

# A discourse analysis of debates surrounding the entry of nursing into higher education in Ireland

Gerard M. Fealy\*, Martin S. McNamara

*UCD School of Nursing, Midwifery and Health Systems, UCD, Dublin, Ireland*

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## Abstract

**Background:** It was only at the start of the 21st century that the nursing profession in Ireland gained full entry to the academy, joining the ranks of the graduate professions in healthcare. Up to that time, the system of professional training of nurses in Ireland was based on the apprenticeship-training model.

**Aim:** This paper critically analyses discourses opposing advanced educational preparation for nurses and the entry of nursing to higher education in order to reveal the discursive work they perform.

**Methods:** The study analyses historical and contemporary texts using a critical discursive approach.

**Findings:** The study uncovers common themes and continuities embedded in discourses concerning the role of the nurse and nurses' professional training. Through professional and popular debate, a particular and enduring set of images of the nurse was constructed, which was antithetical to the idea of a nurse receiving professional training in the academy. The debate was conducted by doctors, journalists, public officials, and by nurses, some of whom were ambivalent or even hostile to the notion of the educated nurse. Much of the debate concerned the role of the nurse and the relationship between knowledge/intelligence and practice/caring.

**Conclusions:** As outsiders looking into the academy, nurses were required to justify their case for entry into higher education against a discursive backcloth that constructed a dichotomy between the mental and the manual and positioned nursing as a practical and commonsense occupation unworthy of academic study. In consequence, nursing was and continues to be challenged to expose, resist and counter the values and assumptions embedded in this backcloth as they strive to establish, maintain and consolidate their foothold in academia.

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## What is already known about the topic?

- Research into the public image of nurses has demonstrated that nurses are variously perceived by the public in ways that invoke notions of doctors' assistants and of women undertaking their natural

caring role. Such archetypes bring with them the implicit understanding that nurses do not require the kind of *academic* professional education that other learned professions, such as medicine, require and consequently should continue to receive their professional training 'at the bedside'.

- Recent studies into the public image of nurses in Ireland have concluded that the archetypal 'good nurse' image was a chimera consciously constructed to suit a range of purposes (Fealy, 2004a), and that a

\*Corresponding author. Tel: +353 1 7166410;  
fax: +353 1 7166450.

E-mail address: [gerard.fealy@ucd.ie](mailto:gerard.fealy@ucd.ie) (G.M. Fealy).

discourse sustaining a dichotomy between the practical and the intellectual has remained at the heart of the disciplinary politics of nursing in Ireland (McNamara, 2005).

### What this paper adds

- This paper examines discourses specifically concerned with the entry of nursing into higher education. It reveals new evidence concerning the ways in which the general public, the medical profession, and nurses themselves constructed images and metaphors of nursing as they commented on initiatives to bring nursing into the academy in Ireland. In this way it adds new understandings about the discourses that construct and sustain enduring images of the nurse.
- The study adds to the relatively small but growing body of historical scholarship into nursing in Ireland and, importantly, contributes to the international body of research in this field, thereby permitting cross-cultural comparisons.

### 1. Introduction

Up until the last decade of the 20th century, the system of professional training of nurses in Ireland was based on the apprenticeship model, and it was only at the start of the 21st century that the profession in Ireland gained entry to the academy and joined the other graduate professions in healthcare. A significant milestone in the reform of nurse training 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 model for meeting the 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 and enhanced training. Finally, recommendations made by 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 practice. Until 2002, 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 University College Dublin.

The development of nurse training in Ireland paralleled that of the UK in many respects, including the fact that both countries experienced a protracted debate concerning the dysfunctional aspects of apprenticeship training and the merits and demerits of graduate entry to

the profession. A particular impetus for change in Ireland in the early 1990s was the concern that reciprocity of registration might be threatened when the UK had secured academic accreditation of its nurse training programmes and Ireland had not. While a more detailed comparison of the developments in Ireland and the UK is beyond the scope of the present paper, cultural and structural differences meant that, unlike the UK, in Ireland nursing attained full graduate status, albeit some time after nursing in the UK had attained academic recognition.

