

JAN FORUM

Comment on: Thompson DR and Darbyshire P. 2013. "Is academic nursing being sabotaged by its own killer elite?" *Journal of Advanced Nursing* no. 69 (1):1–3.

I write to convey my scholarly appreciation of the editorial by Thompson and Darbyshire (2013). As a member of the newest generation of nursing academics in their twenties, I speak on behalf of the positive sentiment expressed to me by my peers upon reading this article.

Our voices are no less relevant than the 'experienced' as the recency of our dissatisfying undergraduate educational experience inflicted upon us by a complicit 'killer elite' has served us a healthy dose of perspective. There is a sense of kismet among us—and admittedly, some satisfaction—that the authors' use of the words 'chickens' and 'roost' are finally being applied to such a well-deserved target.

Unfortunately, many of the historical precedents alluded to by the authors have trickled down to pervade the ranks of nursing academics, clinical nurses, and nursing students to impact on what matters most – the quality of nursing care. In short, it would be naïve to trivialise the influence of poor quality amongst the 'killer elite' as the step from 'quality professor' to 'quality patient care' is no giant leap.

For many of my generation, the view that mediocrity is the new excellence is one that characterises our attitude towards those who occupy positions rather than fill them. While the authors note the requirement for nursing professors to ambulate and fog a mirror, it would be timely to point out that these flaccid prerequisites are not dissimilar to the easing tertiary entry requirements for nursing in Australia (Health Workforce Australia 2012a). Disconcertingly, it is clear that the laxity embodied by the 'killer elite' has lowered standards and created a profession desperate for an infusion of quality. As excellence is a better teacher than mediocrity, the time is ripe to set the foundations for a successful future. Nonetheless, the true test of embedding quality into the system will emerge in time. Given that a significant percentage of nurse academics are to retire in the near future (Health Workforce Australia 2012a), we cannot expect the problem of the 'killer elite' to

merely disappear. In the context of a looming nurse academic shortage, there is a profound need for the profession to collectively assess where it is and where it is heading if we are to be prescient for posterity's sake.

In short, the time is right for an injection of passion into a critical debate on the future growth and development of nursing. In my short career I have had the displeasure of watching nursing's 'bright young things' silenced, suppressed and actively discouraged from the excellent future that could have been theirs. The term 'killer elite' has never been less pejorative, nor more indicative of the legacy they will leave. Thus, I congratulate the *JAN* for having the professional fortitude to encourage debate of this nature however critically it may be received. Although the authors may be subjected to criticism for their commentary, I applaud their approach for 'calling a spade a shovel'. I remain firm in the belief that it is better to speak up now, than to remain silent and allow the fine profession of nursing to dig its own grave.

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- Health Workforce Australia. (2012a) Health Workforce 2025 - Doctors, Nurses and Midwives.
Thompson D.R. & Darbyshire P. (2013) Is academic nursing being sabotaged by its own killer elite? *Journal of Advanced Nursing* no. 69(1), 1–3.