Nursing schools: dumbing down or reaching out?

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Editorial

Nursing schools: dumbing down or reaching up?

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Universities and their nursing faculties are changing dramatically. Rather than serving as bastions of knowledge generation, professional innovation, curation and dissemination of knowledge, many have become corporatised monoliths intent on a perverse form of utilitarianism on steroids. Their sole function it seems is to produce commoditised 'outputs' that can contribute to the 'knowledge economy'. Thus, rather than their original intended purpose of producing knowledge and developing critical thoughtfulness as a 'good' on its own terms, the focus of universities is on producing measurable, value-for-money entities: the ultimate millennial and neoliberal fantasy (Condlin, 2015). This is, more or less, what we always did since the birth of the old 'Nursing Schools'. Was this what we envisaged during the struggle to establish nursing in universities? Is this what we celebrated when nursing stopped becoming the only health profession that did not require degree level preparation? We think not.

The traditional ideals, values and mission that used to characterise the university have been supplanted by bureaucracy and command and control. Cohesive collegiality has been swamped by creeping corporatisation and managerialism (Rolfe, 2013; Thompson & Clark, 2018). As universities have grown in size and complexity, so has the influence and extent of managerialism, invariably in the quest for that sacred cow, maximum 'bang for the buck'. Universities are now driven by ubiquitous market forces and relentless external pressures to square the circle of ever-widening access with assurances that standards are not falling, but in fact rising. There cannot be an academic in the world not laughing like a drain at the recent revelation that the award of 1st Class degrees has increased *fivefold* in the last decade (Adams, 14 June, 2018). Truly, the 'customers' are getting what they paid for. Similarly, there will hardly be a single academic who believes that university standards or student quality has risen commensurately over the same period.

Into this toxic mix, we can add increasing top-down decision and policy-making, growing systems of measurement and a seemingly irresistible urge to micromanage every aspect of daily academic work (Alvesson & Spicer, 2016; Darbyshire, 2008). Blend this with political uncertainty,

fiscal constraint, the drive for a global 'competitive edge' and recent widespread media coverage of the coddling and infantilising of students. Pressures to introduce even more proscription and policing policies regarding 'microaggressions', 'trigger warnings', 'safe spaces' (Lukianoff & Haidt, 2015) and the heated debates around 'no platform' policies (see eg: Butcher, 5 February, 2018; Milani, 26 November, 2016) present challenges to both nursing faculty leaders and students alike. If nursing heads and deans cannot see this then they are simply part of the problem.

The dilemmas facing academic nursing include a lack of purpose and leadership from the professoriate (Thompson & Watson, 2006, 2013; Watson & Thompson, 2008) , who too often seem intent on preserving and promoting their own status while diminishing the value and contribution of their peers (Thompson & Darbyshire, 2013) – though there are notable exceptions, with some truly remarkable academic leaders that we could all usefully emulate (Darbyshire & Thompson, 2014).

Rather than focusing on the compelling rationales for having nursing in the university – scholarship, research, teaching and service – nursing leaders and their faculty colleagues are faced with the imposition of managerial diktats usually focused on 'training' which is invariably about compliance instead of learning and professional development, which are invariably about thinking, questioning and challenging. Very rarely is there time for true scholarship in its broadest sense – critical thinking, reflection, debate, imagination, curiosity and creativity. Commonly, there is only the lobotomised substitute of online box ticking (Darbyshire et al, 2018). If all that were needed for today's and tomorrow's healthcare worlds, was an army of new nurses with a paper qualification showing that they were good 'pairs of hands' capable of staffing our hospitals, we need not have bothered fighting to get nursing into universities. The last 100 years' status quo would have been fine.

As we write this, the near-400 page report forensically detailing the horrors of Gosport War Memorial Hospital has been published (Gosport Independent Panel, 2018). It highlights the passivity, if not actual complicity, of almost every health professional, legal service, management

team and regulatory authority in relation to the "disregard for human life and a culture of shortening the lives of a large number of patients by prescribing and administering "dangerous doses" of a hazardous combination of medication not clinically indicated or justified". (Gosport Independent Panel, 2018, p.viii) Here was a hospital, police force, executive suite and regulators' offices doubtless full of 'work ready' staff, yet no one it seemed was capable of critical thinking, of detecting and challenging dangerous practices and patterns, of stepping in to protect patients, of having patients and families rather than professional self-interest as their centre of gravity, of escalating a serious issue to the point of action or of standing up to power and status (Darbyshire & Ion, 2018, Darbyshire & Ion, in press).

