Who wants a radical nursing curriculum?

Michael Traynor (6005 words)

At the time when the dialogue that forms the substance of this chapter took place, the early 2020s, a pandemic had forced many to carry out their activities by means of distant computer links rather than in person on either side of a table, real or metaphorical. Dialogues such as this relied upon not always reliable devices and systems—microphones, network connections and software. In addition, human factors often injected an element of unpredictability into encounters and discussion, prominent among these the tendency of some to forget to 'unmute' their microphone. Our interlocutors revisit some basic and deceptively simple questions about nurses, nursing work, the training and education of nurses, and the work of those who educate and research nurses. Underlying their discussion are the twin concepts of values and complexity. Their main focus was on nurse education in the United Kingdom but occasionally they looked to the education of nurses in other countries and regions for comparison. Their intention, or to be more accurate, the intention of one of the interlocutors, was that the asking and answering of a series of questions might stimulate critical thinking and draw out underlying presuppositions regarding this topic. How far this aim was achieved is a matter for the reader to decide. The subheadings were introduced in an attempt to give structure to a sometimes wide-ranging discussion.

What combinations of policy, professional and population forces determine the ever-changing character and variety of nursing work?

Michael: May I start this dialogue by asking you what, in your view, is a nurse?

Phoebe: Forgive me, there may be a problem with my bandwidth, but I thought that you just asked me what, in my view, was a nurse. Obviously you would not ask me such a question because the answer is self-evident and my

reply, which in any case would leave you none the wiser, would waste our precious minutes and delay a more fruitful engagement with discussion of the radical nursing curriculum.

Michael: May I ask you instead then, considering you believe my original query less than useful, what is your occupation? What do you do to put food on the table?

Phoebe: I am a teacher of nurses. I think you know that very well.

Michael: And what is it that you teach these nurses? How do you know what to say to them?

Phoebe: Really! You are asking questions where the answers are entirely obvious. Either you have been self-isolating for too long or you have become an ethnomethodologist. But I will answer, nonetheless. First, allow me to take you on a brief journey down memory lane. Almost every major development in nurse education, and I'm thinking of the United Kingdom, was justified by reference to the changing character of nursing work.

Michael: So if nursing work changes, is it still possible to say what, in essence, a nurse is, apart from agreeing that anyone who is employed as a nurse is, more likely than not, and unless they are an impostor, a nurse?

Phoebe: In my view, changes to nursing work since at least the 1970s here in the UK have made nurses more like nurses. Their expanding role for example in new prescribing powers, drug administration, performing minor surgery, running clinics, new work in the community, diagnosing on the NHS Direct patient help-line, leading the commissioning of whole services. These intensify the nursing role and give patients more continuity of care. Not to forget Nurse Consultants and Modern Matrons.

Michael: So these changes in role were fought for by the profession?

Phoebe: They are great leaps forward for the profession. Nurse entrepreneurs – I forgot to mention them.

Michael: Do you think they could ever be understood as by-products of various governments' struggles with the medical profession or ways of coping

with EU (European Union for readers who have forgotten) work regulations affecting junior doctors?

Phoebe: An ageing population, more chronic illness. These are areas where nurses excel.

Michael: And all our yesterdays have lighted fools the way to dusty death.

*

What combinations of political and policy contingency and professional forces have influenced the content and form of the education of nurses, particularly the placing of the education of nurses within the university sector and the role of the profession's regulator, the Nursing and Midwifery Council?

Michael: You were saying that changes – some refer to them as reforms – in nurse education have been needed because nurses are working in roles that demand ever higher levels of technical knowledge, confidence in presenting arguments perhaps about treatment options, ability to understand and use research, confidence and skill to take on leadership roles within nursing or across other healthcare disciplines.

Phoebe: Yes. And an understanding of the social causes of ill health. The days of apprenticeship type training are over. Today's and tomorrow's nurse needs higher order abilities and awareness. Critical thinking.

Michael: Ah, critical thinking.

