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Killing us softly with their wrongs: Nursing academia’s ‘killer elite’ continue unabated

Philip Darbyshire RN PhD

David R Thompson RN PhD FRCN

1 Philip Darbyshire Consulting Ltd, Adelaide, Australia.
ORCID ID: 0000-0002-6875-7144

2 School of Nursing and Midwifery, Queen’s University Belfast, Belfast, UK
ORCID ID: 0000-0001-8518-6307

Correspondence to:
Philip Darbyshire, PO Box 144, Highbury, SA 5089, Australia.

pdcltd@me.com  twitter: @PDarbyshire  mob: +61-430079597
In our combined 90+ years in nursing we have published over 700 papers. Nothing, however, evoked responses like ‘Academic nursing's 'killer elite” (Thompson & Darbyshire, 2013). To say that we ‘touched a nerve’ is an understatement, but we understated the malignant narcissist, corporate psychopath, dimensions of the 'killer elite' and extend that discussion now. We received then and continue to receive, harrowing ‘testimonies’ (Hartin et al., 2020) from nurses describing, not linguistically sanitised “incivility”, but sustained bullying, gaslighting and corrosive narcissism by some senior academics who made their lives intolerable. The voluminous literature on nurse bullying, revealing only “the tip of the iceberg” (Hartin et al., 2020, p.1624), emphasises this vital concern for service and education nurse managers. We ask whether nursing is any closer to addressing this problem today than it was in 2013.

Some who contacted us were junior academics, others were seasoned academics. All expressed frustration and anger that senior members of the world's preeminent ‘caring profession’ exhibited such malevolence and duplicity, not only with impunity, but often with tacit or expressed organisational support. There seems no typical demographic of the 'killer elite'. Some are high profile, celebrated nurses, while others rose without trace to their senior positions. Previous critics accused us of ‘judgmentalism’ and of ‘finger pointing’. We certainly judge ‘killer elite' behaviour as reprehensible and cannot fathom anyone concluding otherwise. We also admit to ‘pointing a finger’ as this is an editorial viewpoint. We are privileged to do this without fearing retribution. Few academics or managers can safely raise these issues in any forum or journal. We cannot solve these problems, but can continue to highlight them.
The danger of revealing identifying details was inherent in including direct examples from our correspondents’ conversations and communications, so we created a composite vignette, with their expressed permission, highlighting common ‘killer elite’ behaviours and their effects:

“Thank you for saying what many of us cannot. I joined nursing academia so excited and enthusiastic, thinking this was my dream job. Now, unless I escape to a non-nursing school I am getting out. I can take no more gaslighting, bullying, marginalisation, dishonesty, favouritism, narcissism, mediocrity and deviousness from my supposed ‘leaders’. I thought that being hard-working and collegial, having integrity while valuing and trying to develop scholarship would be enough. I never imagined I needed to join our Head of School’s cult and coterie of acolytes where sycophancy and constant adulation are the only ‘qualities’ valued. As my profile improved, collegiality and support stopped, as I was now viewed as ‘competition’ and ostracisation began. I was shouted at in research meetings for asking polite questions about one of their student’s methods, undermined constantly (even told ‘the University has a wonderful mental health support service’ I should contact), saw MY PhD research presented at a conference by our Head as theirs and was ‘dropped’ from grant teams without discussion. I tried ‘bridge-building’, inviting them as co-author on some of my papers. This magically became all ‘their work’ and they were now ‘the experts’, being increasingly feted for their ‘transformative, inspirational
leadership’. I stopped and they’ve published nothing since. I transferred my PhD studies to another University and my supervisor has moved also. It is endemic and getting worse. The final straw was our Head and Professor of Nursing asking genuinely, what ‘nursing caring’ meant.

The toxicity is becoming normalised. Confiding in colleagues, I know I am not alone, but they too stay silent as they know speaking out will mean the end of their jobs, if not careers. Academic nursing’s myopic, obsessional, self-absorption, will ensure a one-way trip back to vocational training. ‘Nursing Science’ is now embarrassing. We research ‘mindfulness’ and ‘wellness’ trivia instead of important health issues. My research into [leading cause of death] was deemed ‘not nursing research’. The opposition colleagues and I faced in redesigning a curriculum uncovering nursing’s hidden curriculum was immense. It was painful watching it being sabotaged and dismantled.

One ‘star’ professor’s bullying, harassment of young females and questionable research conduct was formally reported, but nothing was done until an investigative journalist became involved. The professor was quietly ‘let go’ and is now in a plum position elsewhere. The problem is never tackled, just moved elsewhere. Yet nursing remains utterly tone-deaf to its behaviour while our notoriety as a toxic profession grows. I cannot happily encourage anyone to join the nursing academy. How can you? I am sick of the
same old clinical 'Matron model', but in academia. What makes me angrier, is that I have allowed it to hijack my career, which is all but dead."

Nursing used to “eat its young” (Darbyshire et al., 2019), but now cares little about the age or experience of those devoured and millennial nurses now view nursing academia more negatively than older nursing faculty (Kemplin et al., 2017). The gaslighting and self-aggrandising narcissism of one correspondent’s head of school finally became intolerable, but worse, the person was told by a university mandarin they ‘were not in the mould of the modern nurse’. This clinically experienced, research active, well published nurse is in their early 50s. ‘How did we get to this point?’ is a question many ask, but which nursing seems unable or unwilling to answer. Crucially, this managerial ‘killer elite’ are not a majority, but when research suggests 45% of faculty experience bullying (Wunnenberg, 2020, p.579), neither are they unicorns. We have highlighted notable exceptions of inspirational, compassionate, collegial leaders (Darbyshire & Thompson, 2014), but these beacons are overshadowed by a minority’s collective toxicity.

