

# RE-COLLECTING AND 'THINKING' THE STORY OF NEW ZEALAND'S POSTGRADUATE NURSING SCHOLARSHIP DEVELOPMENT

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## Abstract

Nursing in New Zealand has undergone a rapid rise of postgraduate scholarly development over the past four decades. Early nurse scholars had no choice but to study university papers outside the discipline of nursing. Their reflections show how much their thinking was sparked by such experiences. On the other hand, the excitement of nursing finding its own body of knowledge and moving into research is also recalled. Hermeneutic analysis of these two aspects encourages 'thinking' of how postgraduate education gets shaped. The discussion draws on Heidegger's notion that it is the void of the jug that holds the fluid – what goes into the jug itself (postgraduate learning) is often discretionary.

**Key Words:** Scholarship, postgraduate education, Heidegger.

## Introduction

Thinking-back enables insights of the past to guide understanding of future possibilities. The 'thinking' focus of this paper is post-graduate education in nursing. The perspective is grounded in the lived experience of the author, draws on the experiences of other early New Zealand nurse scholars, and offers an interpretation from which others can continue 'thinking'. I was a nurse (and later a midwife) in an era when it was considered highly unusual for nurses to move on to postgraduate study. When I stepped into those circles I met the pioneers, nurses who had studied outside of the discipline of nursing and had convinced others that nursing itself had a place within the university. It was an era of excitement, indeed exhilaration, as

together we explored the possibilities of postgraduate nursing education. An opportunity for a group of nurse scholars from the past four decades of postgraduate nursing education to meet together and re-collect their memories birthed this paper. While the manner of collecting data fits within the expectations of research, this paper is written as a philosophical hermeneutic analysis to provoke thinking. It draws on insights from Heidegger [1889-1976] to discern the ways in which the nature of education took shape. The aim is not to present an historical overview but rather to open to question current and future 'ways'.

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### **Understanding Nursing as ‘Thing’**

Thinking that underpins this paper is drawn from Heidegger’s writing on ‘The Thing’ (1975). To engage in this hermeneutic thinking Heidegger’s question ‘what is the jugness of the jug?’ (p. 172) is paralleled with ‘what is the postgradedness of postgraduate nursing education?’ In other words, what is it that makes / shapes postgraduate nursing education to be what it is? Heidegger describes a jug as “a vessel, something of the kind that holds something else within it” (p. 166). For example, a china jug may be to put milk into for then pouring milk into tea cups. Yet, on another day, it could be used to hold cream, or salad dressing, or mulled wine. While the jug itself might be called ‘the milk jug’, its name does not confine the ways in which it can be used. What matters about the jug is not what it is called, or what goes in it, but what gets poured out. I have a particular expectation about the fluid that comes out of the jug to meet my morning porridge. I am likely to be more open to a range of possibilities to dress my salad. It is not the jug itself that ‘gives’ the eating experience. Yet because the jug is a ‘thing’ we tend to make assumptions about what the ‘thing’ holds and how it will be used, forgetting the freedom that exists with respect to what goes into the ‘thing’ and therefore, having been held within it, emerges on pouring.

Extending this metaphor, there is a ‘jug’ called ‘Postgraduate nursing education’. It holds teaching and learning, but like the china jug it merely holds whatever is put in. It also holds Nursing Council of New Zealand mandates, University funding arrangements, scopes of practice,

employment opportunities, social expectations, and such like. Heidegger (1975) clarifies that, “The jug is not a vessel because it was made; rather, the jug had to be made because it is this holding vessel” (p. 168). Similarly, postgraduate nursing education does not exist because it is a thing. Rather it ‘is’ because of what nursing and the health services need it to be and do. The ‘jug’ called postgraduate education is known for its specific function and purpose.