Phoebe: Yes. The first nurse training was all about obedience and hierarchy. Historically it reflected the place of women in 19th and early 20th century society and a society as a whole that was far more hierarchical and deferential than it is today. It's a legacy that I don't believe we have really fully shaken off. The profession's regulator the Nursing and Midwifery Council is like a secret, or not so secret, police. They talk in their Standards (Nursing and Midwifery Council 2018) about wanting student nurses to be empowered and courses to be full of innovation, but their modus operandi is one of meticulous over specification, heavy-handed inspection and general narrow-

mindedness. This is quite antithetical to the very ethos of the university which is about genuinely enabling students to challenge their own preconceptions and engage in robust debate with each other and with tutors. We provide them with the intellectual tools to do this and a safe space to explore new and possibly challenging ideas.

Michael: You mentioned the traditional role of women just now. Would you ever say that, from time to time, an evocation of the disciplinary power of the NMC to a class of questioning students, who threaten to challenge the confidence and authority of the tutor, and who show signs of wanting to take up too much curriculum time with this questioning might function a little like the warning of the father's stern return to the house? As you say, the legacy of obedience might not have really gone away.

Phoebe: In England, in the 1970s the Labour government set up a Committee on Nursing to look into nurse education (Committee on Nursing 1972). The students they surveyed back then thought there was too much working and not enough learning in their training. They were not really students at all – they were low-salaried workers who were being taught to follow procedures. In the United States, the work of students was entirely unpaid during earlier periods. They were pairs of hands that kept the health service going or in other countries kept hospital profits high. Its easy to see what the priorities were. So when the Committee reported in 1972 and recommended an overhaul of training, and that student nurses should become proper, full-time students, this was a great leap forward.

Michael: Why did the government set up this Committee on Nursing? What was the problem that it was trying to solve?

Phoebe: Recruitment and retention. About a third of students left before the end of their training. It was inefficient and unsustainable.

Michael: I wonder, if student labour was that cheap, perhaps it was not that unsustainable. Perhaps there was something more to it?

Phoebe: The proposed change certainly enhanced the standing of the profession and its autonomy. We had the nursing process too, in the UK. For

the first time nursing could start to see itself as more than just an adjunct to the medical profession. We could have university educated nurses with the education and confidence to challenge and lead change. And as you know, from 2013 the basic level of qualification for nurse registration is a degree—only twenty years after this happened in Australia (Marquis, Lillibridge et al. 1993)!

Michael: So, the moves of nurse education toward the university, relatively recently in the UK, but much longer ago in the United States and Australia as you mentioned, seem to be associated with a professionalising drive. I would imagine that, apart from a few dissenters, this would be widely welcomed by professionals and probably by nurse educators themselves?

Phoebe: Absolutely about the nurse educators. And one key advantage to being placed in a university is that we can now involve our university colleagues from disciplines like philosophy or sociology in broadening the minds of our students. The lecturers from those disciplines enjoy it because they get a chance to explore concepts within an applied field and our own lecturers welcome the expert contribution because it means they can catch up with marking or dealing with fitness to practise issues while someone else delivers the lectures on Foucault or Heidegger. It's a win-win.

Michael: Yes, I can see that. From your example, it seems as if the relentless feeling of over-demand – the marking and the professional procedures – in a way mirrors the sense of constantly keeping a crisis at bay that many feel is the defining characteristic of much nursing work in the clinic — at least subjectively?

Phoebe: Yes. Although I'm very pleased to be working in a university, I have to say that its organisational processes and timetables do not really take account of the character of our work. We work far harder, and with fewer breaks, than lecturers in most other disciplines. There's always something else that's urgent that needs to be done.

Michael: Just a moment ago you spoke about the 'win-win' of involving philosophers and sociologists in teaching. May I ask whether we can consider this a 'win-win-win', if you catch my drift?

Phoebe: I am afraid that I - oh, you are referring to the students?

Michael: Exactly.

Phoebe: (laughs in a knowing manner) Well, we are working on that. Some of the students would prefer we spent more time teaching pharmacology. They are highly anxious that they will turn up in practice and not be able to answer if their mentor asks them to talk about desferrioxamine or infliximab. And one group, just last week, complained to me that a series of lectures on Heidegger and profound boredom (Heidegger 1995) was, well, boring. On the topic of Heidegger, I have to say that reading Heidegger is like running in to treacle.

Michael: I can't say. I've never tried it.

