Contribution, Challenge, Consensus: 
Emerging themes from the ESRC Social Science and Nursing seminar series

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Social Science and Nursing ESRC Seminar Series
Working Paper 2

April 2015
This Working Paper is designed to stimulate discussion among nurse educators and social scientists, and spark conversations between social sciences and nurse education. As a work in progress it is not for quotation or citation, but please do distribute widely. We encourage comments on this work through the Social Science and Nursing seminar series website and twitter feed or via email at: contact@socialscienceandnursing.com
Introduction

Nursing is a discipline unlike any other. In the course of a single week – perhaps even a single day – our students might learn about the anatomical workings of the respiratory system, consider the impact of living with COPD on someone’s life, think about their own role in delivering smoking cessation interventions to improve their health, and engage with debates around the social circumstances that limit life chances or harm health. Nurse education’s scope and scale is unique in academia – and our students are something rather special as a result.

Nursing’s disciplinary diversity should be celebrated. Call it inter-disciplinary, trans-disciplinary, cross-disciplinary, even – regardless of the nomenclature – the key point is that nurse education is – and always has been – much more than the sum total of its parts. For this reason, perhaps, nurse education has long struggled to define itself. Sometimes classified as a bio-medical science, at other times an art or, periodically a social science. Yet, in the rush to define what we are against other pre-existing categories, we run right past the idea that nursing occupies a unique place in the academy. It is a home for a diverse range of perspectives, a sometimes rag-tag bag of academics – nurses, geographers, sociologists, ethicists, philosophers – united in a passion to improve the care of others through the immeasurable impact we can have on our students by providing inspiring nurse education. But more than this, by borrowing ideas and insights from elsewhere in the pursuit of patient care, nursing morphs into a discipline that recasts the very purpose of academic pursuit, and the very meaning of impact. Nursing is no vain academic activity, ensconced in the ivory towers of old. Rather, it is a bold, exciting, youthful, dynamic discipline – a sometimes restless adolescent in the academy – that can challenge the structures of old, opening new doors, pioneering new approaches, and pushing boundaries to build new knowledge that others actively seek out.

At least it should be. Sadly, if we are honest with ourselves and our students, this is not the discipline we always see. Instead of celebration, commentators talk of curricula chock-full of content – suitcases stuffed, students overloaded. Different perspectives siloed, not connected. Disciplinary boundaries defended, not dismantled. Academic diversity tolerated, not celebrated. Doors closed, hatches battened-down.

Yet, the only storm facing nursing is a perfect one. Never before has nursing’s place in the academy been more secure. Challenges to the contrary – though they come, and will continue to do so – can be convincingly batted right back through the same Daily Telegraph pages from which they came (Daily Telegraph, 2014) by appealing to evidence, such as the RN4CAST study (Aitken, 2014), and endorsement from high profile figures, such as Lord Willis (Willis, 2012). We are in a position of strength. But it is because we are in this place that we can and should strive to continually improve nurse education. For our responsibility is great: our potential even greater. Hence, of cross-disciplinary conversations the Social Science and Nurse Education seminar series was born. Our aspiration is plain: the seminar series is about elevating the role of the social sciences in nurse education but also to mark an important shift in nursing’s entire disciplinary approach to start to celebrate nursing’s diversity. This is no social science land grab. Instead, it opens the door to start taking seriously nursing’ trans-/inter-/cross-disciplinary nature, and to map out nursing as a unique disciplinary territory that exists within and between disciplinary boundaries, sometimes straddling, sometimes shattering, but always, reshaping them.

Seminar Series

Funded by the Economic and Social Research Council (ESRC) the Social Science and Nurse Education seminar series runs between 2014 and 2016. Through a series of six seminars in locations across the UK the seminar series aimed to gather academics from nursing and the social sciences to discuss the potential contribution and challenges of close engagement between the social sciences and nurse education.

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The first three seminars of the series established the foundation for those that followed. Each of these seminars involved presentations from social scientists about the potential contributions and insights their disciplinary perspectives could make to nurse education, and respondents from nurse education highlighting some of the challenges of doing so. Seminar 4 marks the fulcrum of the seminar series. Attention shifts away from what perspectives from the social sciences might offer to nurse education, to the mechanisms through which the social sciences might be embedded in nurse education. Hence, at this stage in the series it is appropriate to pause and reflect on the conversations that have taken place so far. The aim of this working paper is therefore to summarise the intellectual direction of the seminar series so far to provide a platform for discussion by nurse educators (at Seminar 4) and student nurses (at Seminar 5) on how the social sciences can be further embedded in nurse education.

