What Lies Beneath? The Underlying Principles Structuring the Field of Academic Nursing in Ireland

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This article reports the findings of a structural analysis of the field of academic nursing in Ireland and considers the implications of the field's current structure for its present status and future trajectory in the academy. Six years after preregistration nursing education transferred to the higher education sector, tensions continue to exist concerning the status and legitimacy of academic nursing and of those who profess to profess it. The languages of legitimation of senior nursing academics and national nursing leaders (*n* = 16) were elicited and subjected to a critical discourse analysis. Respondents' languages were analyzed in terms of the settings of four underlying structuring legitimation principles: autonomy, density, specialization, and temporality. Academic nursing in Ireland was found to be structured by low autonomy, high density, and weak specialization. I conclude that academic and professional leaders in Irish nursing need to urgently consider how academic nursing can reconfigure its relationships with clinical nursing, increase its intellectual autonomy, enhance its internal coherence and cohesiveness, strengthen the epistemic power of its knowledge base, and critically evaluate the ways in which past practices inform its present and whether and to what extent they should shape its future. (Index words: Academic field; Nursing; Ireland) J Prof Nurs 26:377–384, 2010. © 2010 Elsevier Inc. All rights reserved.

THIS ARTICLE REPORTS the findings of a structural analysis of academic nursing, as constructed by the languages of legitimation of its disciplinary custodians. The case under investigation is academic nursing in Ireland, where preregistration nursing education has been located in the higher education sector since 2002; however, the theoretical framework and methodological approach have wider implications.

Languages of legitimation

represent the claims made by actors for carving out and maintaining intellectual and institutional spaces within education…[they] thereby represent the basis for competing claims to limited status and material resources within higher education (Maton, 2000, p. 149).

Central to Maton's (2005) argument is the idea that languages of legitimation are both structured and structuring. They are structured in that the form and content of the claims to legitimacy made by academics may be conceptualized as the manifestation of an underlying generative mechanism that governs what constitutes legitimacy in academia. They are structuring in that they build versions of the discipline that have real consequences (Gee, 2005; Wetherell & Potter, 1992). This article focuses on the sense in which Irish nursing academics' languages of legitimation are structured.

Drawing on a critical discourse analysis of Irish nursing's professional and academic leaders' talk about their discipline, I uncovered the underlying principles currently structuring academic nursing in Ireland. The discipline's structure is held to be determined by the settings of four underlying structuring legitimation principles: autonomy, density, specialization, and temporality (Maton, 2005).

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Research Questions

The research questions posed are as follows:

- What are the underlying principles structuring the field of academic nursing in Ireland, as constructed by the languages of legitimation of its disciplinary custodians?
- What implications does the field's current structure have for programs of nursing research and education, for the consequent production and reproduction of nursing scholars and scholarship, and thus, for the current status and future trajectory of academic nursing in Ireland and, perhaps, elsewhere?
- Does academic nursing in Ireland, as currently structured, provide or fail to meet the needs of nursing students, practitioners, educators, and researchers?

The Legitimation Principles

The legitimation principles of autonomy, density, specialization, and temporality, respectively, conceptualize the structuring of academic nursing's external relations, its internal relations, relations between its social and knowledge dimensions, and the temporal aspects of those relations (Maton, 2005). Each principle can be set in different ways, and together, these settings regulate and distribute legitimacy in academia by establishing the rulers and rules of the academic game.

Constructions of academic nursing may be conceptualized as the tangible realization of underlying rulers of status and success. Analysis of the underlying principles embedded in these rulers reveals the determinants and criteria of legitimacy by which academic nursing is being held to account. These determinants and criteria, and their underlying structuring principles, may be derived from careful analysis of the discourses of opposition and legitimation that attend the presence of nursing in the academy (Fealy & McNamara, 2007; McNamara, 2008).

For Maton (2000), languages of legitimation are rendered more or less persuasive by the internal structure of disciplinary knowledge:

> educational knowledge is not merely a reflection of power relations, but comprises more or less epistemologically powerful claims to truth (p. 149).