Phoebe: I'm astonished. You've never read any Heidegger?

Michael: No, running into treacle.

*

What do we know about the characteristics and motivations of those who enter a nursing career?

Michael: You hinted a moment ago that at least some students appear, we might say, less than interested in Heideggerian thought. Can I ask why you think that might be?

Phoebe: Well –

Michael: And, to add to that, would you say that nursing students are very different in this regard to, for example, a group of business studies students or, to possibly make things a little clearer, to philosophy students?

Phoebe: UCAS, the UK's Universities and Colleges Admissions Service, describes nursing work and what's needed to be a nurse surprisingly well. It describes nurses as highly trained medical professionals whose work 'touches lives at times of basic human need when care and compassion are what matter most' (https://www.ucas.com/explore/subjects/nursing). I say 'surprisingly well' but it should not come as a surprise, I suppose, that an

agency that is part of the university system emphasises the importance of skills and training for the job. But at interview, at this university at least, virtually every applicant when asked why they are interested in a career in nursing gives the same reply – an experience of a family caring role, or of witnessing a family member receiving professional care has awakened a kind of calling for them. They seem to intuitively grasp the part played by communication and empathy in nursing work but have little idea of its technical components at that point. As they start the course and learn about things like practice assessments, this naivety is replaced with high anxiety and I sometimes wonder whether some of our lecturers carefully maintain an element of that anxiety and use it to motivate the students to work in a hard and focussed way. I heard one of my colleagues say to a class that every time a qualified nurse gives a drug to a patient they have a fear at the back of their mind for their PIN—their registration in other words. They are constantly afraid that they might make an error and are all too aware of the consequences of making a mistake. So I think there is anxiety at work throughout our teaching. Students, like any of us, quickly learn what is rewarded and what isn't and focus their attention accordingly and anxiety naturally sharpens this sense. The NMC stand behind it all with their Standards document (Nursing and Midwifery Council 2018), full of threats not just to individual nurses but to the nursing department as well. But I think, like the gaoler sitting in that central tower in Bentham's Panopticon, the NMC might as well be knitting rather than inspecting because by and large the tutors and lecturers locked into their individual cells don't need actual discipline any more. We are motivated, above all, by the need for safety and for professional behaviour among our students, and for getting the work done. Most of us were disciplined very many years ago when we entered the profession ourselves. But back to your question about the students and Heidegger: you asked about philosophy students. Despite being 'lovers of knowledge', if these students saw that all their exams and assignments were going to be on Anglo-American philosophy, I think you might find that the Friday afternoon lectures on Heidegger and Derrida would not exactly be overflowing.

*

What do we know about the characteristics of those who enter a career in nurse education or nursing research?

Michael: Perhaps you have pointed to something at work in university education as a whole. Institutions are censured for getting lower proportions of graduates into the workplace and at the same time individual students become more focussed on their own successful completion. So the 'lovers of knowledge', both students and lecturers, may have to exercise their loving at the interstices between assessment structures. You have suggested to me that students in nursing may sense that any elements of an alternative or critical curriculum are not priorities for them. I would like to ask how, in your view, the lecturers themselves feel about this. You have already intimated what your reply might be. I also wonder whether you identify with your colleagues regarding this issue or whether you take a critical view toward them.

Phoebe: It reminds me of a cartoon in a nursing journal from quite a few years back that showed two nurse tutors—you know they are nurse tutors because there is a sign behind them on a door that reads 'School of Nursing'—talking over mugs of tea. One is saying to the other, with a slightly longing expression on their face, 'In the old days we didn't have to explain postmodernism'. I find it ironic that when we say to our students that they must challenge and debate with tutors, you might see them all simultaneously write down in their notebooks—if they actually had notebooks—'MUST CHALLENGE TUTORS'. I sometimes feel that we are trying to swim upstream to get students to consider critical ideas or both sides of an argument, or even think that arguments are worth having when the whole actual message that underlies their time here is that they need to learn the correct information, that error is dangerous, that the NMC will get them, or more likely that they will fail their exams. And that sense among the staff of just about managing, that our constant heroic efforts are keeping the crisis at bay mitigates against – or rather imposes a harsh prioritising of getting the job done, getting through the shift, getting the basics across, keeping the patients safe, struggling with room bookings, jumping when the NMC says jump, jumping when the university

says jump. That's where the real story is, where the action and, for many colleagues, where the enjoyment is. And within the logic of it, it is perfectly reasonable.