While nursing's quest for links with higher education initially focussed on continuing professional education for senior nurses wishing to become teachers and managers, by the 1980s calls for academic recognition of basic nurse training became a prominent part of the content of professional debate and agitation. However, within and outside of nursing, opposition to the idea that practitioners of an essentially practical discipline needed to be educated and trained in the university was evident. When nursing in Ireland finally gained entry to higher education and attained academic recognition at degree level of its entry qualification, this opposition continued and, in certain instances, became more strident. This paper focuses on the way in which language was used by those opposed to the entry of pre-registration nursing education to the academy and analyses its effects. Through an analysis of the discourse, the paper aims to reveal the views, beliefs, and assumptions of a range of commentators, many of whom were influential in shaping both public awareness and official policy on the matter. Drawing on a range of documentary historical primary sources and contemporary texts, we highlight abiding patterns and trends in the discourse and demonstrate how the content of the discourse could influence both the public construction of nursing and its efforts to legitimate its claim to be an academic discipline.

### 2. Methods

The study analyses the use of language in debates surrounding nursing, nurse training and higher education in published historical and contemporary documentary sources using a critical discursive approach. Reportage and commentary articles in periodicals and newspapers, as well as radio broadcasts constituted the data set.

#### 2.1. Discourse analysis

Discourse analysts reject the notion of language as merely representational, a neutral conduit and transparent medium working like a mirror to reflect the world and people's meanings and emotions. Instead they view

language as social action and focus on how language constructs frameworks for making sense of the world in particular ways, which have, over time, come to structure institutional relations and practices (Wetherell et al., 2001). Language is thought of as a lens refracting ‘reality’ in accordance with the self-interest of its users (Maybin, 2001), constructing versions of social reality designed to persuade others (Wetherell et al., 2001). Discourse analysts thus espouse a constructionist theory of meaning, which views reality as primarily a social product.

Critical discursive approaches investigate the ways in which social actors use the resources of language to construct self-interested and persuasive versions of the world and seek to uncover the power relations at work in their accounts. Struggles over meaning give rise to a politics of representation and highlight the ideological nature of language and the ways in which its use is always saturated with power and values. Critical discursive approaches are interested in the ways in which some discourses come to dominate under certain historical and cultural conditions, and ask whose interests are served by these hegemonic formulations.

While all discourse analysts insist on the social and cultural ‘situatedness’ or particularity of language, many are also interested in identifying the traces of history discernible in contemporary narratives through the identification of regular patterns in the images, metaphors and other rhetorical devices used to construct versions of the social world (Edley, 2001). This paper traces the enduring patterns in representations of nursing and nursing education. The broad focus will be on the ways in which particular versions of nurses and nursing have been constructed and the material effects of these on the development of nursing as an academic discipline and as a learned profession.

## 2.2. *Interrogating texts*

Given the constructive function of language, one way of opening up texts to reveal the discursive work being undertaken is to consider the ‘building tasks’ (Gee, 2005) in which they are engaged. Three building tasks are particularly relevant to this study; these are: identities, politics (the distribution of social goods), and sign systems and knowledge. Each task suggests questions with which to interrogate the texts of interest, for example:

...What identities (roles, positions)...seem to be relevant to, taken for granted in, or under construction in the situation (Gee, 2005, p. 111)?

What perspective on social goods is this piece of language communicating, i.e. what is being communicated as to what is taken to be “normal”, “right”,

“good”, “correct”, “proper”, appropriate”, “valuable”, “the ways things are”, “the way things ought to be”, “high status or low status”.... (Gee, 2005, p. 12)?

...What social goods (e.g., status, power, aspects of gender, race, and class, or more narrowly defined social networks and identities) are relevant (and irrelevant) in this situation? How are they made relevant (and irrelevant), and in what ways (Gee, 2005, p. 112)?

How does this piece of language privilege or disprivilege specific sign systems ... or different ways of knowing or believing or claims to knowledge and belief (Gee, 2005, p. 13)?

