

## Academic leadership in nursing: legitimating the discipline in contested spaces

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### Academic leadership in nursing: legitimating the discipline in contested spaces

**Aim** To investigate the potential of recent conceptual developments in the sociology of education for conceptualising academic leadership in nursing.

**Background** During an investigation into the current status and future trajectory of academic nursing in Ireland, academic leadership emerged as a major concern for respondents.

**Method** The languages of legitimation of academic leaders were elicited in in-depth interviews and analysed as expressions of underlying legitimation principles.

**Results** The concept of legitimation principles provides a way of thinking about how academic nursing is positioned in the health and higher education sectors, how its leaders construct its identity, practices and purposes, and clarifies the proper focus and goals of academic leadership in nursing.

**Conclusions** Academic leadership is concerned with legitimating the discipline of nursing as an autonomous, coherent and distinctive professional and academic endeavour. This legitimacy must be secured in academic, clinical and wider contexts in which academic nursing is viewed with ambivalence; leaders must take account of the impact of nursing history on the current status and future trajectory of the discipline.

**Implications for nursing leadership** The analytic tools facilitate a better understanding of the internal and external conditions under which academic nursing will flourish, or wither, in contemporary higher education.

**Keywords:** academic nursing, Ireland, languages of legitimation, leadership, legitimation principles, nursing academics

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### Introduction

This paper is based on a wider investigation into the effects of the institutionalisation of nursing as a field of study in Irish universities on nursing academics' identities and practices. Empirically, the original study was a critical discourse analysis of senior university nursing academics' and national leaders' talk about academic

nursing. Theoretically, their collective representations of their field of practice were reconstituted in order to analyse the bases of their proclamations of their own and nursing's academic legitimacy. The overall aim of the study was to explicate the underlying principles currently structuring academic nursing in Ireland, as represented by the languages of legitimation (Maton 2000, 2005) of its disciplinary custodians. Languages of legitimation

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'represent 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...[they] thereby represent the basis for competing claims to limited status and material resources within higher education'. (Maton 2000, p. 149)

The languages of legitimation of 16 key players in Irish nursing were elicited through a series of in-depth interviews in which they were called upon to account for themselves as academics and/or for nursing as an academic discipline. In the course of these conversations academic leadership emerged as a major concern for respondents. In this paper, I use data from 10 of the most senior academics and national leaders to explore the usefulness of recent theoretical work in the sociology of education for providing a new conceptual description of academic leadership for the discipline of nursing.

## Background

Up until the last decade of the 20th century, the system of nurse training in Ireland was based on the Nightingale apprenticeship model, introduced as part of a process of nursing reform in the late 19th century. The Nightingale apprenticeship model began as a vocational extension of secondary education and was strongly insulated from the mainstream of higher education (Fealy 2006). It was only at the start of the 21st century that nursing in Ireland gained entry to the academy and joined the other graduate professions in healthcare. A significant milestone in the reform of nursing education in Ireland was the **Working Party Report on General Nursing** (Department of Health 1980), which called into question the apprenticeship model of training as a suitable method for meeting the education and training needs of nurses. In 1994 the Report entitled **The Future of Nurse Education and Training in Ireland** (An Bord Altranais 1994) led to the establishment of links with higher education for the purpose of academic accreditation at diploma level.

Finally, recommendations of the Commission on Nursing (Government of Ireland 1998) resulted in the introduction in 2002 of a 4-year degree as the sole route of entry to nursing practice. Until this time, degrees in nursing were offered by only a few centres to experienced registered nurses, mainly on a part-time basis, although, since 1984, a full-time degree programme for nurse tutors had been available at UCD Dublin. The

achievement of all-graduate status for Irish nursing and full academic status for their teachers was hailed as groundbreaking (Begley 2001, Cowman 2001). However, the extent to which this achievement was grounded in a legitimate and distinctive disciplinary discourse driven by the intellectual and cognitive interests of academic and clinical leaders, as opposed to not illegitimate material interests related to improved pay, conditions and status, articulated primarily through the trade union movement, has not been satisfactorily addressed (McNamara 2005).

