COMMENTARY


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Being invited to write an editorial is an honour and a privilege and offers the author virtually unlimited scope to comment on the important issues of the day. I was therefore somewhat surprised to read in an editorial published in the *Journal of Clinical Nursing* a review of a seminar paper I gave to a small audience at a conference more than three years ago in September 2010 (Kelly 2013). And whilst an editorial provides an opportunity for personal comment without the need to back up one’s opinions with evidence, it also bestows upon the writer the responsibility to be honest and accurate. I would therefore like to set the record straight regarding a number of misinterpretations and inaccuracies in the way that my seminar paper and my views were portrayed.

At the risk of being pedantic, I will start by correcting a couple of factual inaccuracies. I did not present the seminar at ‘this year’s Nurse Education Tomorrow (NET) conference’. The seminar was given three years ago, and the conference had not been called NET for many years before that. But no matter, there are more serious issues that I wish to correct.

First, to state as Kelly does that ‘Rolfe attacked the state of education provision for nurses at universities’ is not only sensationalist but also misleading. My point was not accusatory, I was not ‘attacking’ nurse education or nurse educationalists per se, but pointing out how both the corporate and the academic structures of the university as an institution make it extremely difficult for nurse academics to focus on educating students for practice. Kelly then makes a series of assumptions about my views that are not only unfounded, but which run counter to what I actually said during my seminar. She states that my concern ‘seems to be born of a rose tinted view of the past and petrified knowledge of what is happening in clinical practice’. As might be imagined, I take exception to both of these rather cursory accusations. In the first case, I made it absolutely clear in the seminar to which she is referring and in a number of other published papers and conference presentations before and since that this is not ‘a wistful plea for a return to some golden age’ of the ivory tower university (Rolfe 2012). My own view of the past is far from ‘rose tinted’; on the contrary, my argument is that the traditional academic structure is inadequate as it does not take account of the new ‘practice disciplines’ such as nursing. We need to look to the future rather than to the past, and as I said in a keynote presentation to the same conference in 2011: ‘I believe that it is possible (indeed, that it is essential) to rethink and renegotiate our place in the corporate university’ (Rolfe 2012). That is to say, we need to create a new disciplinary space that recognises and values the ‘scholarship of practice’ alongside more traditional scholarly values and outputs.

Kelly’s second point, that my knowledge of what is happening in clinical practice is ‘petrified’, is not only insulting but is based on a number of unsubstantiated and unfounded assumptions. She appears to believe first that, contrary to my fossilised view, the ‘fast approaching’ all-graduate status for nurses means that they will no longer be ‘diving into linen cupboards or cowering in the sluice room hoping for an academic to rescue and help them change practice’. First, my contract with my local health board enables me to spend regular time in practice settings, and I am fully aware of ‘what is happening in practice’. Second, Kelly is presumably unaware that here in Wales, nursing has been a graduate-entry profession for more than a decade, so the days of cowering in the sluice room are long gone. Third, I do not and never
have taken a patronising attitude towards my colleagues in practice, and I am at a loss to understand where Kelly might have acquired this view. Had she been familiar with my writing on the subject of practice development, she would know that, for the past 20 years, I have been putting forward the argument that ‘practising nurses themselves should be asking questions which directly challenge existing practice, and carrying out research which will have a direct impact on patient care’ (Rolfe 1994) and that the role of the academic is to support practising nurses to take control over all aspects of their own practice. As I pointed out in a later paper, the research role of the academic is concerned with ‘facilitating the practitioner to research her own practice through small-scale case study and action research’, and the educational role of the academic is concerned with ‘facilitating the practitioner to explore her own practice through reflection-on-action’ (Rolfe 2002).

Whilst Kelly’s description of nurses cowering in the linen room waiting for me to come along and rescue them might conjure up an amusing image, it completely misrepresents what I actually said in the seminar that she is supposedly reporting on, and it is contrary to everything I have written over the past 20 years. She might also be interested to learn that in the other part of my job, as Professor of Practice Innovation and Development for my local health board, it is inevitably the case that practitioners approach me rather than vice versa, and they neither want nor need to be rescued; what they require, and what I am happy to offer, is a partnership of equals, each bringing their own skills, perspectives and influences to a community of practice dedicated to making things better for patients (Gardner et al. 2013).

Whilst I could pick out half a dozen more examples of how Kelly misunderstood and misrepresented my seminar presentation, I will restrict myself to one further point. She states quite correctly at the end of her editorial that I blame too-heavy teaching loads and the pressures of the Research Excellence Framework (REF) on the inability of some academics to engage in the kind of practice development work that they might otherwise be able to do. She then helpfully offers a potential solution to my dilemma: ‘However, in response to declaring heavy teaching workloads as an obstacle to conducting research, some commentators believe the two entities of teaching and research to be indistinguishable’ (Kelly 2013), citing an obscure 30-year-old speech by an American college president in support of her view. Unsurprisingly, I was already aware that ‘some commentators’ believe that teaching and research are ‘indistinguishable’, as I am one of those commentators. As I wrote several years ago:

We also need to recognise that nursing education and nursing research [in its wider sense] are symbiotic rather than antagonistic. Indeed, it is sometimes difficult to tell them apart, and they merge as a single endeavour in activities such as reflective practice and action research. (Rolfe 2007, p. 125)

Whilst Kelly’s humorous ‘journalistic’ style of writing is to be welcomed, particularly in editorials, it should not be at the expense of accuracy, fairness or basic good manners. If Kelly wishes to critique my work, there is plenty of it to choose from in the public domain where the accuracy of her comments can be objectively verified. And if she wishes to focus specifically on my views about the place of nurse education in the university, she might have reported on the keynote presentations I gave to the NET conference in 2011 and 2013, on the many journal papers and book chapters I have published on the subject, or she might even have reviewed my book The University in Dissent (Rolfe 2013). If she takes even a cursory glance at any of these, she will see that what she has written in her editorial is a glib and unfair misrepresentation of an extensive and consistent body of scholarship. If she disagrees with my views, then she is of course entitled to say so, but I would have at least expected the courtesy of a fair hearing based on what I actually said. Or perhaps she considers that normal academic standards and good collegiate manners do not apply in editorials.

References


