



ISSUES FOR DEBATE

Nursing scholarship and the asymmetrical professor

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Summary A recent editorial by David Thompson and Roger Watson prompted the question 'Nursing professors: what do they profess?', with the stated intention of stimulating thought about the role of professors and their scholarly endeavours. This paper has been written in response to their challenge, and outlines a scholarly role for the professor of nursing which is very different from Thompson and Watson's 'pipe dream' of the university without students. In particular, I argue for a fully-rounded 'symmetrical professor' whose role is not predominantly to conduct research, but rather to 'profess the profession'.

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Introduction

In a recent editorial, Professors David R Thompson and Roger Watson posed the question *Professors of Nursing: What do they profess?* (Thompson and Watson, 2006), stating that their purpose was 'to stimulate the academy of nursing about the notion of professors and their scholarly endeavours'.¹ A reassessment of the notion of scholarly activity in nursing is certainly to be

welcomed, and Thompson and Watson offer a reassuringly broad definition of scholarship which includes discovery (research), integration (theorising), application (practice development) and teaching, suggesting that all four functions are 'on a par with each other' and 'must be evaluated according to a common set of criteria'. Unfortunately, in much of what follows, the practice development and teaching aspects of scholarship appear to be forgotten in favour of researching and theorising as the primary professorial activities, and as the key criteria for academic excellence, leading to what I refer to in this paper as the 'asymmetrical professor'.

A large proportion of Thompson and Watson's editorial is devoted to demonstrating how the

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¹ Unless otherwise indicated, all quotations are from Thompson and Watson (2006).

university, and nursing within the university, has failed in recent years to live up to these criteria of 'research and publication', and it is not until the last paragraph that they set out what they would like to see in place of the current 'sinking ship' of nursing. In a nutshell, they call for nursing 'to emulate something big and exciting, like the Institute for Advanced Study (IAS) at Princeton'. They describe the IAS as follows: 'There are no students, curricula, lectures, tutoring, committees or research programmes. Enlightenment is the only mission', and refer wistfully to this university without students as their 'pipe dream'.

In this position paper, I will point out why I find the idea of a university without students, dedicated to research without programmes, whose aim is 'fundamental inquiry into the unknown' completely out of tune with the needs of the nursing profession. I will examine several aspects of Thompson and Watson's Enlightenment pipe dream, and suggest in its place my own vision for the 21st Century of a post-Enlightenment nursing academy that is fully integrated with practice, staffed by well-balanced, symmetrical professors whose primary role is to facilitate the development of practice and practitioners.

Professing the profession

In attempting to address the issue of what it is that professors of nursing profess, the first and most fundamental question that I must ask myself is where my allegiance lies. Although I am employed as an academic and paid by a university, I consider that my primary role is to *support* the nursing profession and the practice of nursing. Indeed, the very idea of a professor of nursing makes little sense unless it is intimately linked to the needs of practising nurses, since without a nursing profession there would be no nursing professors. I suspect that Thompson and Watson would have some sympathy with this view, but where our opinions might differ is with my emphasis on the word 'support'. In particular, I do not uphold the view that academics should simply pass down their knowledge and research findings to practitioners through lectures and journal papers. Rather, I wish to argue that the primary role of the professor of nursing is to enable, facilitate and support practising nurses in setting and meeting *their own* educational, research and practice agendas.

My reason for advocating this predominantly supporting role lies in some essential differences between the academic discipline of nursing and

most other university disciplines (Rolfe and Gardner, 2005). For example, sociology has been defined as 'the scientific *study* of human social life, groups and societies' (Giddens, 2006, p. 4, *my italics*) and physics is 'the *study* of the laws that determine the structure of the universe...' (Oxford Dictionary of Physics, 2005, p. 390, *my italics*). Thus, professors of sociology and physics might with some justification claim that when they write and conduct research, what they are doing *is* sociology or physics. However, nursing is usually defined in terms of practice rather than study, for example, 'the *activities* involved in giving physical care and emotional support to the sick, wounded and helpless' (Blackwell's Nursing Dictionary, 2005, p. 401, *my italics*). Thus, professors of nursing cannot usually argue in the same way that they are 'doing nursing' when they are undertaking their scholarly work. Unlike many other academic disciplines, there is no *intrinsic* or essential connection between scholarship and nursing. That is why it is meaningful to refer to 'nursing studies', but why 'sociology studies' or 'physics studies' is a tautology. In that respect (but not in others), I have some sympathy with Betts' suggestion that we might rename ourselves 'Professors of Nursism' (Betts, 2006) in order to distinguish what nurses do (nursing practice) from what nurse academics do (nursing scholarship). Just as the purpose of nursing scholarship is to inform and support practice, so the function of professors of nursing is to inform and support practising nurses and nursing students. We can see, then, that nurse academics have a rather different relationship to the university and its mission from many other disciplines.