Working Paper

This Working Paper has three parts. First, we briefly set out the context for the ESRC Social Science and Nursing seminar series, and specifically scholarly discussion around the past and potential role of the social sciences in nurse education to establish the rationale for the seminar series. Second, we set out the structure of the seminar series and detail the content of each seminar. Third, we start to identify and discuss the key themes to have emerged from the seminar series to date.

Social Science and Nurse Education

The ESRC Social Science and Nursing seminar series stands on the shoulders of several scholars who have reflected on the potential ways through which closer and deeper engagement with ideas and insights from the social sciences can enhance nurse education. For example, straddling health geography and nursing for much of his academic career, Gavin Andrews has identified how nursing could gain from closer engagement with geography (Andrews, 2002), and has set out pedagogical proposals through which this integration might be made possible (Andrews 2006). Scholars standing with one foot in sociology too have convincingly argued for a kindling of the 'sociological imagination' among nursing students (Edgely et al 2009, MacPherson 2008; Rolfe 2011; Goodman 2011).

However, one of the key challenges noted among academics is that the integration of the social sciences within nurse education has been sporadic at best, and lacks a clear theoretical rationale (Aranda and Law 2007), resulting in potential confusion about the purpose of its inclusion among students (Edgely et al 2009). Without a clear rationale it is doubtful whether students – and educators – will embrace ideas and approaches from the social sciences, and even if they do, the impact of the insights introduced in the classroom and common room are likely to be considerably reduced. Hence, there is a pressing need to provide and then share a convincing rationale for why the social sciences should be embedded more deeply in nursing curricula and a routemap that sets out how this aspiration can be achieved – and for this to be reached through consensus and widely shared among key constituencies with a stake in the success and continual improvement of the quality of nurse education across the UK, and internationally. This is what the Social Science and Nurse Education seminar series set out to do.
Social Science and Nursing Seminar Series

Integration of the social sciences in nurse education has, as noted above, been potentially hampered by the absence of a rationale and routemap. It has been hindered too by the fact that those individuals advocating for a greater role for the social sciences in nurse education, have been isolated voices, with many treading a solitary path. One of the key outcomes of the seminar series, then, was to draw together hitherto disparate voices – to walk and talk together – to discuss and debate the potential contributions and challenges of closer engagement with the social sciences in nurse education. By sparking conversations between the social sciences and nurse education the ultimate aim of the seminar series is to reach a consensus on how to collectively advance the social sciences in nurse education.

Seminar Series Structure

The structure of the seminar series is shown in Table 1. Six individual seminars were grouped into two sets of three broadly focused, first (through seminars 1 to 3) on theoretical insight, and then (seminars 4 to 6) on practical application. Within each set, the first two seminars (1 and 2, 4 and 5) worked together deriving insight or application from different disciplinary (i.e., geography and sociology) and stakeholder perspectives (i.e. educators and students), respectively. The third and sixth seminar marked key points to draw together and apply theoretical and practical insights. Seminar 4 signals a shift from theoretical to practice considerations, and hence a move from answering the question why to considering how the social sciences can be embedded in nurse education.

Seminar Format

Sparking conversation lay at the heart of the seminar series. Hence, seminars were set up as ‘joint interpretive forums’ through which individuals and ideas from both the social sciences and nurse education were gathered to explore their interaction, synergy and possible tensions in a supportive, open, forum. Hence, each seminar was physically set up to facilitate small-group discussion and opportunity presented throughout each day for discussion, both immediately following presentations and respondents’ comments, as well as by building in sufficient time for informal interaction during social periods, such as during refreshment breaks.

To be sure, by establishing a seminar series to draw closer together the social sciences and nurse education, these two domains established as separate domains of academic activity. The reality is that these concepts, nursing and the social sciences, are not neat and clearly defined subjects. Both are heterogeneous, the social sciences having ‘sub’-disciplines, such as geography and sociology, and nursing similarly having branches that undeniably have their own bodies of knowledge. Further, these two separate entities are not always clearly separate. Many nurses and nursing academics are social scientists.

