*

The final frontier: The UK's new coalition government turns the

English National Health Service over to the global health care market – *Allyson Pollock and David Price*

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Contracts in the English NHS: Market levers and social embeddedness – *David Hughes, Christina Petsoulas, Pauline Allen, Shane Doheny, and Peter Vincent-Jones*

The work of nurses in private health: Accounting for the intangibles in care delivery – *Luisa Toffoli, Trudy Rudge and Lynne Barnes*

Book Reviews: Health care and public policy: An Australian analysis. 4th edn – by *George Palmer and Stephanie Short*; Reviewed by *Anna Kemp*

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A special issue of *Journal of Management & Organization* – Volume 18 Issue 5

ISBN: 978-1-921348-98-3 – December 2011

Editors: **Yvonne Brunetto** (SCU), **Kate Shacklock** (GU), **Rod Farr-Wharton** (USC), and **Cary L Cooper** (Lancaster University)

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Included below are examples of possible topic areas:

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