## Academic leadership in nursing

Antrobus and Kitson (1999) found that nursing knowledge derived from nursing practice is the basis of the identity and legitimacy of all nursing leaders, regardless of whether they operated primarily in the clinical, organisational, political or academic domains. Nursing knowledge **from practice for leadership** combines an understanding of the philosophical bases of nursing, including the ethics and ideology of caring, with a firm grasp of the wider external and internal factors that might compromise nursing values and promote or inhibit developments in nursing practice.

A key leadership attribute is the ability to bridge the policy/practice divide by thinking through and articulating the implications of policy for nursing care and by ensuring that nursing is visible and audible at the policy-making level (Antrobus & Kitson 1999). Academic leaders are charged with developing programmatic research that highlights the contribution of nursing to health outcomes (Griffiths *et al.* 2008). Such research positions nursing as a legitimate player within higher education and clarifies its distinctive contribution to interdisciplinary research (Hallberg 2006). Academic leaders must establish, maintain and strengthen linkages with clinical settings and contribute to practice development by integrating research evidence with practice and by explicating the tacit knowledge embedded there.

Evans and Lang (2004) refer to the tripartite mission of research, education and practice that lies at the heart of academic nursing practice. Academic leadership is directed towards building meaningful partnerships between clinical and academic settings and providing the conditions of possibility for the development of clinician-educators who operate at the research-practice interface. Academic leaders in nursing must take ownership of clinical practice and halt the process whereby their gaze is averted from bedside care (Clarke 2006). This will involve evaluating new models of care delivery, implementing the findings from academic

research and developing a common language to measure nursing problems, interventions and outcomes (Fealy & McNamara 2007a). Above all, clinical expertise must become a taken-for-granted prerequisite for nursing academics in order to build a critical mass of doctorally-prepared staff with advanced practice expertise.

This very brief overview of some of the literature concerning academic leadership in nursing foregrounds a number of key themes. In sociological terms, these themes can be developed and understood as expressions of four underlying legitimisation principles: autonomy, density, specialisation and temporality.

### Conceptual framework: legitimisation principles

For Gee (2005) the key to legitimacy is recognition. Being a nursing 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, original emphasis) as both an academic engaged in academic activity and as a nurse contributing to the discipline and profession of nursing. To succeed, your performance must be recognisable to others who inhabit the domains of academia and of nursing; if it is not, then legitimacy has not been established. To be or not to be recognised as a legitimate player is highly consequential for one's identity, and differential access to the necessary material and intellectual resources means that people have differential access to different identities.

Critical discourse analysts such as Fairclough (2003) and Gee (2005) regard identity as a dynamic performance or display constructed in interaction and shaped by the wider structural context in which that interaction occurs. Identity is public and outer, designed for particular recipients, shaped by the exigencies of the setting, and constructed from available resources to achieve certain goals. In the particular setting of academia, Maton's (2000) concept of languages of legitimisation is a useful analytic tool for investigating the performance of academic identity.

Languages of legitimisation are academics' representations of themselves, others, and their discipline as they discursively enact their academic identities. Contested and 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. Languages of legitimisation are considered to be structured phenomena (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 legitimacy in academia. 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).

### Autonomy

Autonomy refers to the degree of differentiation **between** fields. Academic freedom has been a key marker of status in higher education and is evident in such polarising dichotomies as liberal/vocational, education/training and pure/applied, with the latter term devalued. What is at stake may be characterised as knowledge for its own sake *vs.* an external vocational orientation. Maton (2005) conceptualises two dimensions of autonomy: positional and relational. Positional autonomy refers to academic freedom: distance from external involvement and control. Relational autonomy refers to independence from extrinsic value systems and performance criteria.

Lower status institutions and disciplines have been characterised by lower positional autonomy, direct control by outside agencies, and lower relational autonomy, an orientation towards meeting the needs of the economy. Independence from outside interference confers higher positional autonomy, as in the traditionally high status liberal university ideal. The valorisation of knowledge for its own sake over vocationalism and instrumentalism entails higher relational autonomy.