The term 'work-ready' is so teeth-grindingly awful and devoid of shared meaning that its decline cannot come too quickly. Describing it as "ill defined" is a kindness (Edward, Ousey, Playle, & Giandinoto, 2017, p.332). We know of no other graduates who are expected to be 'work ready' in the sense that nursing uses it. Do we actually mean that a new nursing graduate will be able to 'hit the ground running' and be technically and organisationally competent in ANY clinical area where they happen to become employed, be it aged care, ICU, paediatrics, or mental health? No one would expect a graduate engineer or lawyer to be able 'readily' to move into any legal or engineering workplace and function as safely, competently and easily as if they had worked there for years. Small wonder that researchers have asked the question 'Ready for what?' (Wolff, Regan, Pesut, & Black, 2010), highlighting both the nebulousness of the term 'work-ready' and the symbiotic nature of the relationship between clinical areas and new graduate nurses. Perhaps one day we shall see politicians, managers, clinicians and regulatory bodies similarly fretting over whether all clinical practice settings are 'Grad Ready'.

One of us (PD) had a conversation recently with a new Director of Nursing (DoN) of a large hospital trust. They started to talk about 'these new graduates today' and 'what was wrong with them'. For shame, PD was just waiting for the usual tired diatribe about 'university nurses' and what

they ‘couldn’t do’ and why they were all ’too academic’ and so on ad nauseum. I could not have been more wrong. The DoN talked about ‘these new nurses’ and how they didn’t seem to be critical thinkers who could question and challenge existing systems and practices. What I need, they said, are nurses who can advocate, challenge, step in to prevent incidents or patient deterioration, who can see better ways of doing things and make that happen. The last thing they need, they said, were nurses who could only tick boxes or follow algorithms and orders. To say this conversation was an eye-opening highlight in the oft-reported ‘decay’ of critical thinking in nursing (Morrall & Goodman, 2013) was an understatement, especially since every university School of Nursing will swear blind that it produces nurses who are card-carrying ‘critical thinkers’ and every hospital will testify that it encourages this, rather than erects barriers to prevent it (Cornell, Riordan, Townsend-Gervis, & Mobley, 2011). It is a real concern that so few Schools or health services even know how to ask the question, ‘How do we know?’, let alone answer it.

It is against this background that nursing deans have the tremendous privilege and opportunity to grapple with these thorny issues and help nursing achieve its true potential: to address the health needs and care of the people it is privileged to serve. Nursing faculty primarily do this through the education and preparation of students to enable them to protect and promote the health and welfare of people, particularly the most vulnerable and disadvantaged. The increasing demands on and expectations of nursing faculty require academic leadership that is inspirational, inclusive and facilitative whilst also sensitive, responsive, ethical, demanding and respectful. It is a big ask, but no one ever suggested that nursing education was easy. Our nursing faculty and leaders must be up to the job.

Nursing has a powerful legacy to build on but realising our ambitions needs to take account of an increasingly challenging and competitive environment in which faculty leaders have to be creative, entrepreneurial, agile and courageous if they are to succeed and indeed thrive. To do this requires nursing faculty leaders to focus on four key themes: 1) Develop and sustain a culture in

which excellence in scholarship can flourish; 2) Create conditions where nurses and nursing can forge and nurture partnerships, networks and collaborations; 3) Identify, promote and increase the visibility of nursing; and 4) Deliver responsive, challenging educational programs. All of these require true leadership which is visionary, brave and flexible.

A thriving scholarly community and culture is typified by new ideas, open and frank debate, innovation and a school-wide eschewing of mediocrity. Only by inculcating a vision and strategy that is about recognising and valuing scholarship, acknowledging the needs and aspirations of faculty and creating and valuing a vibrant and stimulating culture will nursing truly be reaching up rather than dumbing down.

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