Hence, the complexity of these constructs was recognised by attempting to encourage broad participation from a range of perspectives. Nonetheless, nursing and the social sciences still represent two distinctive disciplines. Each has its own theories, approaches and languages, which in itself creates a formidable barrier. Thus, respondents drawn from nurse education served an important function as translators of ideas, as well as possibilities, emerging from earlier presentations and discussion. Moreover, presenters tended to focus on the theoretical contribution of the social sciences for nurse education, whereas respondents reflected on the possible practical challenges of this closer engagement. Indeed, this was actively encouraged through the brief explained to presenters and respondents before each seminar.
Table 1: Structure of the seminar series

<table>
<thead>
<tr>
<th>Component</th>
<th>Seminar</th>
<th>Location</th>
<th>Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory</td>
<td>1</td>
<td>University of Stirling, Inverness</td>
<td>To explore how insights from human geography can enhance nurse education.</td>
</tr>
<tr>
<td>Theory</td>
<td>2</td>
<td>University of Warwick</td>
<td>To explore how greater appreciation of culture and context can enhance nurse education.</td>
</tr>
<tr>
<td>Theoretical applications</td>
<td>3</td>
<td>King’s College London</td>
<td>To question how insights from the social sciences might contribute to addressing the challenges identified by the Frances Report</td>
</tr>
<tr>
<td>Practice</td>
<td>4</td>
<td>Edinburgh Napier University</td>
<td>To challenge nurse educators to critically consider how ideas from seminars 1-3 can be embedded in nurse education.</td>
</tr>
<tr>
<td>Practice</td>
<td>5</td>
<td>The University of Nottingham</td>
<td>To encourage nursing students to critically consider the ideas from seminars 1-4 in the context of their educational expectations and experiences.</td>
</tr>
<tr>
<td>Sharing consensus, shifting policy</td>
<td>6</td>
<td>King’s College London</td>
<td>To showcase outcomes from the series to policy makers with responsibility to nurse education, practitioners, and academics.</td>
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Seminars

An overview of each of the first three seminars is presented in Table 2. The first three seminars included 10 presentations from 12 individuals from 9 institutions across the UK, and 6 respondents from 5 different universities. Each seminar is briefly discussed.

Seminar 1
Placing people’s lives

The opening seminar of the series focused on how theoretical insights from human geography might enhance nurse education. Held at the Highland Campus of the University of Stirling in Inverness, the seminar included three presentations by five geographers, with responses from two nurse educators.

1) Professor Gavin Andrews opened the series with a presentation which provided a historical overview of the interplay between geography and nursing and then moved to discuss how engagement with non-representational theory (NRT) might present an avenue for innovative nursing research. His presentation had a number of implications for nurse education, most notably, that ideas in the social sciences are often implicitly embedded in nursing problems, and that insights from the social sciences can potentially enable nurses to enhance their practice, for example, by empathising with others.

2) Dr Iain Atherton and Dr Richard Kyle recast the concept of ‘biogeography’ drawn from human geography that emphasises the interplay between life (bio) and place (geo) to propose pedagogy that theoretically justifies and practically enables the inclusion of the social sciences in nurse education.
Biogeography, they argued, can breathe new life into nursing curricula by animating our students through the cultivation of three ‘spirits of nursing’: empathy, engagement and enquiry (Kyle and Atherton, 2014).

3) Dr Matt Sothern and Dr Mike Kesby presented research on the use of blood donated by men who have sex with men by the transfusion service, and specifically the way in which epidemiological data is interpreted. Their paper critically considered the way in which risk is assessed, and the implications of those assessments for healthcare professionals attitudes towards others.

Professor William Lauder and Benny Goodman provided responses to papers. Both highlighted the practical challenges of integrating the social sciences in nurse education. Lauder asked how this can happen, being yet another additive to an already overloaded curriculum. He also questioned whether the social sciences would have most impact at undergraduate or postgraduate level, his own experience being of the social sciences having a profound impact on him when he was studying as a postgraduate. Further, he also wondered who should teach the social sciences: social scientists, who have the expertise but not the experience that enables ideas to be contextualized, or by nurses who do have that experience but not the discipline specific expertise. Goodman, like Lauder, questioned how ideas that are complex to those unfamiliar with the social sciences might be made accessible. He discussed how challenging responding to Sothern and Kesby was given the complexity of their ideas, but how accessible these concepts became through discussion.

**Seminar 2**

**Culture and context matter: understanding the culture of the ward and community environment**

The second seminar of the series hosted by the Royal College of Nursing (RCN) Research Institute at the University of Warwick focused on how ethnographic approaches, and more explicit recognition of the importance of culture and context insights more broadly, could reshape nurse education. The seminar included four presentations by four social scientists, with responses from two nurse educators.