### Density

Density refers to the degree of differentiation among positions **within** a field, evident from the way in which issues of size, quantity and scale figure in participants' languages of legitimisation. Again, there are two dimensions: material density, referring to the number of discrete units within a discipline (e.g. disciplinary inputs in a curriculum), and moral density, referring to the homogeneity of forms of capital, value systems and identities within a field (Maton 2005).

High status has traditionally been associated with lower material density, smaller, well-integrated institutions with close and sustained interaction between teachers and students, and lower moral density, a community of practice based on shared beliefs and

values. Higher material and moral density characterises larger, sprawling and anonymous institutions, imparting numerous forms of knowledge to large groups of diverse students; these were considered low status.

## Specialisation

The principle of specialisation is captured in the dichotomy between who you are (knowers) and what you know (knowledge), and between breadth *vs.* depth. It establishes the basis of differentiation: the ways in which agents (e.g. nursing academics) and discourses (e.g. nursing theories) are constructed as special and distinctive. Specialisation can be conceptualised in terms of a knowledge relation and a social relation. The former concerns **what** knowledge is claimed and **how** it is obtained, the latter concerns **who** may claim particular knowledge. Academics may emphasise one or other, or both, as the basis of their distinctiveness, authority and status (Maton 2005).

An emphasis on the knowledge relation suggests that mastery of specialised procedures or techniques is the basis of claims to legitimate knowledge. Specialist disciplinary knowledge is the basis of identity. **What** you know and **how** matter far more than **who** you are or **who** you might become. An emphasis on the social relation suggests that academics' and students' dispositions are the basis of claims to legitimate knowing. These dispositions may be portrayed as 'natural' abilities, moral character, or as deriving from social status. Where both relations are emphasised, membership of a community of practice is based not only on possessing correct knowledge but also on having the right kinds of dispositions.

## Temporality

At stake here is the relative status attaching to long-established as opposed to neophyte disciplines, identities and practices: the past *vs.* present (and future). Maton (2005) postulates four principal temporal settings: archaeo-retrospective, older and backward looking; archaeo-prospective, older and forward looking; neo-retrospective, younger and backward looking; and neo-prospective, younger and forward looking. Higher status institutions and disciplines tend to legitimate themselves in terms of their longevity, looking to their venerable past for current practices: the older, the better. Preoccupied with more direct and immediate occupational relevance, and requiring a relatively short-term return on their educational investment, new subject areas, and the staff and students they bring into higher education, are frequently represented as

embodying the wrong kinds of practices and identities (Maton 2004, 2005). Their neo-prospective temporality together with low autonomy, high density and knowledge specialisation are considered to pose a threat to the legitimisation principles once privileged by and privileging more established and dominant players of the academic game.

These principles provide a conceptual framework for thinking about the current status and possible future trajectories of academic nursing in higher education and the role of academic leaders in moving the field in the desired direction. In the next section, I discuss how the data to be interpreted in light of these principles was generated.

## Methods

### Sampling, access and data elicitation

This paper deals with interview data from a sub-sample of 10 senior nursing academics and national leaders in nursing education. The interviews were informed by the discourses of those who oppose the wholesale transfer of nursing education to the university sector (Fealy & McNamara 2007b), and the typical responses of nurses to them (McNamara 2008). Because of their status and the nature of their positions, gaining access to these disciplinary custodians involved careful negotiation. The nature and purpose of the study were communicated to all potential participants in writing and orally. When requested, further information was provided. Ethical approval was obtained from the relevant ethics committees.

### Data handling and processing

Interview data were digitally audio-recorded, uploaded to a password-protected file on a password-protected computer, located in a locked office, and then deleted from the recorder. Transcribed data were anonymised and stored in a similar manner to the audio files. No hard copies of the transcribed interviews were made and the potentially identifiable audio files have since been destroyed, in accordance with a commitment given to participants. The average length of the interviews was 83 minutes, the shortest being just under an hour and the longest just over 2 hours. Transcripts were imported into NVivo 7 (QSR International, Doncaster, Vic., Australia) to assist in coding and categorisation. NVivo allowed a dynamic and fluid iteration between transcripts and audio recordings, emerging patterns and analytic insights.