The key insight offered by Heidegger (1975) in relation to the jug is that what matters most is not the jug itself, but that it is empty, can be filled with the fluid we desire and then poured to fulfil a particular need. “The emptiness, the void, is what does the vessel’s holding. The empty space, this nothing of the jug, is what the jug is as the holding vessel” (p. 169). A jug becomes a jug in the taking, holding and pouring, that is, in receiving and giving that which is not directly connected to the jug other than it is fluid that needs to be held within a container. The potter who shapes the jug creates the void, the holding space, but it is what goes into and comes out of the jug that makes the jug what it ‘is’. Thus emerges the “jugness of the jug” (p. 172).

I argue that postgraduate nursing education is mandated by society, and by the profession itself, as a ‘thing’ with attention given mainly to the creation of the thing as object, forgetting the void that lies waiting to be filled at the whim of the people who flow in, through and back out of a wide variety of educational experiences. The ‘postgradedness of nursing education’, meaning the nature of learning experience to grow

and enhance both the individual nurse and nursing as a discipline, becomes what it is in a curious manner of happenstance. Just as I can decide to put mulled wine into my china jug, so there are choices made by the individual, the teacher, and the nursing programme designers as to what will go into the jug of postgraduate nursing education 'today'. This hermeneutic study reveals something of those decisions and experiences over the period of the 1960s-1990s.

### **Hermeneutic Underpinnings**

Crowe (2006, p. 26) says: "Hermeneutics is about life-experience and belongs to it. Hermeneutics is the lived experience of lived experience." This study accepts the notion that to live an experience is to understand it in a primordial being-there manner. Such living shapes taken-for-granted understandings that become part of interpretive language, shaping conversations in an un-thinking way. The impetus for this study was a visit to New Zealand in 2004 by USA nursing scholar, Professor Nancy Diekelmann. This event caused several of us to reflect on what a significant influence she had been over the past decade in helping us become scholarly. We stopped and recognised the development of scholarship within the profession and saw that we were 'living history'. The study thus began with a focus group of 13 nurses invited because they had either completed or were in process of doctoral study. Nancy Diekelmann helped facilitate the dialogue and offered her own insights. We conversed together over a full day, from which a typed transcript emerged. Three people who were not able to attend submitted written reflections.

Following the transcription of that data I was mindful that the nature of a focus group meant that stories were abbreviated to allow everyone to have their turn. Thus in 2005 I extended the study by doing individual interviews with a further 19 nurses including some of the early scholars, now retired. All data were transcribed and crafted into coherent stories (Caelli, 2001). Participants then had the opportunity to review the written record and make additions or changes. Both phases of this study were approved by the Auckland University of Technology Ethics committee. They gave permission to seek consent from participants that they should be named. This felt important for me as the nature of the data often revealed identity (for example, Professor Norma Chick) and their stories warranted being proudly associated with their names. There is no reason to hide who these pioneer scholars are. To ensure protection of participants, pre-publication, they have had the opportunity to revise data related to them.

The nature of the analysis is not to attempt to re-plot history but rather to explicate meaning in relation to how postgraduate nursing education came to be shaped in particular ways. Hermeneutics seeks to engage in thinking: "Thinking is reflecting on something that one knows. It is a movement of thought to and fro, a being moved to and fro by thought, by possibilities, offers, doubts and new questions" (Gadamer, 1994, p. 183). To make sense of the rise of scholarship in nursing is to go back to those who were amidst the experience to see what they pursued and cared for" (Cooper, 1996). It is to recognise that my own

experience of being ‘one of them’ equips me with foresight that both enables me to understand what they are saying and at the same time blinds me because we share taken-for-granted assumptions that hide and silence (Gadamer, 1982; Heidegger, 1987). Nevertheless, I try to get behind the words themselves. “We find out how it stands with the thing in general. We get an idea of it. We seek the universal” (Heidegger, 1987, p.119). Thus I am interested in each person’s account, while at the same time I seek to find the insights that might speak across time. I am wary of answers for “an answer forbids questioning” (Heidegger, 1987, p.142). What is more important is to pose questions, keep them dynamic and alive that they may provoke still more questions in the thinking of the one who reads. I can offer you no step by step method as to how this paper came to be other than to say I lost myself to the “play” of thinking (Gadamer, 1982). Some extracts of data showed themselves as mattering more than others. Thoughts came. The writing and re-writing revealed more thinking as words followed words. It is offered to the readers knowing they too will bring their own interpretive lens and take away their own wonderings.