## 2.3. *Selection of texts*

Guided by these questions, a range of texts was systematically analysed. The range of textual sources that was sampled included historical documentary primary sources and contemporary texts, including radio broadcasts, newspapers, and professional publications. The decision to sample this range of sources was based on an assessment of the extent to which they constituted the relevant discourses and provided representative exemplars of the ways in which nurses and nursing were constructed. Containing as they do the views, beliefs, and assumptions of commentators on the matter at hand, the content of the sampled sources exemplifies the debates surrounding nursing, nurse training and higher education. The historical periods from which the texts were chosen also help to convey the continuities and the abiding trends and themes in the discourse, and permit an exposé of the self-interested versions of the world that were carried in the language of the chosen texts. Accordingly, nursing periodicals and some nursing textbooks were the principal source of historical textual data, while medical periodicals, newspaper articles, and transcripts of selected radio broadcasts provided the data source for contemporary commentary on the entry of nursing into higher education.

The documentary textual sources were selected by purposive theoretical sampling and represented a chronological period in which there occurred a recurring debate concerning nursing and the education and training of nurses. Nursing periodicals provided evidence of professional opinion and commentary related to the matter at hand (McGann, 1997). A theoretical sample of Irish nursing periodicals and some medical periodicals was systematically and selectively examined for general references to the nurse and nursing and for content specifically referring to the education and training of nurses in institutions of higher education.

The journals examined included *Irish Nurse*, *Irish Nurses' Journal*, *Irish Nurses' Union Gazette*, *Irish Nursing and Hospital World*, *Irish Nursing News*, *The Irish Nurses' Magazine*, and *Irish Medical News*. Newspapers and radio broadcasts provided reportage and commentary on developments in nursing, and were 'a window on public opinion and lay interpretation and projection of nursing' (Fealy, 2005, p.18).

### 3. Tensions between the intellectual and the practical

When the new probationership nurse training schemes were introduced into the voluntary hospitals in Ireland as a key part of the reforms of nursing in the 1880s, they provided a new form of employment for young educated middle and lower-middle class women and were therefore not a form of higher education, but a vocational extension of secondary education (Fealy, 2006a). The first apprenticeship training schemes had the dual aims of character development and the development of the nurse's technical proficiency (Bradshaw, 2001a).

While apprenticeship training prepared the nurse for her role as a medical auxiliary, according to Lorentzon (2003), its *academic* function was somewhat redundant, since many Nightingale matrons were ambivalent about theoretical education and development of the intellect, and were disdainful of academic cleverness. In Nightingale's view, 'nursing proper' could only be taught at the patient's bedside and she asserted that 'lectures and books are but valuable accessories' (cited in Fleetwood, 2002). For nurses, practical knowledge gained on-the-job was thus privileged over theoretical, book learning. From the earliest years following the reform of hospital nursing, a dichotomy between knowing and doing was constructed, which was to remain at the heart of the disciplinary politics of nursing (McNamara, 2005).

#### 3.1. Identities, politics and knowledge: the constructive work of the theory-practice debate

In the early discourse concerning nurse training, it was held that learning the art of sick nursing should involve learning the theory of nursing—in much part an abridged form of medical knowledge—followed closely by practical instruction in the hospital ward, and this orthodoxy was and, to a great extent, remains the basic tenet of curriculum and instruction in the training of nurses (Fealy, 2006a). The epistemological dependence on abridged medical knowledge continues to undermine nursing's claim to be an academic discipline in its own right with its own distinctive and privileged disciplinary language. Allen (2001) discusses how the early nursing theorists were driven by the need to articulate a distinct knowledge base for nursing in order to establish

'epistemological demarcation' from medicine, and observes:

[Much] contemporary nursing scholarship appears to be directed at the establishment of a boundary between nursing theory and the social science disciplines on which it has so heavily drawn' (Allen, 2001, p. 175).

At stake here is the construction of bounded epistemic identities based on privileged and distinctive substantive and methodological knowledge, a key social good and a source of status and authority in the academy (Henkel, 2004)

However, practical know-how was what traditionally mattered in sick nursing, and scientific knowledge, while a privileged form of knowledge in itself, was, for nurses, constructed as dangerous and attainable only at the expense of more valued practical competence: the relationship constructed between knowledge and skills was one of inverse proportionality. The author of a nursing textbook published in 1893, went so far as to caution that too much knowledge might cover up incompetence in a nurse:

... there is a danger underlying the actual position of a trained Nurse, which we should do well to bear in mind – the risk, that is, of scientific knowledge covering up and putting out of sight the value of homely detail, and small matters connected with a patient's comfort and well-being (Pincoffs, 1893, pp. 44–45)

The subservient place of theoretical instruction in nurse training is signalled by claims that its role was to 'supplement the more important practical training' provided in the hospital ward (DMTSN, 1894). The claim that practical experience should have pre-eminence over theoretical instruction became the official orthodoxy in the training of nurses (Fealy, 2006a). However, this discourse served a purpose in that it was deployed by nursing reformers to persuade hospital managers and doctors to introduce and sustain apprenticeship training, since it meant the probationer spent most of her training in the service of the hospital (Fealy, 2006a).