Michael: Do you think that as more nurse tutors become involved in their own higher degrees along with professional reflection—which I believe is what the NMC require on a regular basis—that this situation will change? Doing their own research may awaken or encourage an interest in theory, debate, uncertainty and challenging accepted wisdom?

Phoebe: Possibly. For some, you can see a transformation. They start out on a PhD assuming that the business of research questions, literature reviews or methods are the fixed and predictable building blocks of the work but then they realise in a series of disillusionments that the complexity behind each of these pulls out the carpet from underneath them. I consider that realisation to be personal growth. And I think in as far as this occurs and in as far as there is any scope at all for a critical curriculum then this could have an effect on how they approach work with students. Others though never appear to go through that.

Michael: What makes you say that? Do you think it is possible to understand the changes that someone might be going through just by observation?

Phoebe: They don't appear, in their own higher degree work, to be able to relinquish the role of teacher, the person in charge and in control of material. And all the learning objectives, module plans and other documentation that lecturers spend so much time with seem to reinforce the sense of knowledge and learning as something that is precisely controlled and controllable and instrumental—you set out, over and above everything else, to achieve the learning objectives in 240 hours. But how about some more radical learning objectives? 'At the end of this PhD you will realise that everything you thought was rigorous and trustworthy is little more than convenience and the effect of power'. So, to answer your question, yes, as more nurse lecturers undertake their own higher degree work, this may have a small effect on how the department as a whole approaches the introduction, or entertaining of, ideas from other disciplines.

*

To what extent is there a tension between on the one hand in-depth consideration of ideas and debates from disciplines and traditions that might shed light on nursing work and on the other their hurried application within teaching, and whose tension is this?

Michael: Would I be correct in detecting that you are describing an us/them or me/them division in the workplace, in the nursing department? To paraphrase Oscar Wilde: in the gutter of nurse education, some of us are looking to the stars—the stars in this instance being the ambition of dealing seriously with complex ideas within the nursing curriculum. Or more accurately, perhaps, looking to the stars is realising that there can be a personal, intellectual reward to engaging with that complexity? And once you have been there, that there is an unavoidable necessity to do so. Perhaps, Phoebe, you understand yourself as a kind of seer, a prophet in the department, a keeper of the oracle?

Phoebe: Well, let me quote an esteemed colleague of mine: 'Ideas emanating from outside of nursing can be deemed inadmissible or undeserving of attention when they threaten to undermine normatively inspired goals or outcomes that students are required to accept.'

Michael: That utterance has a familiar ring about it. So are you suggesting that certain ideas—and I would appreciate you giving me an example or two—are either ignored or actively excluded from the curriculum or classroom work because they either contradict, or appear to contradict, some aspect of professional values?

Phoebe: Possibly. But I think what I am suggesting is a little different, actually worse than this, you could say. That is that the very notion of debate, debate informed by theory, rarely gets a look-in in the classroom. Let me give you two examples. It's not so much that educators would not dare to represent the argument for euthanasia because the very presentation of the arguments might be construed as promoting it, promoting euthanasia, but that students

are not ever required to read about libertarianism and collectivism and then use this as a framework to guide a debate about healthcare delivery, or to guide an analysis of how the media might cover a healthcare issue. Or another example: we are very keen on profession, professional values, professional behaviour but we rarely present different sociologies of the professions including those that see professions as self-serving elites, for students to think about. I do not necessarily believe that this is because lecturers are trying to protect students from uncomfortable viewpoints and do not want to be corrupters of youth, but rather that generally many of them—yes I know I said 'them'—are not aware of this kind of debate, are not familiar with it and possibly don't value the process and practice of debate. I need to be clear: there is plenty of 'discussion' in the classroom, but it usually takes the form of a series of statements of opinion that simply start and then stop when the time is up. Lecturers, from what I have seen, rarely use it as an opportunity to detect and make explicit inherent assumptions or recognised positions that can be examined such as deontology and utilitarianism underlying a discussion about resource use in the health service. In my view this is where the opportunity is lost. Lecturers, again in my view, have a not well thought-through, or rather *unexamined* belief in the overriding value of personal experience and opinion so are keen to encourage students to voice their views. They sometimes reflect some of these views back to a class and use them to identify learning points, for sure, but what I rarely see is raising the debate to a more theoretical level and I think it could be for the reasons that I set out earlier. You don't need to come to university to have the kind of discussions I have witnessed.