What this paper does not do is situate each participant within the historical background of the times, nor does it recount the historical details of postgraduate nursing education development. It is not so much who, what, where, or when that draws my attention, but ‘how’ did the jug get filled and poured, for such insights are likely to serve understandings that shape future developments.

## Thinking the Data

### Early Input through University Study

In the 1960s and 70s when nurses first perceived it was appropriate for them to pursue advanced education through a university there was no discrete nursing pathway to follow. Later, there were some nursing papers but not enough to complete a degree. In other words, what should go into their ‘jug’ was open to a wide range of possibilities:

*I found studying in other disciplines that you can’t help but make everything relate to nursing ... You seized on what you were learning and whatever you were doing to try and make sense of the world that you were part of ... I remember one paper about Social Stratification in Polynesia ... Only if you’ve got oodles of tucker [plenty of food] can you afford to maintain chiefs and sub-chiefs. All of those sorts of ideas made it very interesting looking at organisations per se (Yvonne Shadbolt).*

Yvonne found links in Social Anthropology that informed her understanding of organisations in which nursing was involved. Judith Christensen comments on her appreciation of sociology and social anthropology:

*I think possibly I felt most at home with studies in sociology and social anthropology because they helped me understand how people and organisations work. It made me so much more aware of a broader base to nursing; that there is a world around us that ordinary people come from and continue to be a*

*part of; that the world impacts on nursing and nursing impacts on the world, on the people who become patients and nurses, and on health and illness. It was such an enriching time (Judith Christensen).*

Pouring 'sociology' into her jug of learning enabled Judith to appreciate nursing within a much broader societal context. She goes on to talk of the insights from doing history papers:

*When I did Stage 3 history we looked at a letter from somebody – a politician in the early 1800s. You had to explore the context in which that letter was written, and what the significance was; what the person who wrote it knew. Well, immediately, you can contextualize that: "This person's arrived here now and this has happened, but let's look beyond that and see what else". It's very easy for you to carry over those things. I think there's a huge amount of relevance (Judith Christensen).*

The scholarship of history prompted thinking beyond what first presents. Deb Spence affirms how much she valued the opportunity to have her thinking stretched:

*I went and did psychology and education and sociology and a little bit of law. I went as a nurse and I was working all the time as a nurse but I really wanted my mind to be stretched further. I just can't underestimate the value of that (Deb Spence).*

These nurse scholars always held fast to what held them as nurses, but at the same time sought exposure to new ideas. Jenny Carryer describes an

experience of analysing nursing that perhaps could not have emerged from nursing itself:

*What I'd got out of my BA was, not so much an enhancement of practice, but the development of a level of critical thinking about why is nursing positioned the way it is in the health delivery hierarchy. What actually really matters to people? And some of this stuff that I did in sociology in women's studies really informed that (Jenny Carryer).*

Were non-nurse academics more able to challenge nurses to take a fresh look at issues of power than those who had become accustomed to 'how things are'. On the other hand, Marion Jones describes how her passion for music brought her to new understandings:

*Going and doing the history papers allowed me to incorporate one of my great loves of music, to relate that to 19th Century European history. It was wonderful to be able to do that. I've never had so many A+ marks happening one after the other, and I just loved it. It was magic. What it brought to me was the contextual material – that as nurses we don't stop and think and reflect enough on the context and how it influences how we work (Marion Jones).*

Again, Marion shows how standing outside of nursing brought her clarity on the contextual influences that shape practice. Elizabeth Niven recounts how a human development paper gave her eyes to see in a new way:

*I began to see what was happening with people in living their lives. I was working in a medical ward at the time. I can remember an old woman who was in our ward. Her*

*husband came in to see her, and both of them were doing this thing called “parallel conversations” which children do as part of their development, and yet these old people were sitting there doing parallel conversations. I was absolutely fascinated that something like this would be going on in older people (Elizabeth Niven).*

Women such as those cited above became the leaders of nursing education because they were the ones academically prepared to take such roles. Yet, their own education was a rich mix of learning from a wide variety of disciplines. There was no grand plan to shape nursing by drawing on particular bodies of knowledge. It was more a case of what could be made relevant to enable a degree to be completed.