Ideas concerning the role of learning scientific knowledge and the relationship between academic ability and practical competence that were extant in the late 19th and early 20th centuries continued as an important discursive resource in the later decades of the 20th century. In Ireland, the debate concerning the entry of nursing into higher education began as early as the 1940s, when there were calls from the Irish Nurses' Organisation (INO) for the establishment of a University Diploma in Nursing and a Diploma for Sister Tutors (McNamara, 2005). While the initial debate was concerned principally with the continuing education

needs of qualified nurses, by the early 1980s, the debate had begun to focus on the need to reform the system of preparatory apprenticeship training. This debate was conducted not just among nurses, but also within a wider sphere in Irish public life that included members of the medical profession and journalists.

Commenting on calls for university education for nurses in the 1940s, one doctor opined that ‘the main training of the nurse is at the bedside of the patient—her main work being the practical and sympathetic nursing of the sick’ (Shanley, 1942, p.282). Shanley also observed that the nurse’s contribution to care was often no less important than ‘the scientific knowledge and skill of the physician or surgeon’. Shanley manages to position himself as sympathetic to nurses while simultaneously restricting their access to privileged ‘scientific knowledge’, not through any prejudice or self-interest on his part, but because of the intrinsic practical nature of nursing work. Writing in 1968, another doctor expressed concern that the higher educational achievements required for entry into the university would threaten recruitment to nursing, nullify the prospective nurse’s ‘sense of vocation’, and fail to produce nurses with the ‘practical aptitudes so needed in the hospital ward’ (Biggart, 1968, p. 303).

The power and pervasiveness of this discourse is evident in the pronouncements of nurses themselves; hence the dictum ‘the nurse who is good at theory is rarely good at the practical side of nursing’ (McGowan, 1980, p. 94). During the later decades of the 20th century, when the debate concerning university education for nurses was intensifying, many nurses expressed ambivalence or even disdain of the idea of the university-educated nurse, believing that the only place to learn nursing was at the bedside (McGowan, 1980). Many Irish nurses valued hospital apprenticeship training, since it emphasized much-valued practical experience (Hanrahan, 1970). Nor did the general public see the need for nurses to be educated in the university (Scanlan, 1991).

While some nurses were ambivalent about university education for nurses, others saw it as a means of attaining greater status and improved pay. Annie Smithson, a prominent nursing commentator writing in the 1940s expressed this view when she remarked:

The better educated the nurse is, the higher her qualifications, so much the better should be her status and rate of remuneration (Smithson, 1942, p. 289).

Commenting on the introduction of the pre-registration Diploma in Nursing in 1994, the Irish Nursing Board’s Chief Executive Officer remarked:

Change [in nursing] happened in this country not because there was any deficiency found in the product emerging from the traditional system but

rather because forces within the profession were looking for academic accreditation and greater freedom for students (cited in Simons et al., 1998, p. 42).

Scanlan (1991) writes that ‘on too many occasions, perhaps, the elevation of the status of the profession of nursing—which was not properly a reason—was mentioned as the ground for seeking the introduction of nursing studies in the universities’ (Scanlan, 1991, p. 279). While social goods such as status are clearly at stake in these debates, epistemological grounds for entry to the academy are less well articulated, reflecting perhaps the enduring difficulty experienced by nurses in articulating a distinctive, privileged system of knowledge that is uniquely nursing. McNamara notes that the justification of higher education for nurses in terms of improved status and professional advancement exposes ‘nursing to the accusation that its educational aspirations are related to a desire for recognition, status and improved pay ... rather than a need to enhance the teaching and learning of knowledge and skills in the interests of improving standards of patient care’ (McNamara, 2005, p. 57). Opponents of higher education for nurses are quick to expose the apparent self-interest in such justifications, constructing nurses as self-serving and lacking the distinct epistemological base to become learned professionals.