*

If one of the key features of learning in higher education is the potentially personally transforming encouragement of students to consider a range of ideas, including the radical and those that challenge the status quo, how far might this key feature of higher education be inappropriate, uncomfortable or time-wasting in nursing education?

Michael: —

Phoebe: I think your microphone must be on mute – but I will reply anyway. I remember, probably about thirty years ago, preparing for a job interview in the evaluation department of a charity. I read the brochure put out by that unit and I have never forgotten one of its claims. They wrote that an artist, it might have been Cezanne, was on record as saying that if one thousand people walk through an exhibition of his work and just one of those people is touched and transformed by it, then his enterprise would have been worthwhile. They distanced themselves from this approach saying that a program has to be designed with maximum effectiveness in mind. To affect just one person would be failure. I remember wholeheartedly agreeing with this at the time. But I feel that things have become much more desperate since that point in my career when I applied for that job. I didn't get it, by the way. As educators many of us believe—I want to say *still* believe—that higher education is potentially transforming for its students. Not just that it might increase their employability, though that could be considered a transformation, an economic and social transformation, but that their education is a kind of 'ah-ha' process for them. It could be that they suddenly realise how society really works, or the fragile basis of knowledge or even are wonderstruck by the complexity of bodily biochemistry—and are changed forever. And in fact, I think our students from black and ethnic minority backgrounds gain something especially. Nearly 80% of our students are from these backgrounds. We realised a little while ago that we were in a position to give these students special support. In fact two or three of my colleagues are doing PhD work on experiences of racism. They are looking to critical race theory and intersectionality as well as notions like white fragility. We have got in a number of black women in health service leadership positions to speak to our students and they are really blown away by it. We don't go into the theoretical aspects of racism as much as we should do with them but I would say they do experience a transformation around this. As a black woman I am really pleased about this. But where was I?

My sense is that, as I mentioned before, a focus for institutions and individual educators on achieving or being seen to achieve very specific outcomes along

with students being encouraged to understand themselves as consumers of a service has meant that the transformative ambition of higher education is not quite so easy to talk about publicly—although tackling racism and disadvantage definitely is, which is good. It feels very difficult and I find myself now with Cezanne (or whichever artist it was) on this: that if just one student in my class is excited and engages and is transformed by an idea or a theory or a proposition from sociology or philosophy or from psychoanalysis—to choose the disciplines I engage with myself— then I would be overjoyed. But, no sooner have I said this than I have to wonder whether most students who have signed up to one of our courses because they want to become a nurse have a slightly different goal in mind, and perhaps that goal can also be thought of as a transformation. When they complete their degree they 'become' a nurse. There's no equivocation. Its in the law and they get a number to prove it. They are ontologically different. So perhaps, at a guess, very few might experience that intellectual kind of transformation that I just spoke about, but they have been changed. They start off with those vague identifications with being a carer but over three years the way they think has changed. They have gained knowledge and skills and, hopefully, some confidence and they *are* different people at the end. And perhaps that is a kind of deep transformation that we could be more interested in examining. But another kind of transformation I think happens for many of our black students, and I notice that particularly, as I said, as a black woman myself. In fact you could ask, to be radical for a moment, why we are at such pains to get these students to listen to the ideas of philosophers and sociologists, a bunch of white men with beards—apart from Foucault, of course, who was clearly a meticulous shaver. And Nietzsche. And in fact Heidegger.

*

These two prior questions need to be considered against the background of professional socialisation and the operation of the so-called 'informal curriculum'—in this case in nursing.

Michael: So what you have briefly described here seems a little mysterious and shifts the grounds of our discussion about a radical curriculum for nursing. When I started, the intention of our dialogue was to explore a kind of lack of ambition regarding formal engagement with complex theory and debate. But you are suggesting that, although this may well be the case, there is other action going on here that is not always clearly in view.