As Yvonne explains:

*We were doing it after hours. The university ran the evening sessions really for teachers. We started in anthropology because that was the evening one we could do at that time (Yvonne Shadbolt).*

Once enrolled in a Bachelor degree, these nurses made choices of study based on availability, interest, and perceived relevance. No one advised them particularly, and each took a different pathway, yet all would argue they were always thinking about nursing. The rich mix of learning that came back to form the scholarly base of nursing education was gifted from this heritage. Bev McKean, the Head of School of a nursing programme, signals however that there were some tensions:

*We had 3 new teachers joined who had all done majors in sociology. The impact of three sociology graduates on the curriculum just was incredible. That was where I began to become aware of the forces that can influence a curriculum. Whatever people had majored in at university they wanted to bring it straight in and dump it right in the nursing curriculum, totally forgetting that it wasn't a sociology curriculum (Bev McKean).*

When the ‘jug’ of nursing is filled with a dominant discourse such as sociology, the danger is that ‘nursing’ itself gets lost. Unless the call is always ‘to be a nurse’ then there is danger that education becomes for the sake of the interests of the educators.

When nobody is closely watching what goes into the jug, then it is all the more essential that there is careful attention paid to what emerges.

### **Thinking back**

These insights show a ‘jug’ of post-graduate nursing study opportunities wide open for nurses to study from a very wide range of disciplines. The pioneer nurse scholars had no choice but to study papers other than nursing for there were no nursing papers available, nor were there any New Zealand educated nurses qualified to lead such developments. Educational input had to come from related disciplines. It was the nurses themselves who followed passions and found links to nursing in unexpected bodies of knowledge. What is more, they thrived on the depth and breadth of thinking to which they were exposed. They recognised the value of looking

at their own profession from 'outside'. While University calendars would have put boundaries on possibilities, yet it seems there was no one other than the nurses themselves making deliberate decisions about what was needed to develop nurses and nursing. It seems they quickly grasped how valuable their thinking and learning was to how they understood nursing. What shines through is the passion they felt in being able to engage in learning of that related to their own interests. Even years later, there is still excitement in their voices as they recount some of those memories.

### ***Thinking 'now'***

As we look to the future, is the mouth of the jug of postgraduate nursing education open wide enough to allow such diversity and passion? My sense is that because the generation of nurses in this study were the ones who went on to develop nursing-specific postgraduate pathways for the next generation, the jug now has a much narrower mouth. That is, because there are numerous postgraduate nursing programmes now available, what goes into the jug is 'nursing'. There is no need to look around the University to consider what could be made relevant. We celebrate that nursing is now taught by nurses to nurses. That surely was the aim. Yet, it seems that in every gain there is also that which withdraws and is lost (Harman, 2007). What is the cost to the profession of a body of scholarship that is no longer being fed by such a breadth of knowledge? How does it feel for students who now have much more restricted choice? Certainly there is nothing to stop a nurse from pursuing study in another area, but would she

receive the same support and funding from her employer, or encouragement from colleagues? There are still nurses teaching postgraduate nursing who received the broad based learning. What will be the impact when that generation retires? Are today's nurses as excited and passionate about the nature of their study as those who were free to follow their interests?

### ***Thinking 'thinking'***

How do we address the questions raised? Harman (2007, p. 29) says:

We find ourselves delivered to a situation that must be dealt with somehow (past). Yet we are not mere slaves to this situation, since we go to work on our current situation by glimpsing possibilities in it that we can try to actualize (future). Finally, every moment of factual life is a profound tension between what is given to us and how we confront it (present). Life is a kind of unrest, forever torn between poles of reality. Life is movement, or "motility".