#### 4. Discourse concerning the public image of the nurse

The high public approval traditionally enjoyed by Irish nursing was arguably based on a particular construction of the nurse. Much lay public commentary on nursing and the nurse tended to be laudatory and expressed in sentimental language, building an identity for the nurse grounded in the socially valued ideals of devotion to duty, self-sacrifice, heroism, and a willingness to serve the medical profession (Fealy, 2004a). Nursing was held up as ‘a gallant and faithful profession’ (Anon. a, 1942, p. 3) and nurses were praised for their ‘quiet heroism and valiant, valuable work’ (Davitt, 1936, p. 8). In 1943, a commentary on the nursing profession by Dublin’s Lord Mayor typified the theme of devotion to duty; he spoke of ‘the exacting and arduous nature of the valuable services which nurses give to the community in a spirit of unselfish devotion’ (Anon. b, 1943, p. 3). The theme of femininity was also prevalent in commentary; one commentator remarked that nursing was ‘a splendid profession for a girl’, and that ‘the finest qualities of womanhood, ...sympathy, intuition, gentleness, modesty and unselfishness’ were needed to practice her ‘art of healing’ (Luxton, 1944, p. 6).

Much public commentary contained references to the personal attributes and dispositions of the nurse (Fealy,



2004a); in the view of one lay commentator, a ‘good nurse’ was one who carried out the doctor’s orders with ‘efficiency, skill and loyalty and ... in a true manner by sympathy, kindness, patience, and cheerfulness’ (Anon. c. 1930, p. 2). So pervasive and powerful was the discourse in which personal qualities were regarded as the principal requirement for the ‘art of healing’ that any suggestion that nurses should be educated at all, let alone be educated within the academy, was, for many, literally unthinkable, and met with incredulity and derision, if not outright hostility. In the view of one doctor, the nurse’s character had pre-eminence over her knowledge and it was her character that determined how she used her ‘brain and her energy’ in the performance of her role (Luxton, 1944, p. 6).

Addressing the Irish Nurses’ Union in 1936, a Dr. R. Davitt observed:

...however great may have been the benefit conferred upon suffering humanity by the increase in skill accruing to the medical profession ... it [is], nevertheless, equalled if not exceeded by the self-sacrifice and devotion shown in the practical carrying out of treatment by members of the nursing profession (Davitt, 1936, p. 8).

A particular feature of commentary in the post-war years was the ‘good Catholic nurse’ variant of the good or ideal nurse (Fealy, 2004a). In the de facto theocracy that was Ireland in the period, the nurse was characterized as a paragon of the good Catholic girl and was held by Church leaders and by many nurses to be in the vanguard in promoting the Catholic worldview. Thus, along with the various other constructions of the good nurse, the good Catholic nurse was part of an identity that was constructed within a particular cultural milieu.

The discourse of the ‘good nurse’ works to build a gendered nursing identity positioned as subservient to and dependent on medicine. While scientific knowledge was privileged, and the source of status, prestige and power for the medical profession, it was considered at best unnecessary and at worst dangerous in the hands, and heads, of nurses.

Many nurses themselves also used sentimental language to characterise nursing and, like lay and medical commentators, privileged, through their use of language, qualities of devotion and loyalty and supported the view that the art of sick nursing required certain personal dispositions over scientific knowledge (Fealy, 2004a). Writing in 1956, one senior nurse observed that the nurse’s personal qualities should include loyalty to colleagues and to the doctor, ‘a high standard of personal conduct’, [and]...stability of character, sympathy and tolerance’ (Walshe, 1956, p. 3). For another senior nurse writing in 1959, the essentials required to be a good nurse included ‘the desire to serve, adequate

intelligence and a pleasing personality’ (Cunningham, 1959, p. 9). In an analysis of the variety of representations of the Irish nurse, Fealy (2004a) contends that while many nursing leaders resisted the dominant discourse and succeeded in advancing the development of nursing towards full professional and academic status, others were firmly located in that discourse and colluded with nursing’s powerbrokers by reproducing idealized and stereotypical images of the nurse. In this way, some Irish nurses’ own discourse ill-served the professional and academic aspirations of their colleagues even as it worked to shore up their own power base within the patriarchal institutions of the time and to entrench the apprenticeship model of training.