The form taken by proponents' strategic claims regarding the legitimacy of their disciplines "are significant both to the way educational knowledge itself develops and to its institutional trajectory" (Maton, 2000, p. 161). Maton seeks to unpack the underlying bases of such claims through his concept of legitimation principles; it is to these that I now turn.

Autonomy

Autonomy refers to the degree of differentiation *between* fields. What is at stake may be characterized as knowledge for its own sake versus an external vocational orientation. Maton (2005) conceptualizes two dimensions of autonomy: positional and relational. Positional autonomy refers to academic freedom: distance from external control by the state and the market. Relational autonomy refers to independence from other's value systems.

Lower status is characterized by lower positional autonomy, direct control by external agencies, and lower relational autonomy, an orientation toward satisfying outside interests. Independence from outside interference confers higher positional autonomy. The valorization of discipline-specific bodies of knowledge over technical–instrumental conceptions of knowledge entails higher relational autonomy.

Density

Density refers to the degree of differentiation among positions *within* a field, its relative homogeneity or heterogeneity. 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 intellectual resources, value systems, and identities within a field (Maton, 2005).

Higher status has traditionally been associated with lower material density—smaller, well-integrated institutions with close and sustained interaction between teachers and students—and by lower moral density—a community of practice based on shared beliefs and values. Higher material and moral density characterizes larger, sprawling, and more anonymous institutions, imparting a fragmented curriculum to large groups of diverse students; these were considered low status.

Specialization

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

An emphasis on the knowledge dimension indicates that mastery of specialized 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 dimension 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 dimensions are emphasized, 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 versus the present (and future). Maton (2005) postulates four principal temporal settings: archeoretrospective, older and backward looking; archeoprospective, older and forward looking; neoretrospective, younger and backward looking; and neoprospective, younger and forward looking. Higher status institutions and disciplines tend to legitimate themselves in terms of their longevity, looking to their 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).

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

Methodology

Views on the current status and future trajectory of Irish academic nursing were obtained by engaging its key agents ($n = 16$) in in-depth conversations. Representative exemplars from the arguments of those who oppose the transfer of nursing education to the university sector (Fealy & McNamara, 2007), and the published responses of nurses to them (McNamara, 2008), were used to elicit respondents' languages of legitimation in a dialogical context. Once elicited, the total corpus comprised 250,000 words of narrative data; these were analyzed using NVivo 7. Respondents were senior nursing academics and national nursing leaders. Full consent was obtained, and the approval of the relevant ethics committees was sought and obtained.

In the next section, I analyze academic nursing in Ireland in terms of the current settings of the four legitimation principles. I consider the implications of the field's current structure for programs of nursing research and education, for the consequent production and reproduction of nursing scholars and scholarship, and thus, for the current status and future trajectory of academic nursing. I also consider whether academic nursing in Ireland, as currently structured, provides or fails to provide the intellectual and educational resources necessary to meet the needs of nursing students, practitioners, educators, and researchers.

Findings: The Underlying Principles Currently Structuring the Field of Academic Nursing in Ireland

Autonomy

Academic nursing in Ireland currently experiences relatively low autonomy from external sources of power and control. Analysis reveals a field with weak external boundaries, particularly susceptible to outside influences; for example,

> 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 (R11).

As the intellectual dimension of a professional practice discipline, academic nursing cannot insulate itself from clinical nursing practice; nursing academics should keep "right in front of them the people that are being served here" (R2). Theorizing and researching clinical practice, and the factors that shape it, are academic nursing's *raison d'être*; patients' experiences must be central:

> I try my best to get the students to be sensitive and to bring the people who are sick or who are in need of nursing service into the classroom (R2).

Higher positional autonomy from dependent and subordinate enactments of nursing, and from influences beyond nursing that seek to determine the form and substance of nursing education, is required:

> we still haven't moved out of this notion of subordinate…we have to please the environment…the progression of our knowledge actually is just a side line (R1).