## Data analysis

During analysis, content – **what** was said – passages, phrases and words considered to be potentially salient for illuminating the concept of academic leadership in nursing were noted. In terms of process – **how** the content was spoken – analytic attention was directed towards linguistic markers of identification such as modality, mood, intonation, stress, pace, flow, person and pronoun usage (Fairclough 2003). This focused attention on stretches of conversation in which identity, recognition and legitimation work were taking place. Preliminary analysis occurred as extracts from each text were tentatively grouped and then re-organised in successive rounds in order to condense and transform the data using the conceptual framework provided by the legitimation principles.

## Rigour

In this study, interview data were transformed by conceptualising them as languages of legitimation structured by underlying legitimation principles. In qualitative studies, rigour resides in the way in which theoretical and analytic tools interact to produce a conceptual description and interpretive explanation of the phenomenon of interest that is demonstrably anchored in and clearly derived from the empirical data gathered and generated for the study. The findings of qualitative studies may be classified according to the degree of transformation of data they achieve: the ‘interpretive distance’ (Sandelowski & Barroso 2003, p. 908) travelled from the transcribed data to the findings. Trustworthiness is the primary criterion for evaluating the rigour of qualitative work (Sandelowski 1993, Tobin & Begley 2004). It comprises four key criteria addressing credibility, transferability, auditability and confirmability.

The credibility of this study may be judged by the extent to which it produces a conceptual description and interpretive explanation of academic leadership in nursing that is recognisable, meaningful and applicable to respondents and to other agents in the field. Transferability refers to the extent to which the findings apply to similar or other fields beyond the study situation. It must be established on a case-by-case basis and with reference to the wider empirical and theoretical literature. Auditability requires that the conceptual description and interpretive explanation constituting the findings must be demonstrably anchored in the data from which they are derived. Confirmability is achieved when the criteria of credibility, transferability and

dependability have been established. The key requirement is demonstrating that ‘the findings are not figments of the inquirer’s imagination but are clearly derived from the data’ (Tobin & Begley 2004, p. 392).

In the next section, I present interpretations of data obtained from 10 of the most senior respondents using Maton’s (2005) legitimation principles. The aim is to arrive at a conceptual description of academic leadership for the discipline of nursing in terms of the four principles of autonomy, density, specialisation and temporality. I argue that the principles help to clarify the proper focus, scope and goals of academic leadership in terms of its ability to provide the intellectual, political and material resources required to meet the needs of nursing students, practitioners, educators and researchers. These resources provide the conditions of possibility for the establishment, maintenance and reproduction of the discipline of nursing as a distinctive and genuinely scholarly endeavour.

## Findings

The aim of this study was to explore the potential of a conceptual framework derived from the discipline of the sociology of education for illuminating the concept of academic leadership in the discipline of nursing. The findings are presented in terms of representative and illustrative narrative exemplars that reflect the underlying principles structuring respondents’ languages of legitimation: autonomy, density, specialisation and temporality. Respondents were of the view that academic nursing in Ireland currently suffers from low disciplinary autonomy, high density with a tendency towards fragmentation, ill-defined bases of specialisation with a decentering of nursing practice as a focus of education and research, and an ambivalent relationship with past identities and practices. Consequently, while operating in the contested space formed by the intersection of higher education, the health system and nursing practice, nursing’s academic leaders must strengthen disciplinary autonomy; achieve greater integration, cohesion and coherence in the discipline; articulate the distinctive contribution of nursing as a professional and academic practice to health outcomes; and take account of the impact of nursing history on the current status and future trajectory of the field.

## Autonomy

Nursing became established in Irish higher education, not as a result of intellectual or cognitive arguments intrinsic to the discipline but because of external considerations:

'to be honest I think it would have been coming from monetary gain, it would have been the unions trying to raise the status of nursing...I'm not sure that the educationalists around put a convincing case, that any of us that were involved at the time did anything that would have helped that (Rz)'.