4) Professor Celia Lury introduced three core ideas to seminar participants: 1) wicked problems; 2) health trajectories, and: 3) interface. Wicked problems were those that defied simplistic solutions, but instead call for an understanding of evidence and an ability to discuss and reason, perhaps without reaching a conclusion. Health trajectories enable us to unpack the complexity of an individual’s experience of living with ill-health by highlighting the ways through which a person’s biography and biological disease have several different trajectories that sometimes converge and at other times diverge, with implications for both an individual’s experience of their life, self and relationships, as well as the supportive care that might be provided by healthcare professionals. Interface represents the role that nurses need to adopt to enable difficult medical ideas easily understood by patients and families by, for example, translating technical terminology into accessible lay language.

5) Professor Kate Seers discussed the importance of culture in the ward environment and understanding its implications for patient care suggesting that socio-cultural context was more important than organisational policies. Insights from ethnography – and the honesty they can uncover – potentially provide nursing students with opportunities to discuss their own experiences on the ward, or in community nursing settings.
Table 2: Overview of seminars 1-3

<table>
<thead>
<tr>
<th>Seminar</th>
<th>Speaker / Discussant</th>
<th>University</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gavin Andrews</td>
<td>McMaster University</td>
<td>Geographies of nursing - the past, present and future of an emerging field</td>
</tr>
<tr>
<td></td>
<td>Richard Kyle</td>
<td>Edinburgh Napier University</td>
<td>Biogeography as critical nursing pedagogy: breathing life into nurse education by inspiring spirited students</td>
</tr>
<tr>
<td></td>
<td>Iain Atherton</td>
<td>University of St Andrews</td>
<td>Unwanted gifts: blood, sex and the limits of the population-based risk management</td>
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<tr>
<td></td>
<td>William Lauder</td>
<td>University of Stirling</td>
<td>Discussant</td>
</tr>
<tr>
<td></td>
<td>Benny Goodman</td>
<td>Plymouth University</td>
<td>Discussant</td>
</tr>
<tr>
<td>2</td>
<td>Celia Lury</td>
<td>University of Warwick</td>
<td>Problems and solutions from an interdisciplinary perspective</td>
</tr>
<tr>
<td></td>
<td>Kate Seers</td>
<td>University of Warwick/RCN Research Institute</td>
<td>Cultural understandings in the ward and community environment</td>
</tr>
<tr>
<td></td>
<td>Gillian Hundt</td>
<td>University of Warwick</td>
<td>Culture and understanding health</td>
</tr>
<tr>
<td></td>
<td>Frances Griffiths</td>
<td>University of Warwick</td>
<td>Time and context in the evaluation of complex interventions for health: a social science perspective</td>
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<tr>
<td></td>
<td>Jane Coad</td>
<td>Coventry University</td>
<td>Discussant</td>
</tr>
<tr>
<td></td>
<td>Gill Furze</td>
<td>Coventry University</td>
<td>Discussant</td>
</tr>
<tr>
<td>3</td>
<td>Davina Allen</td>
<td>University of Cardiff</td>
<td>Rethinking holism for a sustainable professional future</td>
</tr>
<tr>
<td></td>
<td>Graham Martin</td>
<td>University of Leicester</td>
<td>Beyond metrics? Utilizing ‘soft intelligence’ for healthcare quality and safety</td>
</tr>
<tr>
<td></td>
<td>Ellen Annandale</td>
<td>University of York</td>
<td>Managing in disguise? Some dimensions of managerial effectiveness in the NHS</td>
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<tr>
<td></td>
<td>Jessica Corner</td>
<td>University of Southampton</td>
<td>Discussant</td>
</tr>
<tr>
<td></td>
<td>Stephen Tee</td>
<td>King’s College London</td>
<td>Discussant</td>
</tr>
</tbody>
</table>

6) **Professor Gillian Hundt** related her own experiences of conducting ethnographic research with Bedouin communities. Her paper emphasised the way through which an appreciation of culture aids our understanding of individuals’ actions, particularly in relation to help-seeking behaviour and how cultural understanding developed through close engagement with people’s lives served to challenge prejudices and assumptions easily held by distant others.