Higher positional autonomy requires more relational autonomy than nursing academics currently enjoy. Without relational autonomy, "what they are reproducing is subservience," "active disablement of themselves," (R11) and "compliant practitioners" with "no ability to challenge" the status quo (R8). Educating a nurse who will be "a more formidable representative of their professional group, and of the service that they are responsible to provide," (R2) necessitates distancing academic nursing from short-term, utilitarian, and instrumental ideas of nursing education, geared to the minimal preparation of practitioners for a form of nursing practice determined by others' assumptions about its content and scope (Betts, 2006).

The proper scope, underpinning values, and potential of nursing care will be clarified only if nursing academics engage with practice and interrogate it with the help of the discourses of other disciplinary fields. These provide the resources of argumentation, the analytic and conceptual tools, which much of nursing's theoretical discourse is considered to lack; for example,

> I do have a particularly jaundiced about some of the early theoretical work that came out of the States, not because it wasn't well intentioned, but I think it was misguided and, partly, it may have been before its time (R8).

To elaborate an integrated theoretical nursing discourse capable of gaining a conceptual purchase on nursing practice and permitting cumulative theory building, Irish academic nursing requires integrated and cohesive communities of nursing scholars with two key attributes: disciplinary specialization and clinical expertise. The principles of density and specialization are at issue here.

Density

> there's not enough support in the university for nurses…there's too few of us…I think we're under great threat in this university…we haven't got enough …senior people to make a difference (R7).

Concerns about many nurse educators' practices, academic capacities and identities, and content-saturated curricula reveal a field structured by relatively high material and moral density. Respondents repeatedly expressed worries about large class sizes and low staff: student ratios:

> there is no conceivable way that you can expect academic staff to carry…a real practice remit because they cannot…do their teaching and try to grow their research agenda…with those kinds of ratios (R8).

High moral density results from the diverse backgrounds, identities, and practices of nurse educators and the consequent lack of sufficiently integrated cohorts of academic leaders, scholars, researchers, and practitioners focused on specific domains of inquiry:

> there's an awful lot of them in there that are not able to cope at all if things weren't the way they were they wouldn't have looked for another job, never mind going into third level (R6);

> I think that in nursing in Ireland, there is very little leadership…some of our leaders have not had that energizing debate through the university system that other disciplines have had (R9).

A shift toward lower material and moral density is considered essential. This is evident from repeated calls for integration: curricular integration through concept-based curricula; elaboration and articulation of an integrated, coherent, and credible theoretical nursing discourse; and, crucially, integration of academia and practice through joint appointments at the most senior levels of academia and clinical service. Calls for conceptual coherence and values clarification demonstrate a desire for lower moral density:

> we need to identify the values, the behaviors that best shape this emerging role of the nurse into the future, we need to look at our value system…make sure that we identify clearly what the values of the nurse are and what we're going to need in the future (R7).

"Reframing" and "writing a new narrative about what nursing is" (R7) require symbolic capital. Hashem (2007) has usefully conceptualized symbolic capital as "academic resourcefulness": "the field'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… with enough abstract and applied principles that meet the standards of higher education and deserve recognition (Hashem, 2007, p. 187).

Accumulating the symbolic capital necessary to develop a stable and integrated academic core undoubtedly requires time, as all respondents recognize, but also raises an issue that goes to the heart of what it means to be an academic discipline: specialization.

Specialization

Respondents emphasized the social dimension—knowers' dispositions—rather than the knowledge dimension—specialist disciplinary knowledge. What emerges is a discipline lacking a sense of its specific contents: the differentiated, coherent, and shared conceptual nursing language necessary to establish and sustain the conditions of possibility for integrated curricula and programmatic research. Many respondents believe that this is due to lack of familiarity and failure to engage with nursing-discipline-specific discourses (Fawcett, 2005), whereas others doubt the capacity of these discourses, in their current state of development, to provide the academic infrastructure required to meet the needs of nursing students, practitioners, educators, and researchers.

Regardless of their views regarding the success to date of attempts to elaborate a distinctive academic nursing discourse, all respondents agree with Bridges (2006) that the

> 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 behaviour (pp. 264–265).