There are possibilities of movement, always. The challenge for those who seek to thoughtfully shape the future of postgraduate nursing education is to consider how the thinking of nurses may most effectively be called forth. Heidegger (1968) warns of how easy and common it is not to think but to become engrossed in "empty busywork ... determined exclusively by business concerns" (p. 15). He calls us to meditative thinking, suggesting that we "meditate on what is closest; upon that which concerns us, each one of us, here and now; here, on this patch of ground; now, in the present hour of history" (Heidegger, 1966, p.

47). It is calling each person to their own thinking, just as the nurses in this study describe how they themselves translated ideas from other disciplines and made sense of them in relation to what was close to them – nursing. Heidegger (1966, p. 53) says further: “Meditative thinking demands of us not to cling one-sidedly to a single idea, nor to run down a one-track course of ideas. Meditative thinking demands of us that we engage ourselves with what at first sight does not go together at all”. That is the foundation of the nature of thinking that built New Zealand’s academic nursing community. Ideas, that did not go together at all, were gathered together for the purpose of ‘thinking nursing’. The challenge for on-going generations is to continue to look for the ideas that will provoke, extend and challenge the taken-for-granted knowledge that resides within its professional boundaries.

### **Shaping Nursing as Nursing**

When a profession such as nursing is given entry to create a place within a university the challenge is to find nurses educationally prepared to lead such a movement. In New Zealand two significant women came together. One was Nan Kinross who had been granted a scholarship to do her masters degree in America. The other was Norma Chick, an Australian who had moved with her husband to New Zealand, and had pursued a doctoral programme through the discipline of psychology (Chick & Kinross, 2006). Norma comments:

*Nan Kinross started at Massey University in 1972 and the nursing papers began in 1973. Somewhere in 1973 we met. I started teaching in the nursing papers in 1974 ...*

*We got students to do field work, to go outside the hospital with no uniform, no badges and talk. It was damned hard. We were trying to get at ‘what is nursing’ when you take away all the trappings (Norma Chick).*

The thrust of nursing scholarship in its early days of University life became what it was because of the combined interests of Nan and Norma. Rather than pursuing strong biological science curricula, or having a focus on nursing skills, the question that led the development was ‘what is nursing’? Antoinette McCallin talks of being a student in this era:

*I got down to the last seven papers and thought what am I going to do, I suppose I will go and do some of those yucky nursing papers. The word on the block was, they were very hard work. I went and I studied the ‘experience of illness’ paper. When I came out of that paper I just was never the same again because I was introduced to the phenomenological interpretation of the illness experience. It was the whole human experience of being nurse. It changed my whole approach to nursing and my understanding of the world and began me on a journey (Antoinette McCallin).*

When nurses faced the challenge of grappling with the meaning of nursing and exploring the nature of the illness experience, understandings, and therefore their practice, changed. It was however the era when American nurses in particular pursued the notion that there could be theories of nursing:

*A great deal of the 201 nursing paper was about conceptualising nursing, using models, scientific principles, trying to get some basis to what nurses did beyond 'following orders'. I had only read the nursing theorists from America. None of us had worked long enough to earn sabbatical to go and meet them. Occasionally someone knew someone who knew someone but otherwise all our understanding was leaned from the literature. When I went on sabbatical I meet all those names! They were all there. My first impression was how wonderful it was to be there with so many other nurses interested in theory development. I remember meeting Martha Rogers – the firmest handshake. It all began to make sense. Up till then there had only been a few tapes. I brought back all the tapes from that conference. It was exciting. We were talking about nursing, conceptualising nursing (Norma Chick).*

New Zealand nurses were influenced first by the literature and then by personal networks with the shared quest to pin nursing down, to put words to the ineffable. It was a huge and exciting intellectual challenge in the quest of establishing a firm body of knowledge that arose from and belonged to nursing. It reminds us that knowledge generation grows in international community. Not all of the participants remember that era favourably:

*I remember Dorothea Orem, stuff around self care, the notion of encouraging people to be as independent as possible. I've always thought that she has a lot*