Phoebe: Hannah Arendt also didn't have a beard. Yes, there is other action for sure but if it is hidden, as you suggest, it is hidden in plain sight, like the Purloined Letter. All this talk of transformation makes me think about professional socialisation. We are doing this socialising of our students, this transforming work whether we like it or not—with all of our missing of opportunities, our lack of ambition for complex ideas, our own unacknowledged fears and insecurities as educators that the students can't help but notice, with all of our loyalty to the profession and our lack of ability to hold it up to scrutiny, with all of our references to our own golden time as practising nurses. We are modelling something sometimes consciously but mostly without realising it and without realising what exactly it is that we are modelling. Like being a parent of children – ha! And at the moment, until a post-Brexit NMC changes things, half of our students' time is spent on placements out in the clinic, the crucible of learning, the baptism of fire, whatever you want to call it. It's a site of anxiety and anxiety, in my view, is the key mechanism of socialisation. Anxiety is a kind of immunosuppression of the identity, suppressing the usual ego defences and allowing the outside in to take over and reshape us. My dream is that our students, in the middle of this anxiety, might remember some theoretical discussion—about stigma or power or utilitarianism for example—or racism—and just for a moment glimpse something beyond that anxiety: the beginnings of a critical understanding of their situation. A moment that suddenly and vividly links the personal and the political. I hold on to that hope even though professional socialisation in the workplace probably draws on relatively unexamined concepts like patient-centredness but on a bad day, like every day is at the moment with Covid, its more about meeting patients' physical needs and surviving to the end of the shift. And then turning up for the next shift. And all

with a meagre pay rise—the government's initial offer was for 1%. And Frantz Fanon also could not be described as a white man with a beard.

Michael: So Phoebe, we have come full circle I think. You started by telling me that changes to nurse education had enabled nurses to more fully become nurses because they could focus more on the essence of nursing. Then you told me that central to nursing's psyche is a kind of heroic keeping of disaster at bay and the satisfaction that comes from that. You told me that this is a different enjoyment to the stimulation of examining a debate and engaging with ideas—too often the ideas of white men with beards as you pointed out, though you also provided examples of important thinkers who were either clean-shaven or who used moustaches or were not men at all or were not white. For many nurses who work as educators the disaster, you said, is not the rapidly deteriorating patient, its the placement partner that closes without warning, the double booked lecture theatre with 100 students waiting outside or the lost paperwork at an NMC validation visit. But now, in the clinic, nursing work has become intensified as rarely before and the disaster is palpable. The sense of satisfaction and heroic making of a difference has become so intensified that any affect or reflection barely escapes its own gravity and has turned to trauma. And at the same time, in the media interview that I heard only yesterday, the nurse leader says that [dealing with Covid patients] the situation is desperate but that, 'We will cope. We are nurses and that's what we do best.' The interventions for the profession's members have to date been therapeutic in intention. But you and I, Phoebe, both believe, I think, that critical inquiry, the looking to theory, to ideas and their history, the engagement with complexity and values, and the holding of debates are not the pastimes of those with too little to do but are crucial to engaging with adversity and, if you like, overcoming it. And understanding, or the process of working towards understanding, is not without a therapeutic effect at a personal level and, in the global arena, must be understood as leadership in action.

But you did talk of another kind of transformation that you believe is at work for many of your students and particularly for those from black, Asian and minority backgrounds. And that is born from working and studying in an

environment where diversity is seen as a positive and where ambition and achievement on the part of members of these groups are stimulated and modelled. And encouragingly, some of your colleagues who are engaged in high level scholarly work are looking to critical race theory among other theoretical foundations to investigate and understand the experiences of nurses, students and lecturers themselves.

References

Committee on Nursing (1972). Report of the Committee on Nursing (Chairman: Asa Briggs). Cmnd. 5115 London, HMSO.

Heidegger, M. (1995). The fundamental concept of metaphysics: World, finitude, solitude. Bloomington, Indiana University Press.