The importance of a specialized knowledge dimension was recognized:

> 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 (R8);

> nurse tutors had traditionally been generalists, I think they continued in university to be very generalist teachers…in a college…it's all about

specialization…people can't be jack-of-all-trades (R4).

However, in respondents' languages of legitimation, specialization tended to center on the knower dimension: the cultivation of a distinctive nursing gaze, the person of the nurse, and the nurse–patient relationship. The nurse emerges as, above all, a knower: an expert in subjectivities, analyzing her or her own and her or her patients' experiences by means of the discourses of the humanities:

so that they are educated people, that's important in broadening perspective and understanding society, so that they would know the great thinkers and their main philosophical schools of philosophy over the ages—it's Newman's idea of a liberal education (R2);

it's rooted in a caring relationship that has a transformational objective and to help somebody journey within a sort of health and illness continuum (R15).

These views resonate with the outcomes of historical and philosophical enquiries into nursing, such as Meehan's (2003) work on "careful nursing" and Whelton's (2002) Aristotelian analysis of the structure of nursing practice, which concludes that

the nurse is not the one who does the acts nurses do, but the one who performs them in the way a nurse would…the uniqueness of nursing is within the individual and not within particular activities or duties (p. 204).

However, without a clear sense of a specialized knowledge dimension, "an internalized map of the conceptual structure of the subject, acquired through disciplinary training" (Muller, 2007, p. 82), there is a risk of denying a future generation of nursing academics the grounds of their identities as clinically credible knowledge specialists. In both undergraduate and postgraduate nursing programs, lack of an agreed and specialized disciplinary discourse to frame thinking and research can lead to "curricular universalism" (Chapman, 2007, p. 61), resulting in eclectic curricula likely to divert students' focus from nursing practice and placing current and aspiring academics "too far from the frontier of any… discipline to make any serious contribution" (Parry, Atkinson, & Delamont, 1994, p. 39). Limited academic engagement with nursing practice will only exacerbate the problems caused by such "multidisciplinary illiteracy" (Chapman, 2007, p. 60).

Disciplinary specialization in nursing, rather than exposure to eclectic postgraduate educational programs, is considered more likely to provide the epistemic building blocks that Irish nursing requires to formulate its own theoretical discourse. Without some sense of their specialist knowledge base, nursing academics are deprived of the overarching concepts necessary to integrate curricula and to drive programmatic research. This results in fragmented educational courses and opportunistic, small-scale research projects. Without a specialized knowledge base, nursing academics are in danger of becoming curriculum and project coordinators, relying on their institutional and management base for legitimacy (Young, 2008) but having no sense of their distinctive epistemic contribution to either nursing practice or academia.

In contemporary academia, legitimacy is increasingly dependent on the profession of specialized disciplines emphasizing the knowledge dimension. Respondents acknowledged the need to integrate the social and knowledge dimensions of academic nursing:

nursing is a hugely interesting practice area and discipline because I think it does function in the borders of a number of other disciplines and I think it very effectively unites the humanities and the sciences and comes out at the end with a certain kind of product (R8).

However, it takes time to identify the contents and delineate the always permeable boundaries of a disciplinary product whose legitimate profession requires its academics to be the right kind of knower in command of a distinctive body of specialized knowledge.

Temporality

I think the problem we have at the moment is that we are in such an early stage of disciplinary development (R8).

In terms of temporal location, academic nursing in Ireland is a new discipline whose academics are attempting to establish a new identity: that of the nursing academic. This is evident from repeated emphasis on youth and immaturity: "it's very much in an embryonic stage, nursing in third level" (R9); "we need to recognize that nursing is very young in the academic environment" (R8); "I think we're at we're at such an early stage, such early days" (R16).

Relative youth need not be an impediment, provided that 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 (R8).