The ‘good nurse’ discourse lives on in contemporary popular images of ‘angels of mercy’ (Hallam, 2000) and is a reference point for those who mourn the demise of the apprenticeship system of training and are opposed to the idea that nursing can or should be studied as an academic subject in a university (e.g. Bradshaw, 2001b). Now that nurses have gained access to the privileged knowledge and social goods afforded them by higher education, a discourse which works to position them as ‘getting above their station’ has become more prevalent in the general media in Britain and in Ireland (McNamara, 2005; Meerabeau, 2001, 2004). Now constructed as ‘too clever to care’ and ‘too posh to wash’, this educated nurse is represented as ‘standing there with crossed arms considering certain sorts of care beneath her duty, the basic things of feeding, washing, helping with more embarrassing sorts of things’ (Magnet, BBC, 2003).

## 5. Nursing enters the academy

Fealy (2006a) writes that while the nursing profession in Ireland had demanded entry to higher education ostensibly on educational grounds, pragmatic and fiscal considerations were the real reasons why the system of apprenticeship nurse training ended after 1994. By establishing itself in higher education, nursing was redefining its professional relationships, including its relationship with medicine, and in so doing, it was ‘declaring its professional identity and its occupational autonomy’ (Fealy, 2006a, p. 153). However, as will be seen presently, opposition to the idea of nursing as an academic discipline continued even after nursing had gained entry to the academy.

One might assume that the debate concerning the need for higher education for nurses would come to a natural conclusion with the attainment of full integration into higher education. However, such an assumption would be to ignore the persistence of ideology, of power brokerage, and of vested interests made manifest in the language in which the debate was conducted

(Fealy, 2004a). While the nursing profession welcomed the move to graduate status, there was evidence that the ending of the system of apprenticeship nurse training was not unconditionally welcomed, either within or outside the profession, and there was anecdotal evidence that some nurses remained dubious about the clinical capabilities of academically trained nurses (Fealy, 2004b). Moreover, in a practical sense, clinical nurses and nursing service managers had lost the services of the nurse apprentice.

Some members of the medical profession in Ireland were also less than convinced of the need for nurses to be educated to degree level, and were suspicious of the intentions of nursing in seeking degree-level education, viewing the development of graduate-level entry to the profession with some disdain (Fealy, 2006b). One doctor criticized the introduction of the new degree programme, claiming that too much emphasis was laid on academic achievement (Lally, 2002), while another questioned the commitment of graduate nurses to nursing practice upon graduation, observing:

Imaging the future frustration of these high-achieving women when reality hits home! (Tormey, 2003, p. 47).

The implied assumption underpinning these views was at variance with international evidence that pointed to the fact that graduate nurses remained committed to nursing and to clinical practice (Robinson et al., 2003) and that better educated nurses contributed to better patient outcomes (Aiken et al., 2003).

Some doctors also appeared to be visiting many of the ills of the Irish health services on the introduction of the new degree in nursing (McNamara, 2005); as Rafferty has observed with regard to nursing in England, nursing education is made a scapegoat for deficiencies in the healthcare system (Rafferty, 1999). Writing in 2002 about the ‘malpractice crisis’ in Irish healthcare, Ward, a Clinical Professor in the US, referred to the changes that were occurring in Irish nursing education (Ward, 2002). Having praised the ‘care, compassion, [and] concern’ of the Irish nurse, and having remarked that that Irish nursing ‘has long been recognized as some of the finest in the world’, Ward proceeded to condemn the project to reform nursing education, observing that nursing in Ireland was threatened by the ‘effort to increase academic skills in nursing’ (Ward, 2002, p. 22). The writer lamented the fact that emphasizing ‘academic excellence’ in the US had resulted in a reduction and a loss of quality nursing care, where the ‘new highly trained nurse’ had now lost the personal touch. McNamara (2005) points to a number of noteworthy features of Ward’s commentary. He points out that the writer ‘cites no empirical evidence in support of his

claims about the impact on clinical practice of developments in nursing education’, and he remarks that ‘nursing is constructed as a noble, caring and compassionate personal service, which is under threat from unnecessary amounts of academic knowledge and skills’ (McNamara, 2005, p. 66). Writing of a recent exposé in relation to standards of care at a Dublin nursing home, Healy, a consultant in Emergency Medicine, explicitly lays the blame for poor standards on the introduction of a single category of ‘degree’ nurse (Healy, 2005). This, she asserts, has resulted in the withdrawal of the Irish nursing profession from ‘core nursing’ and the re-designation of “personal nursing care, the washing, the feeding, the toileting, the touching of the bodies of the weak and vulnerable’ as ‘non-nursing’ activities” (Healy, 2005).