As a result academic leaders must

'create a culture within the nursing profession which allows the public debate round nursing and nursing care provision to be more than simply focused around pay and conditions...I think what very often drives nurses are issues of patient care and that's very often lost (Ry)'.

This culture must encourage

'critical debate within the academy: what do we understand by caring, what do we understand by presence, really and truly articulating just what it is and the nuances and the complexity of it in a researched way...why is it that we don't value what's invisible which is the caring element of work...this goes back to the whole notion of leadership...some of our leaders have not had that energising debate through the university system (Rq)'.

These and similar data highlight respondents' desire to increase the positional and relational autonomy of nursing in order to distance it from the more profane considerations that led to its establishment in higher education. This involves staking out the intellectual territory of nursing and engaging in a values clarification exercise:

'there really needs to be a values clarification with all of the academics ... if we don't it will be to the detriment of nursing because the contribution that they are going to be able to make at a professional level is suspect...if you're not making an added value or a contribution to patient outcomes at the end of the day...how can you claim to be making any difference? (Rv)'.

To make a difference, nursing needs to harness the potential of being located in the university environment; however, there is a concern that this has not happened in all cases:

'people didn't see the university as process they saw it as location...that is the fundamental thing ...university as process hasn't really permeated (Rq)'.

'unfortunately I hate to say it, my own research shows it, all we've done is we've moved a venue, that's all (Rv)'.

## Density

Concerns about many nurse educators' preparedness for academic careers and about content-saturated curricula suggest a discipline characterised by high material and moral density. A priority for academic leadership is a shift towards lower density. This is evident from repeated calls for integration, coherence and cohesion; for example, curricular coherence through concept-based curricula.

'I don't think we are at that stage no ... I think nursing conceptual frameworks are necessary because they give coherence and they assist in developing an analytical approach (Ru)'.

'it's unbelievable, I've read other curricula and I can't see how anybody can see any kind of connection between all the ideas that students must engage in...they didn't make an awful lot of sense to me, it was very disjointed and I thought how does a student go out with any idea of what it is they need to be as a nurse (Rq)'.

The need to integrate academia and practice is pressing:

'I don't see that there's a great connectiveness at the moment and it's something that I really want to be able to try to foster if at all possible...because 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 (Rv)'.

'I think to bring the totality of the academic concept into the clinical setting hasn't really taken place and there is really some distance between academic teaching and clinical teaching, there are two separate lives for students really (Rr)'.

A major challenge for academic leadership is the creation of a critical mass of nursing academics that will provide the basis of cohesive communities of practice:

'I don't think that we will get much further...it was a great shock to them, they coasted along, we tried to integrate them, we gave them development programs, we did everything but it's a big shock

and some of them don't want to make that extra leap to be honest they don't, they couldn't be bothered, it's too much hassle and it's too much work and it's hard work, academia is very hard...they didn't know what it was all about, they thought they did know, they thought it was the same as what they were doing, now, of course, they find out it is not, it is totally different and I don't think that that many of them are that committed (Rx)';

'there is an absolute requirement for these people to engage in the university environment and if they don't there is an absolute onus on those of us who are in leadership positions to prevent them progressing, so there's a very clear message there...to make sure that we were being forced to live up to the role we had taken on in moving into academia... we're not we're not really there yet and it will never happen unless our nursing academics are challenged, unless we really force people out of their comfort area, force people to become more conceptual (Rw)'.

## Specialisation

Respondents acknowledge a lack of clarity and consensus on the proper focus and scope of academic nursing and a tendency to de-centre clinical practice as an object of inquiry. Academic leadership must be directed at the creation of specialised communities of practice focused on phenomena of concern to nursing. Both the knowledge relation and social relation need to be clarified and strengthened. Academic leaders must pose and seek answers to the following questions:

- What is the nature and content of nursing's specialised discourse and what does it say? That is, what, if anything, is nursing academics' knowledge relation to?
- In terms of the social relation, what sort of knower may legitimately profess nursing and what sort of knower does nursing education seek to produce?

