

Fort nursing or tilting to windmills?

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The boundaries that separate different academic departments within universities are a product of institutional, professional, historical and personal forces. Although these boundaries serve a useful purpose in ensuring a discipline's integrity, the nature of these boundaries requires careful consideration. While permeable boundaries encourage ideas to move across disciplines, impermeable boundaries act as barriers. The boundaries that currently separate nursing from other disciplines within the university tend to be impenetrable. As such, these boundaries can act as barriers. I suggest that it no longer matters how these academic barriers were constructed, or even why. Instead, the challenge is to decide whether nursing needs to maintain these barriers. While some may argue these barriers are protective, I believe that the barriers in their current form serve to isolate nursing and nurses within universities. Rather than attribute blame for the construction of these barriers, it is worth noting that nursing entered the university system during a period of major restructuring. According to the newly formed Association for the Public University, this restructuring has caused a shift towards corporate ideologies. Although academics in established disciplines protest against this shift, these disciplines have a long tradition of scholarship and intellectual independence. One only needs to walk down the corridors of some older departments to feel this tradition in the vibrant display of intellectual and political awareness on office doors and departmental notice boards. Within nursing schools, however, such academic activity is less visible. Tidy corridors and lifeless office doors within some nursing schools give the impression that the traditional hospital nursing culture has simply been transported to universities.

This culture supports behaviours that silence critical debates. Rather than respect different opinions and explore these constructively through robust intellectual discussion,

the tradition of being 'sent to the pan-room' has survived the transition to the university. This lack of understanding of academic processes, including ways in which public debate should be conducted, can be destructive. If academics feel they will be vilified for expressing an opinion, they will probably not bother. Although the transition to the university has been merely geographical for some, there are others in nursing who welcome the challenges of university life. Yet, these academics often take their intellectual activities elsewhere by joining multidisciplinary seminars, journal clubs and research groups outside nursing. As a result, academics in nursing are present-yet-absent, their voices silenced by the dominant culture. This silencing can prevent the growth of genuine collegiality that is taken for granted in many other disciplines. My observations of nursing within universities bring to mind an experience of living and working within an aboriginal community. In this community, the nurses' quarters were surrounded by barbed wire. Apparently this barrier was erected years ago, though nobody living in the quarters remembered why (there was a rumour that a nurse was raped about 5 years ago, though this was never confirmed). It was not clear whether the intention of the barbed wire was to keep the nurses safe or to imprison us.

A few of us living in the nurses' quarters chose to ignore the barbed wire. We went out into the community, joined the local rugby teams, swam off the jetty with the local children and drank in the local pub. After some time, we began to invite friends from the community back to the quarters. When the matron at the hospital learnt that we were inviting outsiders to the nurses' quarters, she called us into her office. Although she accepted our right to venture out into the community, she felt we were placing others at risk when we brought people back to the nurses' quarters. The matron believed that the only way to keep nurses safe was to keep us locked behind barbed wire. She was wrong. Our safety depended on both indigenous and non-indigenous people learning about each other's

differences and finding some common ground from which to build a shared future.

The visual image of nurses located within an unfamiliar culture, locked behind barbed wire, represents attitudes and behaviours that serve to isolate nursing within the academy. Yet I do not suggest that these attitudes are found only within nursing. Far from it. Given that some other disciplines and professional groups may have a vested interest in maintaining these barriers, it is worth exploring whose interests these barriers serve.

Educational barriers prevent nursing maturing both as a profession and as part of the university. Maintaining impermeable boundaries serves to perpetuate the 'us and them' mentality. Such a mentality is reflected in the dismissive statement 'what would she know, she's not a nurse'. Surely such exclusion and elitism is not in nursing's interest. We not only miss the opportunity for intellectual debates between the competing discourses, but we also fail to develop the mutual respect required to build new understandings. Similarly, when we conceptualise other disciplines as 'service schools' (and describe them as 'problems'), we squander the mutual benefits of genuine collaboration and partnerships with disciplines such as public health, sociology, biosciences, ethics and psychology. Rather than construct barriers, I suggest that we need to share ideas with our interdisciplinary colleagues at the university. Dialogue with our colleagues requires not only coming to the table as equals but being accepted as equals. Surely whether our doctorate is in nursing, health sociology or nuclear physics, we are, within the university, all merely 'academics'. Yet hearing that nursing no longer needs to regard itself as the 'poor cousin' suggests that there was a time when nursing considered itself inferior to other disciplines. If a hierarchy of disciplines was constructed within the academy, with nursing as the 'poor cousin', the questions to ask are: how was it constructed, by whom and why? Is it a gender issue, an issue of institutional power or one of self-esteem? Or are we merely the new kid on the block needing to earn our stripes within the university?