*to be responsible for, really ... I remember as a tutor standing with students preparing how they were going to spend their day. It was a gynae ward, and we had a number of women who'd had hysterectomies the day before. Women, the day after a hysterectomy, look like they've been run over by bus. They look white, shattered, exhausted. I had these nurses saying to me, "I think if I put the bowl by her bed, she could probably manage to do everything but wash her back, and Orem would say that ...", and I was thinking, "Bloody hell." And saying to these students, "Wouldn't it be really nice to go into this woman's room and actually really look after her today, and nurture her, and do everything." And they'd sort of, "Oh, but that's not what Orem says." It compounded some of the views I had (Jenny Carryer).*

The broad, critical education of scholars such as Jenny meant ready-made theory was not accepted without critique. The dangers of 'not thinking' were recognised. Norma Chick had on the one hand introduced her students to Nurse Theorists' and on the other hand had ensured they understood that the fundamental understandings of practice come from practice itself. Nursing had found itself in the tension of both creating its own knowledge but also critiquing the impact of its application. On the one hand it sought to establish a respected reputation within the university and on the other to ensure that what mattered most was still what happened in practice.

### **Thinking 'back'**

Clearly there was a global quest to

answer the question 'what is nursing?' "We do not philosophize," says Heidegger, "in order to fashion for ourselves and others a salutary world-view that could be procured like a coat and hat." (Crowe, 2006, p. 216). As nursing worldwide established itself within academia it was not content to accept ready-made definitions of nursing. It took on the quest of wrestling with that question for itself. Heidegger (1966, p. 56) says "Releasement toward things and openness to the mystery never happen of themselves. They do not befall us accidentally. Both flourish only through persistent, courageous thinking". This was an era of nursing scholarship where persistent, bold thinking pursued the mystery of what made nursing purposeful, successful, unique and of worth.

### **Thinking 'now'**

In today's era I often hear the term 'navel gazing' in conversations where the suggestion arises that someone might want to consider the philosophical questions of nursing. It feels like we are in an era where calculative thinking holds sway: "Calculative thinking computes. It computes ever new, ever more promising at the same time more economical possibilities. Calculative thinking races from one prospect to the next" (Heidegger, 1966, p. 46). Postgraduate nursing education is busy preparing nurses to take on advanced practice roles. That means equipping them with clinical skills, scientific rationale, the ability to prescribe, and knowledge of the health systems into which they need to network. This is pragmatic, useful and relevant. It is likely that more consumers will be impacted by such education than any nurse who could recite one of several

nursing theories. So why do I feel we might have lost something precious? Heidegger (1968, p. 14) in using the example of a true cabinet maker talks of how such a person "makes himself answer and respond above all to the different kinds of wood and to the shapes slumbering within the wood ... this relatedness to wood is what maintains the whole craft". Is postgraduate nursing education in danger of not gifting students the time to stop and acquaint themselves with the essence of their craft? Are we still asking questions of 'relatedness' and pondering the possible answers? Do we recognise the person who is 'truly nursing' when we see him or her in action? And what is it about that nursing that we would seek to show the novice?

### **Establishing a research culture**

At the heart of postgraduate study is research. Norma Chick shows how her own interests influenced nursing scholarship in New Zealand:

*I knew a little bit about Glaser and Strauss [Grounded theory]. I went to an education seminar and reconnected. It struck me as a safe way for students to collect data and work with it. It just seemed to be a good tool. It just seemed to make sense. If you want to know about something go to where it's happening, talk to the people it's happening to. Don't put any barriers in place, don't make them subjects, don't have schedules of questions. Grounded theory and other qualitative methodologies seemed to catch on in New Zealand. Nurses saw them as offering a way that was meaningful (Norma Chick).*

Norma sought to give nurses research skills to go back to the experience of practice and ask questions. She opened the door to what became a strong qualitative research culture in New Zealand. Had she been more quantitatively inclined the shaping of nursing scholarship would have been very different. Professor Nancy Diekelmann, from USA who was part of the initial focus group of this study commented:

*When I came to New Zealand for the first time it was a time when there was Benner's work and Chris Tanner ... there weren't very many of us [doing interpretive research] and our doctoral students were still coming along. We were really getting a lot of conflict and resistance: "talk about objectivity, talk about reliability". We wanted to go say 'let's talk about Philosophy of Science'. I was feeling beat-up. I came here [New Zealand] and it was like coming home because you were alive and well in interpretive research. I found dialoguing partners here that made all the difference. I would come here and I would fill my cup and I would go home. We quickly began to develop an international community (Nancy Diekelmann).*

Somehow New Zealand's nursing scholarship escaped the conflict of paradigms. The vast majority of the early masterate and doctoral research studies were qualitative because we were inspired by Norma's teaching, and the visiting scholars:

*What was influential for me was Nancy Diekelmann's first visit. And David Allen, and links with Jean Watson in Colorado. It was*

*something about those connections (Alison Dixon).*

The interest and commitment to qualitative research methods flourished under the engagement of visiting scholars with the growing postgraduate nursing community. Quantitative research was taught, but with no firm foundation to rest upon:

*I went overseas in 77-83 and there I was confronted with research. I came to ADN [Advanced Diploma in Nursing] here and the student's were doing projects so they said 'oh you've got a Masters degree you will be good to assist with the research'. They said "one of the problems is all of the students can't seem to get hypotheses". I went and looked at the research and discovered that 2/3rd's if not 90% of the research was qualitative so I came back and said "well they can't have hypotheses because they are doing qualitative research". "No all students have to have a hypothesis". So I thought, "I want to keep this job, I need it to pay the bills," so I went and helped the students write their hypotheses and explained to them that these actually are research questions (Lynne Giddings).*

Lynne Giddings had done her masterate study in USA and thus was able to bring her expertise to the jug of nursing. The other people teaching research had little insight into fundamental distinctions and ways. How is new knowledge and skill brought to a profession without some people going outside of their discipline or beyond their normal geographic boundaries to seek fresh expertise?

Once expertise is gained, how does a discipline such as nursing compete for research funds in a competitive arena where other disciplines have much more established track records?

*I don't think it's a level playing field out there that we are engaging with. I have been having dialogue with the Dean at the medical school about some research across our institutions. It seems the only way to do it, is to piggy back on experienced researchers as part of a team. That may come but I don't think we've got a show at the moment (Alison Dixon).*

It is one thing to prepare nurse researchers. It is quite another thing for those researchers to then access funding from the common pot of resources. Is the research expertise of nursing, especially for those who prefer to work with qualitative methodologies, being sidelined? Has scholarship advanced us so far and no further? It seems the question 'how can nursing impact this?' is likely to be of little consequence when a nurse is a member of an interdisciplinary team.

New Zealand nursing has been gifted a very strong foundation of qualitative research skills, perhaps to the detriment of quantitative expertise. It happened that way because of the interests and discernment of the leaders of the time. Yet, unrest is always with us (Harman, 2007). Qualitative nurse researchers are passionate about the nature of the work they are involved with, yet recognise the challenge of accessing funding for such research. There is tension in holding fast to what some of us believe most effectively captures the nuances and complexities of the

lived world of health and illness in which nursing has its place. The pull is to take on a more reductionist quantitative approach, deemed to be more rigorous and scientific and thus more likely to gain funding in an environment where such discourses dominate.

## Discussion

At the focus group that launched this study Professor Nancy Diekelmann commented:

*When Liz invited me to join you today I not only could hear worthfulness in this project, everything from making visible the invisible, but also an understanding of what we have lost. Maybe we need to go back and recollect. It's always an awareness of what we need to hold tight to. It is about beginnings. Our future is only possibilities (Nancy Diekelmann).*

When we think of nursing as a thing, an object, something that can be legislated and pinned down we forget the 'how' that shapes and pushes nursing forth on a particular path. Nancy talks of 'we'. Seldom does an individual nurse change the face of nursing. It is 'we' who lead and follow together, 'we' who get excited about new possibilities, 'we' who get agitated and become political, 'we' who gather around a tape recorder to tell stories of the past to enable us to more thoughtfully engage with what is yet to come. Nancy's response to reading a draft of this paper was "Nursing is always done in the company of other – it is ontologically a being-with".