Marquis, B., J. Lillibridge and J. Madison (1993). "Problems and progress as Australia adopts the Bachelor's degree as the only entry to nursing practice." Nursing Outlook **41**(3): 135-140.

Nursing and Midwifery Council (2018). Realising professionalism: Standards for education and training Part 1: Standards framework for nursing and midwifery education. London, NMC.

Notes and selected further reading

For the seminal papers on intersectionality see: Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics (PDF). University of Chicago Legal Forum. Archived (PDF) from the original on 13 May 2018. https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf Retrieved 7 June 2020., University of Chicago.

For a highly readable summary of some of the differences between Continental and Anglo-American philosohy see: Critchley, S. (2001).

Continental Philosophy. A very short introduction. Oxford, Oxford University Press.

A key text on critical race theory: Delgado, R. and J. Stefancic (1993). "Critical Race Theory: An Annotated Bibliography " Virginia Law Review **79**(2): 461–516.

The so-called modern matron along with other initiatives designed to increase the scope and, just possibly, the status of nurses in the UK were introduced under the Blair government. See, among other white papers: Department of Health (2001). HSC 2001/010: Implementing the NHS Plan: modern matrons: strengthening the role of ward sisters and introducing senior sisters. Department of Health. **HSC 2001/010** .

Jeremy Bentham's 'Panopticon' was famously taken up by Michel Foucault as an image of modern society where state discipline is highly efficient because subjects become self-governing see: Foucault, M. (1977). Discipline and Punish. Harmondsworth, Penguin.

The classic text on ethnomethodology by its founder contains examples of 'experiments' he carried out in social situations where unacknowledged social expectations are made explicit or are challenged sometimes causing embarassment or irritation or both: Garfinkel, H. (1967). Studies in Ethnomethodology. Englewood cliffs, Prentice Hall.

‘And all our yesterdays have lighted fools the way to dusty death’. We are unsure why our interlocutor felt moved to quote this well-known line from Macbeth’s soliloquy ‘Tomorrow and tomorrow and tomorrow’. We are relieved, however, that he resisted the temptation to refer to Desferrioxamine and

Infliximab as ‘the Rosencrantz and Guildenstern of the BNF’. The issue if he had, of course, would be one of interchangeability and confusion.

The Purloined Letter, a short story by Edgar Allen Poe written in 1844 has proved a favourite for analysis by ‘continental’ theorists including psychoanalyst Jacques Lacan see: Lacan, J. (1966). Seminar on “The Purloined Letter”. Lacan’s Ecrit: The first complete edition in English. New York, W W Norton**:** 6 - 50, to which literary theorist Jacques Derrida responded in Derrida, J. (1975). "Le Facteur de la vérité." Poetics **21**: 96-147. and the Elvis of cultural theory, Slavoj Zizek joined in; see: Žižek, S. (1992). Enjoy Your Symptom!: Jacques Lacan in Hollywood and Out. London, Routledge.

Phoebe has asked me to inform readers that her personal home page can be accessed here: https://www.theoi.com/Titan/TitanisPhoibe.html

The idea of nursing as an astronomical black hole, a star so dense that its gravity pulls back even light rays making it invisible from the outside was first proposed by Jane Robinson in Strong, P. and J. Robinson (1990). The NHS—Under New Management. Milton Keynes, Open University Press.

Phoebe refers to some ‘influential thinkers’ who were not ‘white men with beards’. For the reader who is not familiar with them we have supplied some explanatory comments: philosophers Friedrich Nietzsche and Martin Heidegger were both Germans with moustaches. Nietzsche’s approach to the soup-strainer was clearly unique but, unfortunately, the same cannot be said for that affected by his fellow countryman Heidegger. Hannah Arendt was a German born political theorist who fled the Nazis in the 1930s and worked in the United States. Her most well known works are The Origins of Totalitarianism, published in 1951 and The Human Condition from 1958. She

is famous for her phrase ‘the banality of evil’ which she used to title her report on the trial of Adolf Eichmann — one of the chief architects of the Holocaust. Frantz Fanon was a psychiatrist and political philosopher born in the French colony of Martinique. He died at the age of 36. He can be considered one of the founders of post-colonial thought—and action. Perhaps his most well known book is The Wretched of the Earth published in 1961, shortly before his death.