Effective interdisciplinary collaboration requires clarity about the distinctiveness of the nursing contribution:

'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 (Ry)';

'nurse tutors had traditionally been generalists I think they continued in university to be very generalist teachers...in a college it's all about specialisation, people can't be Jacks of all Trades (Rs)'.

Disciplinary specialisation for nursing entails clinical expertise and a clearly-articulated, credible and agreed theoretical discourse. However, both of these are currently lacking in Irish academic nursing:

'one of the problems at the moment is that we have a lot of people in universities who have very little clinical experience (Rr)';

'there should not be one person in an academic post in nursing who is not linked to clinical... this sort of change needs strong directive leadership, people can be given every opportunity to focus in on nursing but if they don't want to do that then better for them not to stay (Rt)';

'nursing is about patient responses to specific problems but there are lots of nurses who don't know that body of knowledge...if you're an educated person you need to look at different ways of thinking about things, this is something that's wrong with some of the nurses who have moved in into academia they have never studied nursing, they don't know how to teach nursing from a philosophical perspective (Rs)'.

## 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 are taken into account in future planning. Respondents in this study acknowledge the newness of their roles as nursing academics and the relative immaturity of their discipline in the academy:

'it's very much in an embryonic stage nursing in third level (Rv)';

'we need to recognise that nursing is very young in the academic environment (Ry)'.

There is an ambivalent attitude to the past, with some wishing to distance themselves from their nurse tutor predecessors and their nurse apprentices:

'many elements of the traditional-based program did not encourage people to grow, it encouraged

people to conform, to keep quiet, and to get on with whatever the day's instructions happened to be, and in the 21st century bright young people will not accept that and why should they (Ry)'.

Others believe that university education provides the potential to reclaim and reinvigorate core nursing values and principles through a liberal education and that relative youth should not prove an impediment, provided there is a clear focus on an agreed future and consensus on how to get there:

'we are early in our academic development so what, is it a problem? No. I don't see why it's a problem, provided we have sufficiently strong focus on the fact that it is nursing we want to develop (Ry)'.

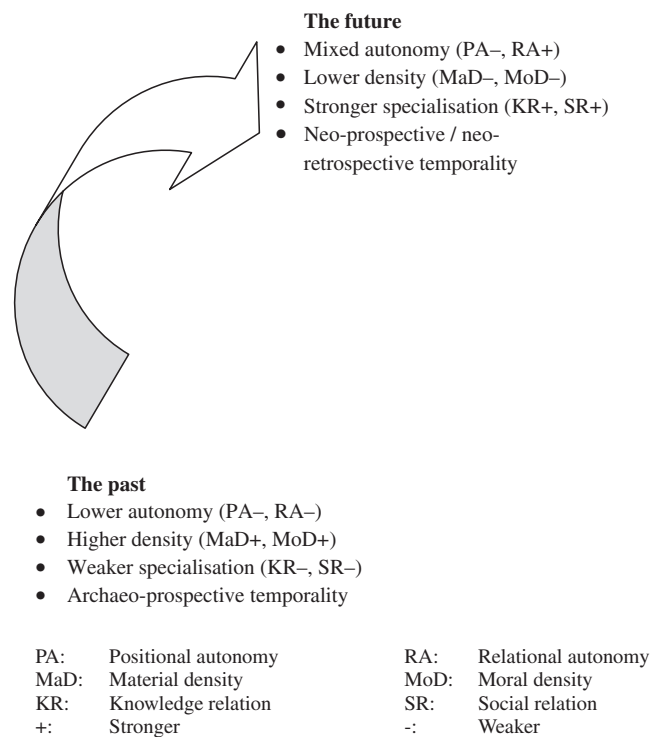
However, there was also a sense that Irish nursing education may have arrived too late in a rapidly-reforming higher education sector impatient of its need for time and space to forge its own identity:

'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 (Rq)'.