The generation of New Zealand nurses

of the past four decades who lead the rise of scholarship show us that what they pursued and cared for was a passion for learning, a drive to understand the essence of nursing, a quest to establish nursing on strong academic foundations and a belief that their investment in education was making a difference. What emerged from the 'jug' was a rich and diverse blend of thought-full scholarship.

Observations suggest that what is poured from the 'jug' today has lost some of that breadth and depth. Scholarship has appropriately become more focused on practical skills as nurses pioneer advanced scope roles. Employers and funders expect education to have a direct impact on practice. Everyone is busy. Unless a student can see direct relevance to their work, why would they pay money and 'waste' time doing a paper from another discipline? Evidence based practice fuels the drive to produce more quantitative research. Funding is more likely to be won with a rigorous quantitative design. Perhaps, to be fair, we look back and say, "So what did asking again and again 'what is nursing' achieve? It is time for nursing to 'get real' about economic realities and become more pragmatic". If that is so, then let us be clear that we have chosen to 'pour' from such pragmatism. Let us acknowledge that philosophy, sociology, history, anthropology and the host of other disciplines that we drew from in the past have been distanced from us and no longer impact our thinking to the same extent. Let us celebrate that in today's generation of budding scholars a nurse stands as teacher before them, someone who knows what it is to be

a nurse and can therefore speak the language of nursing. However, let us at the same time mourn the loss of the 'outside' thinking that so richly informed nursing. It was lecturers from women's studies, from history, from anthropology and sociology who helped us to see nursing through fresh eyes. Let us find the things that have been lost and wonder if any of them might need to be recaptured in a new form.

## Conclusion

Nancy Diekelmann, in her final Teachers Talk (2005, p. 485) says: "Perhaps the best way for faculty to address the challenges they face is when they pool their collective wisdom and persist in questioning their understanding of common experiences". How often do we take the time to look back over decades and see the changing patterns and trends? I suggest that the demands of everyday make such recollection rare. Nobody decided that nursing education should be informed by such a wide variety of disciplines. It just happened that way because there was no other way for nurses to gain a degree. The jug got filled with the available fluid, and subsequently what was poured from the jug of nursing was like a rich broth drawing from every sort of ingredient in the store cupboard of the University. 'Who' set curricula and had the ears of students was another significant factor, setting the signposts that said 'this way'. In pioneer territory possibilities are endless for there is no 'right way'. Traditions, however, quickly become forged. As a culture becomes established ways 'just are'. Pragmatic influences set new directions. We can never go back

to a time before ‘nursing scholarship’ yet we can stop and think about what the current form of scholarship represents and be actively thoughtful as to the direction of the future. We can stop and wonder what best to pour into the next generation of nurse educators and nurse leaders. My plea is that we consider that perhaps the most important thing of all is to teach, learn and engage in the art of thinking. That cannot be fed or simply acquired. They/we must do that for ourselves in a learning context where the ideas are so interesting we are ‘called to think’. It is somewhat irrelevant whether the thinking is about who gets to eat what in the tribe, or the context of a letter written hundreds of years earlier, or how much self-care to expect the day after surgery. What matters is that they/we stop and wonder how the thinking that emerges can inform what it means to be a nurse. When ‘wondering’ becomes embodied, then

we have thought-with a new generation now ready to take the profession on to the next era. It is time to re-collect the thinking of nursing (Smythe, 2004).

Buber (1934, cited in Biemann, 2002, p. 235) says: “What matters is that time and again an older generation, staking its entire existence on that act, comes to a younger one with the desire to teach, waken, and shape it; then the holy spark leaps across the gap”. There will always be gaps as one way of doing things moves to something quite different. Let us be alert and make way for the holy spark that leaps across the gap. Let us hold our desire to teach, waken and shape, mindful that what goes into the jug of postgraduate nursing is poured out into nursing-as-practice, nursing-as-education and nursing-as-research. Let us take the lessons of the past and invest them wisely into nursing’s future.

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