During a conversation with a colleague from 'outside', I first heard the school of nursing described as a 'fortress'. Yet rather than describe our strength and formidable power, he referred only to our impenetrability. I was told that our 'siege mentality' causes many colleagues from 'outside' (including the 'service schools') to abandon efforts to maintain a dialogue with us. His explanation, however, failed to acknowledge that poor communication occurs on both sides of the barbed wire.

The absence of constructive interdisciplinary dialogues invariably leads to serious misunderstandings and resent-

ments. Take, for example, a university subject that was proposed by 'outsiders' without any acknowledgement that the school of nursing had expertise in the area. As a result of both our invisibility and their lack of vision, an opportunity for sharing knowledge between our disciplines was missed.

With impenetrable barriers, nursing is not only locked in but also locked out of the mainstream debates in which nurses and nurse academics have so much to contribute. This process of being locked out is complex. In some cases, nursing is actively excluded from the discussion by those within the more established disciplines. In other cases, however, nursing is active in its own exclusion. While practitioners and academics from a range of disciplines debate health care issues in the public arena, nurses and nurse academics remain largely silent. Without a nursing presence at the table, far too many decisions that have implications for the nursing profession are made without us.

To work as part of a team, we need to appreciate and to respect a multitude of perspectives that inform contemporary understandings of health and illness. Rather than exclude, we need to embrace not only the literature that is informed by health sociology, medical geography, epidemiology, nursing, medicine, public health, bioethics, history, psychology and health economics (to name just a few disciplines) but also to work with people who see (and do) things differently. Rather than allege 'inappropriate' and 'most unprofessional' behaviour when people from other disciplines behave differently, we need to learn to work with, and to learn from, our differences.

These other disciplines could (and should) make an extremely important contribution to nursing education, as we could to theirs. Yet, some undergraduate students are still instructed to review only the nursing literature when researching material for their essays. In addition, some subjects give nursing students the impression that nursing research, nursing pharmacology, nursing ethics and nursing microbiology, for example, are fundamentally different from research, pharmacology, ethics and microbiology. Some believe that we should teach these specialties ourselves, from behind the barbed wire. Yet a university education is designed to give students understandings of nursing practice within a broad socioeconomic, political and cultural context.

A university education is expected to expose students to a kaleidoscope of ideas, not merely vocational knowledge and skills. Yet within nursing, this distinction is sometimes blurred. For example, students of nursing may be asked whether they 'do' grounded theory or action research. This tool-box approach fails to appreciate the fundamental

principles of research. Without adopting fundamental principles of scholarship, a nursing degree may become, at best, a limited form of vocational training, or, at worst, a sales counter for an academic title.

The challenges on nursing's doorstep require academics who are willing to embrace new ideas and undertake rigorous and ethical research. Such research and critical inquiry will act to dismantle the barriers. It will also place nursing in a strong position from which to negotiate permeable boundaries. In some nursing schools, such changes are taking place; in others, glossy research brochures merely give the impression of change. Yet, these research brochures can also serve a useful purpose. They can be used as a tool to not only change the culture within nursing but also to provide a public face of nursing's research activities to other disciplines.

To learn new ways of seeing and doing, many nurses

move into other disciplines and professional groups. Although the going out is often much easier than the coming back in, we need to allow different ways of seeing and doing to prosper within nursing. The barriers that isolate nursing will dissolve and the tensions that exist between departments will be reduced when more academics in nursing are able to move across these boundaries with ease.

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