## Discussion

Analysis of the relationship between nursing and higher education using the concept of the legitimisation principles reveals the nature of the challenge facing academic leaders in Irish nursing. They are, I argue, challenged to advance the discipline by adapting the principles underpinning a liberal humanist education to the demands of the research-intensive, enterprise university (Figure 1). The discipline of the future will be characterised by

- low positional autonomy from a highly professionalised, independent, or interdependent, model of nursing care delivery, which may or may not be realised in practice, and high relational autonomy through the preservation of traditional academic values;
- low material and moral density: an integrated professional and academic nursing community of arguers, enquirers and critics, with common values and a shared theoretical language;
- knower and knowledge bases of specialisation and, Janus-like,
- both neo-retrospective and neo-prospective temporality: seeking to recover all that was held sacred in



**Figure 1**  
The trajectory of the field of academic nursing in Ireland.

the past through the humanities, while looking to science to provide the empirical evidence to inform future policy and practice.

This is a very tall order for an academic field emerging from a position of low autonomy, high density and weak specialisation only recently arrived in the academy.

## Implications for academic leadership in nursing

The legitimisation principles allow academic fields to be analysed holistically in terms of their external and internal relations, social and knowledge relations, and temporal location. The theoretical reconstitution of academic and national leaders' languages of legitimisation, elicited in a discursive context that reprised wider debates, illuminates the current structure of the field. Respondents harbour no illusions about the field's current capacity to withstand the challenges ahead, but are convinced that the establishment of nursing as a distinct presence in academia affords many opportunities for nursing as a professional and academic discipline.

To harness these opportunities, serious consideration needs to be given to the implications of the field's current structure for its survival and future development. By explicating the settings of the legitimisation principles



currently structuring the field, and relating them to those underlying higher education as a whole, the study provides a systematic way of thinking about strategies to consolidate and advance the position of academic nursing in Ireland and, perhaps, elsewhere.

The progress of academic nursing describes a trajectory from a non-university discipline to one that must hold its own in the challenging contexts of the contemporary health and higher education systems (Figure 1). Intermediate points on this trajectory may be plotted using the legitimation principles to set the co-ordinates. In order to successfully navigate the trajectory, academic leaders must first place the discipline in the best possible shape to avail of the opportunities provided by higher education. This will entail restructuring the discipline's external and internal relations, examining the bases of its claims to specialisation and distinctiveness, and deciding which identities, forms of capital, and practices it wishes to discard, retain and acquire.

## Conclusions

Academic nursing in Ireland is unlikely to prosper unless its leaders think hard about the questions posed by this analysis. Academic leaders must be willing to consider answers that will unsettle their identities, status and sense of purpose, but, if they're really honest, perhaps they will realise that have little enough basis for these as it is. Can academic nursing survive as a distinct presence in academia in Ireland? Maybe it can, but not if things remain as they are. Irish academic nursing must find within itself the self-confidence and clarity of purpose to finally leave

“a place that is safe, that is ‘home’ – physically, emotionally, linguistically, epistemologically – for another place that is unknown and risky, that is not only emotionally but conceptually other; a place of discourse from which speaking and thinking are at best tentative, uncertain, unguaranteed”. (de Lauretis 1990, p. 138).

For a long time, hospital schools of nursing provided safe homes for nurse educators. The identities, practices and forms of capital that enabled many of them to live comfortable and secure lives there are not serving them well in the unfamiliar and challenging place that is academia. A new nursing discourse is needed: one that integrates the languages of other disciplinary discourses in the service of a new form of nursing practice. Academic leaders must shape this new practice rather than being shaped by the practices of the past. To do this, academic nursing's composition and configuration need to change.

In Ireland, academic nursing schools evolved in an ad hoc way and are staffed mainly by graduates of the schools' own deficient postgraduate nursing programmes, 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 the principles of low autonomy, high density and lack of specialisation.

Academic nursing departments of the future will consist of networks of integrated, specialised nodes, focusing on specific problems and phenomena relevant to nursing. These will comprise a judicious mix of people who actually have something to profess: expert nurse practitioners, managers, policy-makers, and disciplinary specialists whose methodological and theoretical expertise can make an agreed, understood, specific and transparent 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 the occupational base 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's academic leaders must ensure that staff recruitment and development policies are geared to the establishment, strengthening and extension of these relatively autonomous, integrated and specialised nodes.

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