What sort of nursing do respondents wish to develop? There exists within each conversation an ambivalent attitude toward the influence that past nursing traditions, values, and practices should exert on the present and future. Respondents indicated that there was much in the past under which a strong line should be drawn; for example,

the older archetypical handmaiden, doing what they're told, and I'm sure for many hospitals around Ireland…nurses don't question, don't raise their heads and are afraid to blow the whistle (R5);

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 (R8).

Elsewhere, respondents considered there was much in nursing's history that should be retained:

the areas in which I would hope the graduate nurse wouldn't differ would be the ultimate drive behind coming into nursing…they want to make a difference, they want to help people, I think that fundamental underlying idealism is really important (R8).

What emerges is a desire to recontextualize selected versions of nursing's past to the present through liberal humanist discourses. Indeed, transferring nursing education into the universities is seen as a way of reclaiming nursing values and revitalizing the principles compromised as a result of a corrupted system of apprenticeship preparation that ultimately failed nurses and patients:

we had whole generations of nurses who were ill-equipped to respond to the needs of health policy and health strategy, they needed further levels of analysis, they needed to extend their scope of practice (R13).

Respondents legitimate academic nursing as reinvigorating a long-established human service by renewing and revalorizing its core values and foundational principles through an integrated humanities-based theoretical nursing discourse. Irish nursing academics realize, however, that nursing has entered higher education very late in the day, "in the Irish context they've come in too late; it's two decades too late" (R11). The sector may no longer provide nurses with the time and space in which they can elaborate the proper focus and scope of their discipline:

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 organization (R9).

I think it's not for our generation it will happen, it will happen way beyond our time when we'll see we will consolidate the root of knowledge and

we'll be able to sit with confidence in that academic base (R13).

However,

you don't have a generation in terms of the new enterprise university the OECD isn't going to give you a generation (R11).

Development "will never happen unless our nursing academics are challenged" "to become more conceptual" (R8). Pressure of time and limited "academic growth and academic depth" to date mean that Irish nursing academics must "grow up" quickly and stop being "so blasted lazy" (R8). Academic leaders must "force people out of their comfort area" (R8) and somehow persuade them to assume the responsibilities inherent in the role of the nursing academic. Above all, this entails becoming "steeped in practice" (R16) to develop or establish a theoretical discourse for nursing that is credible, comprehensible, and relevant to clinical nursing:

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, we need to see it because I think that is the only way we can keep the focus on clinical nursing (R8).

Either extant nursing theories must be studied, critiqued, tested, and then developed or rejected or theories and methodologies from other disciplines must be meaningfully integrated and brought to bear on nursing. Regardless of the path chosen, the ultimate goal is a specialized theoretical nursing discourse that will cultivate knowers and drive knowledge development for nursing policy and practice. Such a language will provide the basis from which nursing academics can engage in productive relationships with other academic disciplines, relationships that, up to now, many "nurses themselves haven't understood" (R15).

Discussion

Hashem (2007) discusses how lack of academic readiness, while not preventing the establishment of a discipline in academia, will adversely affect the trajectory of its subsequent development. Nursing became a significant presence in Irish higher education as a result of three interrelated factors: state intervention, arising from industrial pressures, channelled chiefly through the main nurses' trade union; a growing realization that the apprenticeship training system was no longer economically viable; and mounting dissatisfaction with its short-lived successor, a hybrid diploma in nursing, delivered conjointly by hospital-based schools of nursing and higher education institutions between 1994 and 2001 (Government of Ireland, 1998; Simons, Clarke, Gobbi, & Long, 1998). These three factors, more than

any clearly articulated knowledge dimension, resulted in the establishment of nursing in higher education, a fact acknowledged by all respondents, whose involvement came later, after the decision was made (Government of Ireland, 2000).

Low levels of academic resourcefulness inhibit the development of a discipline, 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. Nonexistent or minimal engagement with its professional base undermines a field's relevance and utility, whereas lack of a distinctive disciplinary voice proclaiming a distinctive disciplinary message signals an underdeveloped, impoverished theoretical discourse with low levels of abstraction, poor explanatory and predictive power, and theory-building capacity. This severely limits the discipline's prestige and power and, consequently, the grounds of academics' identities (Hashem, 2007).