7) **Professor Frances Griffiths** talked of how the social sciences can aid our understanding of complexity, and especially the complex psychological impacts of living with and after illness. Presenting findings from a qualitative longitudinal study she suggested that typologies can aid professionals’ appreciation of the complexity of illness, while also opening up different approaches to care delivery.
Professor Jane Coad and Professor Gill Furze provided responses to papers. Following Lury's paper, Coad pondered why, following her own review of the field, thinking around the importance of interdisciplinary education had seemed to fall out of fashion in nurse education since 2008 and challenged participants to consider the goals of interdisciplinary education. After Seers’ presentation, Coad highlighted the need for creativity in nursing education – and in nursing practice more generally – yet questioned where the physical and temporal spaces to encourage creative thinking now are. Furze spoke of the importance of encouraging student nurses to engage with the communities that they will ultimately serve during their training and highlighted models that had been used in midwifery that enabled engagement with communities but questioned how this might be replicated in nurse education given greater numbers of students. She closed by suggesting that a useful starting point to encourage increased engagement with ideas around culture was to provide opportunities in the curriculum for them to reflect critically upon the culture to which they belong and the assumptions and practices that include and exclude.

Seminar 3
What could social science perspectives bring to the future of nursing leadership and practice?

The third seminar of the series shifted the focus of the series towards the practical application of insights from the social sciences to contemporary healthcare challenges, specifically the Mid-Staffordshire NHS Foundation Trust scandal, and subsequent Francis Inquiry reports (Francis, 2010; Francis, 2013). Held at King’s College London, the seminar included four presentations by three academics straddling health and the social scientists, with responses from two leaders in nurse education.

8) Professor Davina Allen drew on ethnographic research informed by Actor Network Theory (ANT) that highlighted the complexity of nurses’ roles in the current healthcare system, and specifically identified the significant proportion of time nurses now spend on ‘organising work’. She suggested four types of work in which nurses were involved: creating a working knowledge; articulating trajectories of care; matchmaking; and passing the baton. Allen’s research raised challenges for nurse education, in terms of whether it changes its focus to have a greater emphasis on management, and whether the increasingly managerial components of a nurse’s role should be uncritically accepted.

9) Professor Graham Martin explored the importance of soft intelligence as a means through which individuals situated within healthcare systems could better understand the reality of those organisations. He noted considerable challenges associated with making intelligence intelligible, and acceptable in terms of its validity. Martin's presentation raised questions around how nurses contribute to other forms of knowledge, and how as educators we can train nurses to recognise the value of soft intelligence, as well as to continually question metrics.

10) Professor Ellen Annandale presented a study of clinical managers that highlighted tensions between role identity and group identity, and specifically a denial among middle managers to self-identify as a manager due to the perceived moral tainting of the term. Annandale’s paper poses questions to nurse education around how in the changing context of nurses’ roles nurses define themselves and their work.

Professor Dame Jessica Corner and Professor Stephen Tee served as respondents. Following Allan’s presentation, Corner asked what the extant narrative of nursing is, and whether we should be more realistic about what the role now involves, especially to aspirant nurses whose image of the profession may not reflect the contemporary reality. Corner also asked critical questions around whether we accept the new reality of nurses organizing work and how we train nurses for these new managerial roles. After Martin’s presentation, Corner queried how we can help nursing leaders to hold on to importance of ‘soft
intelligence’, and equip student nurses in particular to recognise and embrace different forms of knowledge. Reflecting on Annandale’s paper, Tee wondered what pedagogical approaches that we use that reflect the reality of nursing practice, and specifically spotlighted the importance of constructing curricula in partnership with service providers.

Seminar Series Themes

Through ten different presentations ideas and approaches drawn from the social sciences were introduced to nurse education, and the challenges of closer engagement explored. In order to move from engaging with these ideas and approaches to embedding these ideas and approaches within nurse education it is important that key themes to emerge from the opening three seminars are summarised and carried forward for discussion at the fourth. Almost inevitably given the diversity and depth of presentations during the seminars to date, there will be different ways of distilling the core themes. The approach adopted here, then, is to cluster ideas around key contributions that the social science might make to nurse education, and reflect on the core challenges that might be involved. Focusing on the potential enables this to be a practical exercise of pushing forward the aim of the seminar series, rather than a purely academic and theoretical pursuit. Moreover, focusing on the challenges alongside contributions enables reflection on some of the obstacles that might need to be overcome in order to advance and elevate the social sciences, again shifting conversation towards the practical application of these ideas in accordance with the aims of the seminar series, and specifically, seminars 4 and 5 with their aforementioned focus on how the social sciences can be integrated drawing on the perspectives of nurse educators and students, respectively, rather than why. With this in mind, five core themes were identified, and are summarised, in turn, below, and also shown in Figure 1:

A. Critical reflection on the role of nurses
B. Contemplating people (not – and not yet) in our care
C. Creative curricula and critical pedagogy
D. Coming of age in the academy
E. Challenges of interdisciplinarity

A. Critical reflection on the role of nurses

Critical reflection on the role of nurses emerged as the first key theme. Ethnographers have provided insights into the work of contemporary nurses, their observations shared during seminars made for surprising findings. Allen (Paper 8) discussed ethnographic research that found nurses spend much of their time – indeed the majority – in management roles. As a result, time spent in what might be considered the more widely-held view of nurses as deliverers rather than managers of care is in reality considerably less than might be assumed. Yet, the extent to which nurses are prepared for the high-pressured negotiating and allocating roles is arguably minimal. Moreover, there remains the question as to whether we should simply accept or critique this shift in nurses’ roles. Engaging with the social sciences can facilitate nurses to better know themselves, to move beyond the rhetoric to critically consider the reality.
Contribution, Challenge, Consensus: emerging themes from the ESRC Social Science and Nursing seminar series

Figure 1: Emerging Themes
Seers (Paper 5) provided another example, where she described observations of how nurses managed pain. Nurses, she suggested, often appeal to the idea that they manage pain on the assumption that it is what the patient says it is, the oft-quoted maxim. The reality, when viewed from the perspective of an observer, is often very different: “pain is what the patient says it is, but...” The extent to which nurses really do take patients at their word is very different from how we as educators might assume. Students recognize such differences, grappling with what they see on the ward and even dismissing what they hear in theoretical components of their course.

Again, ethnographic insights potentially enable students to better understand the realities of what they see and do on the wards. In so doing, opportunities for personal and critical reflection are opened up. Students can be facilitated to consider how to cope and respond to less than optimal approaches witnessed, but also think through their own practice, and especially the difference between what is repeatedly taught and what is routinely practiced. More than this, critical reflection enables consideration of how and why such differences arise, and how once qualified, they may be able to avoid themselves slipping into judgmental practices. Engaging with social scientific insight can enable students to grapple with the, so-called, theory-practice gap, prising it open to critique.

It would be naïve to suggest that closer engagement with the social sciences could close this theory-practice gap or collapse the division between the rhetoric and reality of roles. Indeed, this would be to miss the point. Insight from the social sciences can enable these concepts to be held in tension. And in the interstice between enable tensions students come to know themselves better – and learn importance of not rushing to resolution of ideas that could themselves be conceptualised as ‘wicked problems’.

B. Contemplating people (not – and not yet) in our care

The second theme to emerge in the opening three seminars is that engagement with the social sciences enables us to contemplate people in our care, as well as those who are not or not yet in our care. This idea was evident, for example, in the papers presented in the opening seminar by Andrews (Paper 1), Atherton and Kyle (Paper 2), in the second seminar in papers presented by Hundt (Paper 6), and Lury (Paper 4), and in the third seminar its importance was highlighted in the paper by Martin (Paper 9).

Nurses provide care for people who come from widely varying backgrounds, more often than not from contexts very different from those experienced by students themselves. Understanding care needs can be challenging. And developing a spirit of empathy that encourages meaningfully therapeutic relationships difficult where assumptions are based on our own social and cultural perspectives.

The social sciences at their core are about understanding how social contexts are shaped and shape individual lives, the very issue at the core of these challenges of understanding difference experienced in providing nursing care. The social sciences thus provide a means for students to reflect on how the ideas and concepts of nursing care might work (or otherwise) for people depending on their social or cultural circumstances. Nursing is arguably all too often taught as if patients were homogenous, with little beyond superficial consideration of gender or age related differences. Engaging with the social sciences can challenge students to reflect and consider the lives of their patients, and consider how backgrounds impinge on the concepts of nursing care.
C. Creative curricula and critical pedagogy

Presenters highlighted numerous ways through which embracing the social sciences could result in more creative nursing curricula and critical pedagogical approaches, enabling nurse educators to (re)consider the ways we prepare students for their lives in the nursing profession.