The professor as a technologist

Whereas Thompson and Watson's ideal of liberal education as 'intellects pursuing knowledge for its own sake' might appeal to students of sociology and physics, I have suggested that it would have little resonance with most nursing students. Indeed, it is difficult to imagine what nursing knowledge for its own sake might look like, and harder to imagine who might fund such a programme. The academic discipline of nursing (or *nursism*) is more akin to an applied technology than a 'pure' subject to be studied for its own sake (Rolfe and Gardner, 2006), and as such, its fundamental concern should be with the relationship between knowledge and practice rather than with 'disinterested learning' (Thompson and Watson, 2006).

However, this appears to be the very opposite of what Thompson and Watson are proposing. On the face of it, their pipedream of a university without students, which employs professors who do not teach, might be tempting to many academics, since it offers the promise of uninterrupted research and writing time. However, it makes as little sense as a hospital without patients which employs nurses who do not nurse. The dream of 'freedom' from students, committees and externally imposed research programmes might suit the 'pure' academic such as the sociologist or the physicist very well, since we have seen that to 'do' physics or sociology is (more or less) to conduct research and publish the findings. The physicist might therefore be able to claim with some justification that teaching is a barrier to doing physics. However, in a technological discipline such as nursing, the role of the academic is not to 'do' nursing but to facilitate others to do it, and this requires contact with practising and student nurses.

Students are therefore an essential prerequisite for the role of the nurse academic, whose work should be at the interface between theory (in its widest sense) and practice. We need to move away from the idea that students (whether novice undergraduates or expert postgraduates) impede the 'proper' research work of the professor, along with the notion that 'the original, often speculative, thinking that produces advances in knowledge' is best conducted away from the demands of practice, practitioners, committees and externally directed research programmes. What the nursing profession requires is contextualised and integrated programmes of research grounded in actual practice, rather than 'fundamental inquiry into the unknown'; interaction with students who have a deep and practical interest and commitment to their own nursing education, rather than 'disinterested learning' for its own sake; and applied, practice-based inquiry that builds on and develops known problems and clinical puzzles through programmes of research identified and run by practitioners, rather than speculative 'blue skies' research.

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. The professor of nursing, unlike her colleagues in other disciplines, gains nothing from distancing herself from students, committees and the research agendas set by practising nurses. She should not be calling for more protected research time, but less. Such an

attitude might well be 'anti-intellectual' in the traditional sense of the term, but it is certainly not anti-academic, nor does it dilute or denigrate the value of scholarship. On the contrary, it is an attempt to integrate the various and usually disparate roles of the applied and grounded scholar; *to unite the professor with the profession.*

Re-balancing the asymmetrical professor

Clearly, then, the professor of nursing should have a much broader remit than professors in most other disciplines. If we attempt to apply the traditional professorial role to nursing, we end up with asymmetrical professors who emphasise the research aspect of their role at the expense of their broader practice development remit. If university departments of nursing are to fulfil their primary function (some might argue their *only* worthwhile function) of improving nursing practice, and if as Thompson and Watson suggest, professors should serve as exemplars and role models for the integration of scholarship with practice, then I would argue that education and practice development rather than research should be the primary role of academics at all levels, up to and including professors.

Thompson and Watson complain that not all professors of nursing are equal, that many do not fit the usual academic criteria for professorships, that there is a lack of rigour in many professorial appointments, and that some nurse academics refer to themselves as professors when they have no real entitlement to do so. From this perspective, it seems likely that my proposed re-balancing of the professorial role, with its playing down of research in favour of less 'academic' activities, would merely reinforce their concern about 'an anti-intellectual ethos pervading nursing'. They also bemoan the rise of 'Deans with responsibility for nursing with virtually no academic track record, no research reputation and no publications. Indeed, many of them have no PhD ...'. There are, of course, also a small number of nursing professors with no PhD, but before we condemn them out of hand, let us think for a moment about what a PhD generally entails, and why it is usually considered to be an essential qualification for a professorship.

When I began my own doctorate in the 1980s, undertaking a PhD meant conducting an extended and usually very specialised research project. The advice I was given was to keep my focus of inquiry narrow, and to emphasise method rather than subject content. Despite the rise of the 'professional' or 'taught' doctorate, nothing much has changed in

the past 20 years, except that far more nurses are now undertaking PhDs. If a PhD is essentially a (albeit very narrow) research training, and the role of university professors is primarily to conduct research, then it should be quite apparent why a PhD is usually considered an essential qualification for the role. However, if we regard professors in nursing as having a broader remit than research, as primarily involved with scholarly work which supports practitioners and practice development, then perhaps a Masters degree in education, practice development or even nursing practice might be more relevant to the job than a PhD.