The dismissal of much of nursing's existing discipline-specific theoretical discourse as a passé, atheoretical, and irrelevant "virtue script" (Nelson & Gordon, 2006, p. 7) challenges nursing academics to articulate a specialized, knowledge-based discourse for nursing. However, in this study, this is regarded as complementing, not displacing, a knower-structured discourse that clarifies and protects the core values of nursing:

> it as the discipline evolves that you will find people working out what would be traditionally termed more the basic end, the conceptual end, the theoretical end, while you'll would find some in the middle, and some very much more focused on the practice research issues, and I do think we need both (R8).

This is a very tall order for any academic field, particularly an emergent one considered still to be engaged in a struggle to escape the legacy of "horrible nonsense" (R9) and "baggage of disempowerment, oppression, hierarchy" (R4) from its past. The field's current low autonomy, high density, and relative youth render it particularly susceptible to deformation by external pressures, which more autonomous, integrated, and established fields might be better able to withstand or accommodate.

Neither academic nor clinical nursing is likely to achieve its full potential while a significant dichotomy exists between nurses in the academy and those in clinical practice. Nursing 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 agenda that are at odds with those of professional nurses.

The higher autonomy required may be achievable only in relation to very specific forms of professional nursing

practice carried out by relatively few nurses in particular clinical contexts. Lower material and moral density within academia are unlikely to be achieved if external relations are to a populous, polyvalent (Drummond, 2004), and heterogeneous—or high density—field of practice. Within academic nursing, integrated networks comprising communities of academics and practitioners, capable of sustaining a focus on specific programs of nursing research and scholarship over time, will not be achieved unless structured programs of induction exist. Established leaders in the field need to ask themselves why so many of their former undergraduates and postgraduates, including nurse educators, are judged ill-prepared to pursue academic careers. Of course, individual nursing academics must take responsibility for their own intellectual formation, but the problems confronting many novice nursing academics are at least as likely to be structural as personal, related to deficits in their own educational preparation and the weak academic infra-structures of the departments they joined.

Instead of unconstrained theoretical and methodological diversification and proliferation, what is required is a period of discipline, of development, and of consolidation, at all levels, from the individual to the institutional, to deepen and strengthen the bases of specialization. Academic nursing needs to be both knower and knowledge based. Membership of a nursing academic community entails more than expertise in research methods and techniques; it also requires the cultivation of "the intellectual virtues of patience, industriousness, thoroughness and care" (Chapman, 2007, p. 263). These virtues call into service a level of commitment that has long been associated with Irish nursing at its best (Meehan, 2003).

Irish nursing academics have to face the fact that they are unlikely to advance their fragile and immature field unaided. Much of the academic resourcefulness needed to construct, maintain, and strengthen nursing's academic infrastructure will have to be acquired outside academic nursing, perhaps for some considerable time to come. How best to acquire this capital and invest it wisely in nursing's epistemological project, while protecting the integrity and viability of the discipline, is, I believe, the most urgent issue facing the field of academic nursing in Ireland today.

Conclusions

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 nursing must shape this new practice rather than being shaped by the practices of the past. To do this, its composition and configuration need to change. In Ireland, relatively small academic nursing schools evolved in an ad hoc way; each lacks a critical mass of active researchers and practitioners and is staffed mainly by graduates of poorly integrated and weakly specialized graduate nursing programs, together with a smattering of individuals with specialist qualifications in various and

diverse disciplines. Such a configuration contains within it the seeds of its own destruction because it is founded on underlying structuring principles set at low autonomy, high density, and weak specialization.

Academic nursing departments of the future must consist of networks of integrated, specialized 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 professional nursing. These nodes will provide the framework for a robust yet flexible academic infrastructure, responsive to the needs of the profession 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. To provide the conditions of possibility for responsible succession planning, staff recruitment and development, policies must be geared to the establishment, strengthening, and extension of these relatively autonomous, coherent, cohesive, integrated, and specialized nodes.

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