

Editorial

Is academic nursing being sabotaged by its own killer elite?

The growth and development of academic nursing is being hampered, if not sabotaged, by our very own mandarins of mediocrity. These are the academic 'leaders' whose own slender scholarship and contribution to nursing is out of all proportion to the stifling and inhibiting influence that they wield.

Our focus is on nursing academe in the UK and Australia (although our New Zealand colleagues may also have a view on these issues) and our thoughts are shaped by our extensive experiences, observations and conversations with colleagues. Over the past decade, we have expressed our dismay at the general decline in academic nursing, particularly in the UK (Watson & Thompson 2000, Thompson & Watson 2001, 2005, Thompson 2009, Shields *et al.* 2011), and bemoaned the decline in the academic status and standards of the nursing professoriate (Thompson & Watson 2006, Watson & Thompson 2008a, 2008b, 2010a, 2010b). These concerns are reflected in weak research performance as exemplified by the poor research citations of professors of nursing in the UK (Thompson & Watson 2010) and Australia (Hunt *et al.* 2011), and in the lack of success or impact of joint or clinical chairs in nursing (Darbyshire 2010), allied to a diversion into something called practice development (Thompson *et al.* 2008, Walker 2008).

Tracing the rot historically is not difficult. Thanks to a combination of luck, timing and well-organized professional self-interest, many professors and heads of department were appointed when nursing had its sudden and wholesale move into the higher education sector. A move, it must be said, that was almost exclusively geographical, not academic. The same old 'Sister Tutor' elite were now enthroned in more powerful university positions with even more grandiose job titles and all too generous conditions, akin to a job for life irrespective of performance (Darbyshire 2011). The educational and 'scholarly' mindsets, however, stayed behind in the old 'colleges of nursing'. Having set the bar to point zero by appointing (or more accurately, 'transferring') people to senior academic and professorial

positions who would not even have secured an interview in almost any other university school or faculty, the die was cast and the legacy is painfully clear to this day.

A useful exercise here is to look, not for professorial prattling about 'excellence' or 'world class-ness' (Darbyshire 2008), but for scholarship and outcomes. Consult the publicly available websites and university home pages of many of our nursing professoriate, especially those who may have secured a 'joint/clinical chair' or a head of school position at a time when health services and universities were so desperate to fill these positions that they would have appointed, as an Australian CEO described in a schools context, 'anyone who was upright and who could fog a mirror'. (<http://www.theaustralian.com.au/national-affairs/committing-to-the-toughest-teaching-gig-in-the-country/story-fn59niix-1226077317246>.)

Akin to missionary zealots visiting the colonies, the new 'manageriate' and their sycophantic disciples spread the word and dispensed their perceived wisdom while not overly encumbered by any obvious academic talent. Still, we continue to wonder why academic nursing receives a lukewarm reception from an audience invariably with more credibility, yet often too polite and embarrassed to express its real views. Watching (as we have) some nursing professors/heads of department from these two countries lecturing nurses in South East Asia on how to 'do' research and scholarship, while their own tenuous track records pale into insignificance by comparison, is truly cringeworthy.

Rarely is such embarrassment shared by the elite themselves, however, as they share an unshakable confidence and ability to exert power that is inversely proportionate to any evident ability. This is possibly related to the 'unskilled and unaware' phenomenon identified by Kruger and Dunning (1999), yet despite this they insinuate themselves on to every advantageous platform with a sense of rectitude that makes a 1980s 'nurse theorist' look like an icon of humility.

The fiefdoms of the elite are critique-free zones, virtually devoid of any spirit of inquiry, ethos of debate or culture of scholarship. So tyrannical are some of the 'killer elite' that the only notes of dissent heard will be the whisperings

(under a cone of silence) of their staff and students when they are far enough away at a conference or anonymous enough online. To compound the irony, many of these petty dictators have bolstered their career by taking to print or to the podium to expound on the evils of, and we jest not here, ‘horizontal violence’ and ‘bullying in the workplace’. One of us even managed to sit through a session on promoting multidisciplinary research, hosted by an influential nursing professor whose antipathy towards all other disciplines and whose serial inability to work collegially with anyone was the stuff of legend.

These same people must share considerable responsibility for the demise of academic nursing in their own countries. Witness the dissolution in status, numbers and size of university nursing departments/schools/faculties into meaningless entities such as ‘discipline of nursing’, usually under the rubric of a faculty of health/health sciences. Some of these ‘leaders’ (read ‘administrators’) may feel cause to preen because their departments are located in prestigious universities, while appearing oblivious to the academic contempt in which they and nursing itself may be held by the rest of the university.

Apart from the lack of and detriment of their own contributions, the killer elite also compound their disservice by detracting from the exemplary leadership and scholarship of our best nursing professors and heads of schools. While some faculty (and most bizarrely of all, the killer elite themselves) often complain that they have ‘no time’ for scholarship or that no one understands their genius sufficiently deeply to fund their research, there are exemplary professors and even heads of school whose research, publications and scholarship are the equal of anyone in the school or faculty. If they can do this while carrying a Dean’s workload and responsibilities while modelling collegial yet demanding leadership, then the performance of our ‘free ride elite’ becomes all the more embarrassing and intolerable.

Nursing is now suffering the consequences of the professorial mediocrity of a small but overly influential minority wielding excessive influence and of too few people prepared for senior academic posts. Many readers will be as familiar as we are with what should be prestigious and important professorial nursing positions and ‘joint chair’ posts being advertised and yet receiving the merest trickle of barely qualified, yet alone suitable, applications. Even the head-hunting firms in their phone calls are suggesting for professorial positions ‘possible names’ who have barely completed their PhDs. The words ‘chickens’ and ‘roost’ come immediately to mind. Nursing is too important to be held hostage a moment longer by the killer elite.

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