Like some members of the medical profession, journalists were also quick to attack the project to reform nursing education and to cite the reforms as the cause of the ills of the Irish health services. Writing in 2003 about nursing shortages in a paediatric hospital, one journalist held the nursing profession responsible, observing that nurses had ‘turned nursing into an academic subject ... for status for themselves, and as a mechanism for demanding more pay’ (Redlich, 2003). In the same year, another journalist questioned the need for ‘academic achievement for large sections of the population’, and he cited nursing as an example of the project to ‘academicise the non-academic’, observing that nurses’ ‘calling’ did not require degree training but ‘patience, care and technical skill’ (Myers, 2002). For this journalist, academic qualifications in nursing were at best unnecessary and at worst they diverted nurses from their essentially practical tasks.

## 6. Discussion

This paper has examined aspects the history of professional and popular debate surrounding nursing’s quest for entry into the academy. Drawing on historical documentary primary sources and contemporary commentary, we have presented a flavour of the discourse surrounding the entry of nursing into higher education in Ireland, including the justification for the education of nurses in the academy. A critical discursive approach permits an analysis of this discourse in terms of its function in constructing identities, privileging different forms of knowledge and communicating perspectives on the distribution of social goods.

While many nursing leaders succeeded in advancing the development of nursing towards full professional and academic status, others were located within the dominant discourse and reproduced through their language idealized and stereotypical images of the nurse (Fealy, 2004a) and a view of intellectual ability and

practical competence as diametrically opposed. The dominant discourse was evident also in rhetoric concerning the relationship between knowledge/intelligence and practice/caring that was propagated by doctors and the general public who were ambivalent or even hostile to the notion of the ‘educated’ nurse. As *outsiders* looking in, nurses were required to justify their case for entry into the academy against a discursive backcloth that set the mental and the manual in mutual opposition.

The analysis of historical and contemporary texts concerning nursing and nurse training demonstrates that there are recurring themes and abiding images in circulation. A discourse that constructs the nurse as female heroine-healer, doctor’s loyal assistant, and girl of ‘average intelligence’, now co-exists with a new discourse that positions the nurse as a ‘college girl’ (Philips, 1999), over educated for the work of tending to the sick. This new discourse constructs a nurse who is ‘too clever to care’ (Templeton, 2004) and ‘too posh to wash’ (Hall, 2004), and who has unilaterally rewritten her contract with society and withdrawn from ‘core nursing’ (Healy, 2005). Furthermore, the texts provide evidence that the debate concerning nursing and higher education involves a range of interests, from the informed and impassioned stakeholder to the uninformed cynic—in Irish parlance, the ‘hurler on the ditch’. This debate was and continues to be conducted in the pages of the nursing and medical professional press, in the national Irish press, and on national public radio.

## 7. Conclusions

Given the weight of history, it may be assumed that social factors such as class and gender relationships, power brokerage, and economics will continue to underpin commentary on the nurse, and public debate will continue to carry latent meaning and rhetoric that function to promote the ideological position of the speaker/writer (Fealy, 2004b). This same debate will also continue to create subject positions for those who are the objects of the debate. Now that they are finally *in* the academy, nurses are challenged to legitimate their claims to be *of* the academy in order to maintain and strengthen their position there. This challenge is particularly relevant in the face of a contemporary discourse that resonates with earlier rhetoric concerning the educated nurse and continues to construct a binary opposition between the manual and the mental.

It is incumbent on nurses who support the move to higher education to promote their cause by means of a counter-discourse that resists and challenges those who oppose nursing’s bid for academic and professional legitimacy. Nurses need to be much more aware of the ways in which language works to construct identities, to privilege certain forms of knowledge and to allocate

social goods differentially, and should assume greater control of the way in which nurses and nursing are represented in the media. The ways that nursing is constructed will continue to influence the development of nursing both in Ireland and internationally.

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