**Lury** (Paper 4) for instance, highlighted the idea of the nurse as an interface between patients and the complex world of health. As educators we are keen to enable patients to make informed choices, but doing so requires that those individuals in our care are able to understand some very complex ideas: disease processes, and evidence regarding interventions, to give just two very important examples. Lury argued that just as a computer programme, such as a word processor, enables us to usefully engage with the bewildering complexities of computing technology, so a nurse can make the otherwise bewildering meaningful for patients and families. Again, such insights can enable us to think through what and why we are teaching nursing students. Assessing student knowledge of anatomy and physiology might adopt a different approach if the aim is to ensure students are able to explain answers in a manner that would be informative and accessible to a patient. Engaging with emerging ideas from the social sciences, such as the concept of interface, can potentially change how students view their practices, such as their communication with patients, and potentially enhance practice – but also challenge nurse educators to consider the underpinning pedagogical approaches through which such ideas can be enacted by students.

**Hundt** (Paper 6) highlighted the potential to better enable empathetic understandings by placing students in community settings. Such ideas are not new to nurse education, but her paper provided a clear theoretical rationale for such initiatives. Specifically, she discussed how being embedded in communities enabled deeper and more nuanced understandings of how culture influences individuals’ health related behavior, for example, their engagement with health care services. Whilst Hundt’s research involved culturally different and geographically distant groups, far removed from the experiences of students being placed, similar creative approaches could be developed as part of nursing curricula. For example, students might be encouraged to embed themselves in more local communities among people whose socio-economic and cultural experiences are no less different and distant from their own. Engaging with approaches from the social sciences, such as ethnography, can challenge and change students perspectives of others by shifting the degree of proximity – theoretically and practically – to others’ experience during pre-registration programmes; drawing closer to the social sciences enables nursing to draw closer to the lives of others.

D. Coming of age in the academy

The fourth theme to emerge arguably straddles the boundary between contribution and challenge. Throughout seminars participants reflected – often at considerable length, and with a sense of frustration from some quarters – that, although nursing had entered the academy, it had not yet fully come of age as an academic discipline. Nursing in the UK has, since it moved into universities, struggled to become an accepted part of the academy. This was perhaps most acutely felt in the context of the design of curricula and approaches to teaching and learning that stifled, rather than encouraged, critical thinking and the lack of space and time for creativity. This is the challenge.

Yet, presenters also described how closer engagement with the social science can contribute to nursing’s advance in the academy. First, by embracing the notion of ‘wicked problems’, and second, through social scientists collaborating more closely with nurse academics.
The term ‘wicked problems’ was introduced by a number of presenters including, Atherton and Kyle (Paper 2), and Lury (Paper 4). Lury (Paper 4), however, pursued the idea with the greatest vigour, arguing convincingly that nurses – and nurse academics – repeatedly wrestle with problems that defy simplistic solutions and demand interdisciplinary approaches. Embracing the wicked nature of nursing and resisting the temptation to rush to resolution is, it could be argued, an important way through which nursing can become more academic.

Social scientists often engage with wicked problems; in fact, arguably most of their work is in such spheres; socio-economic inequalities, gendered differences, economic development, for example. In fact, such problems are the life-blood of the social sciences, sparking academic controversy and debate. The resulting discussions are engaging and exciting, but they also involve the critical skills essential to nurses in their roles, be those managing health care teams, or discussing care with patients with complex chronic and comorbid conditions. A recognition and acceptance that many problems are not easily reconciled is not straightforward to develop. The extent to which we encourage our nursing students to engage with these wicked problems is, arguably, currently limited. The medical model all too often lurches towards superficially easy answers. Recognizing that there are problems that cannot be easily reconciled might help students to cope with these situations when they arise without the sense that not reaching conclusion is failure. Embracing wicked problems through engagement with the social science can enable students to engage with the wicked nature of nursing practice, developing important skills of communication and reasoning, and hence elevate nursing in the academy.

Practical steps towards this goal were outlined by Sothern and Kesby (Paper 3). Through presentation of a paper that, at its heart, asked potent questions about the exclusionary power of classification, there emerged recognition that the potential social, political and cultural impact of these ideas could be enhanced by engagement with nursing. Andrews (Paper 1) too reflected at length on the need for the enactment of the ideas of non-representational theory through nursing. Hence, engaging with nursing was important from their perspective as social scientists.