I realise that I am opening myself to Thompson and Watson's criticism of 'dumbing down' the university, but I take solace in the example of Ludwig Wittgenstein, arguably the most influential thinker of the 20th Century, who refused to register for a doctorate by research. Eventually, Bertrand Russell persuaded him to submit his book *Tractatus Logico Philosophicus* as his thesis, in order that he could be allowed to teach at Cambridge University. Similarly, Mary Midgley, a pre-eminent academic who was for many years Professor of Philosophy at the University of Newcastle-upon-Tyne, does not have a PhD, insisting that it blinds the student to the bigger picture. Indeed, she argues that if we are serious (as Thompson and Watson suggest we should be) about developing innovative thinkers who 'locate new problems and grapple with the issues of their age' (Midgley, 2005), then what is required is 'a corrective course after the PhD – a course in bypassing details to look at the whole landscape' (Midgley, 2005). I am not suggesting that a PhD is of no use to a professor of nursing, merely that it should be seen neither as a necessary nor as a sufficient condition for a professorship. Indeed, I am inclined to go further and suggest that a professor of nursing with a PhD but no Masters degree has a less-balanced education and is thus more asymmetrical than the one with a Masters but no PhD. I fully agree with Thompson and Watson that professors of nursing must meet certain academic criteria. However, I would suggest that the traditional criterion of a PhD might not be the most appropriate qualification for the role of practice development.

Uniting the professor with the profession

Thompson and Watson have applied traditional academic standards and criteria to the current state of nursing in the academy and to the role of the professor of nursing, and found them both lacking. Whilst I agree that nurse academics often do not meet these standards, I disagree with their pro-

posed solution of a return to Enlightenment values and the establishment of an elitist research academy where the professors of nursing can pursue blue skies research largely free of the everyday duties of teaching and attending committee meetings. The difficulty with Thompson and Watson's vision is that unlike 'pure' subjects such as sociology or physics, which are essentially programmes of study, nursing *per se* is not an intrinsically scholarly activity. For this reason, whether we like it or not, its place in the academy is problematic.

I have argued that nursing is a technological discipline, more akin to engineering than physics, and the role of the nursing professor is therefore not primarily to 'do' nursing but to facilitate others to do so. As such, it demands different standards and criteria from the usual emphasis on research as the primary measure of academic excellence. Whereas Thompson and Watson complain that 'many [nursing professors] do not fit the usual criteria for professorships: research and publication', I have argued that such an asymmetrical role is out of step with the demands of the nursing profession, which calls for a much broader integration with the practice development needs of nurses.

How such integration might be achieved is beyond the remit of this position paper, and there are in any case as many responses to the challenge as there are innovative professors to devise and deliver them. A good starting point might be the work of Angie Titchen, a senior academic who worked with the staff at the John Radcliffe Hospital in Oxford during the 1990s to create an innovative patient-centred nursing service (Binnie and Titchen, 1999). More recently, Professor Len Bowers has worked with psychiatric nurses to change the attitudes, beliefs and practices in two acute psychiatric wards (Bowers et al., 2006). My own work has included a number of collaborative action research projects based in clinical areas (for example, Rolfe et al., 1999; Rolfe and Phillips, 1997; Rolfe and Phillips, 1995), and I am currently developing an *Academy for Learning and Teaching* at Swansea University, which aims to promote the educational and practice development activities of academic staff as having equal value and status to the ubiquitous research agenda.

These, however, are isolated examples, and overall the broadening out of the professorial role into practice does not appear to be happening. On the contrary, the impending research assessment exercise (RAE) has prompted an even greater emphasis on the 'research and publication' credentials of professors of nursing, and the subsequent denigration of other functions such as teaching and practice development. This obsession with

what should be the only one aspect of a much broader role is nicely summarised by Thompson and Watson in a passage where they are attempting to explain the 'downgrading of the professoriate in nursing':

Of course, the workforce development confederations that fund nursing and education in the UK – until recently – have a major responsibility in all this. On the whole they do not fund research, but they do fund continuing professional development for staff which is frittered away on non-research activities – is it any wonder why nursing is at the bottom of the research assessment league tables in the UK? A profession without a credible research base is surely doomed to destruction. (Thompson and Watson, 2006, p. 124)

Although I am sure that it was written with good intention, I consider the above paragraph to be a rather worrying indication of the extent to which nurse education has lost its way. It seems quite remarkable that senior members of an academic discipline which exists essentially to support and develop good practice, should criticise workforce development confederations for 'frittering away' their money on workforce development rather than on funding professors to conduct research in order to raise the RAE profile of university departments.

Thompson and Watson envision 'nursing as a ship on the high seas with a huge hole in the hull'. In my view, the ship is not (yet) holed, but is nevertheless listing dangerously to one side, weighed down by an over-emphasis on the researching and theorising roles imposed by the academy. As professors of nursing, I believe that we should be addressing our asymmetrical role by emphasising the *nursing* aspect of our titles. Rather than condemning the profession for 'frittering away' their money on practice and practitioner development, we should be looking at what we can do to support these activities. Thompson and Watson warn that 'a pro-

fession without a credible research base is surely doomed to destruction'. I would argue that a profession which sets a greater store by the RAE scores of academic departments rather than the preparation of nursing students for the workplace or the development of higher levels of practice has already self-destructed.

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