Corporate psychopaths are poisonous to organisations and colleagues. They create workplaces riven by fear, conflict, bullying, unfair workloads, poor job satisfaction, rampant favouritism, toxic communications and decreased retention. Regardless of an impressive CV, a corporate psychopath will cost the organisation far more in financial and reputational costs than was spent attracting them. Research into the “toxic triangle” (Magwenzi, 2018; Pelletier et al., 2019) has deepened understanding of how the ‘killer elite’ are enthroned and enabled. The triangle requires destructive
leaders, complicit followers and a conducive environment, all readily available in academia and health services. Today’s neoliberal university is the perfect petri dish for organisational sociopathy. It welcomed the 'killer elite' when managerial ‘head kickers’ were needed to impose restructuring, downsizing, casualisation or other ‘modernising’, because corporate psychopaths are “totally ruthless” and “without empathy or conscience” (Boddy, 2011, p.23). What is so difficult for nursing to even contemplate is that such toxicity may not be accidental, but fuelled by “narcissism, along-side psychopathy and Machiavellianism” (Milosevic et al., 2020, p.132). Narcissists project a perfect image to the outside world who cannot believe that anything disturbing could underlie such carefully confected ‘dynamic nurse leader’ personae.

Orwell’s Manor Farm needed Squealer and the 9 pack dogs, so the second arm of the toxic triangle is the killer elite’s coterie of followers. These ‘acolytes’ or ‘opportunists’ (Pelletier et al., 2019, p.408) are co-opted as deputies to control and manipulate, becoming the killer elite’s ‘eyes and ears’. They are “the susceptible circle” of followers who exhibit “passivity, deference, and obedience, rather than constructive questioning and challenging of leaders in the face of unethical leader behavior” (Thoroughgood et al., 2012, p.900). This “toxic triangle” exacerbates the global nursing shortage in academia, yet most workplace psychopaths enjoy uninterrupted career progression. It is a black swan event when a manager’s toxic behaviour costs them their job, power, status or registration.

Incoming US President Joe Biden declared at his inauguration that:
“I’m not joking when I say this: If you’re ever working with me and I hear you treat another with disrespect, talking down to someone, I will fire you on the spot. On the spot. No ifs, ands, or buts,”

Many in higher education and health services heard this and thought, ‘if only’. The US president is fortunate that he can hire and fire ‘at his pleasure’, while most public sector organisations have copious layers of inaction and ingrained protection for powerful bullies that render such demonstrable decency unimaginable.

We may ask, why do nurses experiencing toxic leadership not speak up? This is akin to asking why women experiencing domestic violence do not ‘just leave’ their abusers. Faculty do not challenge because they know this will exacerbate their situation for, “If anyone should dare to challenge [the narcissist’s] self-image of perfection, they will be met with viciousness and deceit” (Germain, 2017, p.82). Malignant narcissists are most dangerous when confronted and their anger will provoke revenge. Collegial difference of opinion is not a challenge to be explored but a threat to be “crushed with overwhelming force” (Magwenzi, 2018, p.148). Add to this, the extreme improbability that a University would support a junior academic over their star leader. As one correspondent commented, “Why not stay and fight? As an academic with no PhD, I felt I had no credibility and no power compared to them”.

It is hard to be optimistic that nursing will stop enabling and tolerating its ‘killer elite’. There is little that less powerful colleagues can do and even less that university and service leaders or nursing’s representative bodies seem prepared to do. HR responses are doomed to failure as corporate psychopaths do not respond to education, counselling, or mediation, having neither insight nor inclination to change.
These measures simply become their ‘home ground advantage’ where shapeshifter bullies welcome new audiences to manipulate with their charm, intelligence, faux reasonableness and feigned victimhood. Without robust whistle-blower protections and until academic leaders stop hiring them and start to demonstrate that toxic behaviours will result in dismissal, little can change. Fox’s admonition cannot be over-emphasised:

“Bullies don’t change their spots unless they’re faced with loss of prestige, livelihood, or income. Unless managers at the highest levels of the organization commit to putting a halt to bullying, bullies will always have a platform.” (Fox, 2013, p.19-20)

Nurse managers may recognise only some ‘killer elite’ toxicities in their organisations but every nurse manager will understand the umbrella scourges of bullying and malevolent politicking and their damaging effects on nursing and services. The forces that drive and sustain the killer elite in education threaten health services just as ominously. Nurse managers can lead by ‘Biden example’, making it clear that they will challenge and call out killer elite behaviours and bullying machinations wherever and whenever they are encountered. Confident, open managers will also make it clear to staff that they themselves are similarly accountable. In an honest, healthy organisation nurse managers, like any cabin crew on an aircraft, not only ‘allow’ but expect any member of staff, regardless of role and status to challenge any of their actions, processes and behaviours that do not live up to their and their organisation’s values. How long nursing’s toxic minority ‘killer elite’ will enjoy their platform, is a question confronting every nurse leader and every nurse manager can play their part in ending this reign.
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