In the research assessment era, where submission to the Research Exercise Framework in the UK, or international equivalents, sets the direction of the academy, there is scope for these frameworks – however distorting and open to critique – to be mechanisms through which closer engagement between nursing and the social sciences might be effected. Several subjects (including many of the social sciences) potentially struggle to make meaningful ‘real-world’ impact. Educational (and by extension economic) impact in terms of developing graduates with critical and ‘transferrable skills’ is clear, but broader impact on policy and practice, perhaps less plain. Working with nursing provides an opportunity for social scientists to have impact through nursing, potentially one of the most important disciplines given its dual academic and practical underpinnings and implications for people’s lives.

Nursing therefore has much to offer the academy – not just in terms of practical application of ideas from the social science – but by actively shaping and reshaping them, hence contributing to theoretical development which is another hallmark of a discipline with a comfortable home in the academy. Engaging with nursing can offer opportunities for the social sciences to have impact and, conversely, for nursing to advance theoretical development in the social sciences, assisting nursing coming of age in the academy.

E: Challenges to interdisciplinarity

The fifth theme to emerge from the seminar series relates to the challenges of embedding the social sciences in nurse education. Broadly, these challenges related to the challenge discussed above around the manner of nursing’s move into the academy. The legacy of this transition has resulted in at least four core challenges,
identified by participants during the series, that might inhibit the embedding of the social sciences in nurse education:

i. Crowded curricula
Continual pressure exerted by internal and external stakeholders in nurse education to cram ever more content into nursing programmes has restricted efforts to embrace alternative pedagogical approaches and, arguably, shackled nurse education to an educational model heavily reliant on back-to-back large group lectures. **Curricula need to be refocused on the essential outcome of nurse education, and pedagogical approaches developed because they best support these outcomes rather than out of convenience.**

ii. Conversational space
Timetables often prevent students having time to engage in conversation about the ideas with which they are engaging during class and physical spaces to have these conversations are at a premium on campus. **Conversational spaces might be opened up by decluttering timetables and encouraging students to spend time on and off campus in conversation about their education and practice.**

iii. Capability deficits
Engaging with ideas from the social sciences requires that educators have an appetite and aptitude to do so, that rests on a recognition of the value of the contribution of the social sciences and the skills to competently and confidently introduce the social sciences. **Capability deficits might be addressed by securing the place of social scientists in nurse education and through investment in nurse educators by providing opportunities to study the social sciences.**

iv. Common language
Interdisciplinary approaches require nurse educators to become conversant in the different, and often difficult, language of the social sciences (and vice versa) which requires space and time – and translation – to be prised. **Common language might be developed by providing further opportunities for the conversations sparked during the social science and nursing seminar series to continue after the seminar series, such that it becomes an on-going and embedded – rather than special and separate – dialogue in nurse education.**

**Summary**

This Working Paper is inevitably a partial and prejudiced précis of the seminar series to date reflecting the perspective and positionality of its authors. Other participants will certainly have reached different conclusions, or placed emphasis on different areas. But, this is entirely the point: this paper is not an end, but a starting point; its prime purpose is to stimulate debate and shift the conversation from **engaging** with the social sciences to **embedding** the social sciences in nurse education. And a crucial first step is arriving at a consensus – across Scotland and beyond – that the path towards closer integration of the social sciences in nurse education is worth walking, and the philosophical and practical steps that now need to be taken. This summary is a starting point for that conversation at Seminar 4.
Contribution

The social sciences can enable:

1. nursing **students** to:
   a. Critically reflect on the role of nurses
   b. Contemplate people (not – and not yet) in our care

2. nurse **educators** to develop:
   a. Creative curricula and critical pedagogy

3. nursing to:
   a. Come of age in the academy

Challenge

However, a number of **challenges** to realising the benefits of the social sciences in nurse education exist, including:

1. Crowded curricula
2. Conversational space
3. Capability deficits
4. Common language

Consensus

Therefore:

1. **Curricula** need to be refocused on the essential outcomes of nurse education, and pedagogical approaches developed because they best support these outcomes rather than out of convenience.

2. **Conversational spaces** need to be opened up by:
   a. decluttering timetables and
   b. encouraging students to spend time on and off campus in conversation about their education and practice.

3. **Capability deficits** need to be addressed by:
   a. securing the place of social scientists in nurse education and
   b. investing in nurse educators by providing opportunities to study the social sciences.

4. **Common language** need to be developed by:
   a. providing further opportunities for the conversations sparked during the social science and nursing seminar series to continue after the seminar series, such that it becomes an on-going and embedded – rather than special and separate – dialogue in nurse education.
References


