What is the purpose of nurse education (and what should it be)?

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ORIGINAL ARTICLE

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What is the purpose of nurse education (and what *should* it be)?

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Abstract

Can we take the purpose of nurse education for granted, and, more importantly, should we? That is the issue at stake in this paper. The question of purpose is conspicuously absent in the nursing literature; our aim here is to urge that it not be overlooked by demonstrating its importance to the future of nursing. We approach the question of nurse education's purpose in concrete and speculative terms through two distinct yet interrelated questions: *what is the purpose of nurse education?* and *what should it be?* Amidst the complexity and uncertainty of our time, we cast doubt on the adequacy of manualised and regulated approaches—ubiquitous in nurse education—to prepare nurses who can meet the challenges of contemporary practice. We also assert that transgressive approaches to education, as the antithesis of manualisation, reach the same impasse by (over)predetermining what the educational 'output' will be. To move beyond this impasse, we draw on the theory of Gert Biesta and Ron Barnett to contrast cultivation and existential-type education. In so doing, we do not seek to provide 'answers' to nurse education's purpose but, rather, raise the profile of what we believe is a right and proper question for the discipline to grapple with.

KEYWORDS

Biesta, competency-based, curriculum development, nurse education, pedagogy, professional identity, regulation, standards

1 | INTRODUCTION

1.1 | The inspiration

The impetus for this dialogue stems from the recent anthology, *Complexity and Values in Nurse Education* (Lipscomb, 2022b). *Complexity and Values* surfaces tensions too often unnamed in nursing education scholarship. While the foundational role of nurse education is implied in the literature, it is rarely discussed. Perhaps the relationship between nurse education and nursing is self-evident—

nurse education prepares nurses for the workforce, and to claim another purpose seems absurd. Yet, the anthology is alive with scrutiny of this ostensibly self-explanatory endeavour called 'nurse education'. Contradicting assumptions that nursing need not probe or justify its position ('nursing is good and necessary') and that the pressures of healthcare render scrutiny impossible ('we simply don't have time'), *Complexity and Values* grapples with issues fundamental to nursing's future and the role of education within it.

In the opening chapter, Lipscomb (2022b, p. 19) presents the following conundrum: should nurse educators prioritise students'

professional enculturation into the values of nursing, or should they prioritise students' 'unfettered' intellectual development and critical-ity such that they could 'query and possibly reject' these same group norms? This is an important dilemma. However, we oversimplify it if we assume that educators approach this question with free choice. Where Lipscomb (2022b, p. 19) notes an 'imagined' version of group expectations, there is typically a real arbiter of these—the nursing regulator. In failing to 'introduce ideas to students when those ideas destabilise or offend presumptions about "correct" thought and action', perhaps nurse educators are simply being faithful to the standards that govern nursing within the region (Lipscomb, 2022b, p. 7). Indeed, perhaps this failure is a foreseeable consequence of regulatory standards, not a failure of educational interpretation.

Rather than narrowing the focus to nurse educators, this paper positions the conundrum at the macro-level and explores the fundamental dilemma: what is the role and purpose of nurse education?; what kind of student–nurse–citizens is it trying to produce? By zooming out, we see that the conundrum reflects longstanding debates in modern education, particularly the contro-versy between education as a 'social contribution' and 'personal fulfilment' (Fraser-Burgess, 2023). Addressing this, we heed Giroux's (2004) call that all education is a struggle over the future. At stake in the question of purpose is the clear orientation for why we do, what we do and why prospective students should join us. Purpose sets the trajectory for our educational endeavours (Biesta, 2015a, 2015b).

1.2 | The background: Uncertainty and complexity in the contemporary world

While the world around us has always undergone continuous transformation, the contemporary era, often referred to as 'our time' (Barnett, 2007), is distinguished by several defining characteristics. These include the rapid acceleration of technological advancements, the compression of time and space boundaries, pressing environ-mental challenges, the displacement of traditional authorities encompassing scientific, social, and ethical dimensions and increased global economic turbulence. Zygmunt Bauman (2000) coined the term 'liquid modernity' to capture these conditions in which pervasive uncertainty, inherent instability and the wide proliferation of 'posttruths' collectively exert pressure on the fabric of society.

Worldwide, healthcare settings face additional challenges, including workforce shortages, the need to develop skills to meet the increasingly complex health of service users, high-profile scandals in healthcare practices and an ageing population with resultant chronic health problems (Goodwin, 2019; World Health Organization [WHO], 2020). It is increasingly recognised that uncertainty is pervasive in healthcare settings and that this uncertainty can trigger aversive cognitive and affective reactions, in turn leading to increased perceptions of risk for individuals and systems alike (Nelson et al., 2021). Nursing students, in particular, experience negative emotions around a perceived inability to manage uncertain situations

and this acts as a barrier to learning (Moffett et al., 2021). Students attempt to avoid further expressions of uncertainty to preserve the appearance of competence. And yet, uncertainty is an 'omnipresent fact of decision-making' that nurses encounter (Thompson & Dowding, 2001, p. 609).

1.3 | The aims

In light of the conditions of our time, we consider the purpose of nurse education through discussion of two questions: *what is the purpose of nurse education?*; and *what should the purpose of nurse education be?* The paper proceeds by approaching these consecu-tively as two separate questions. Distinguishing these questions allows nuanced exploration of nurse education's purpose in concrete and imaginative terms. It also enables the surfacing of hidden assumptions that too readily entangle what we currently do with what we ought to do, effectively treating them as synonymous. At the same time, we recognise that the two are never fully decoupled—what ought to be is always caught in tension with the limits of 'the real' (Bloomfield, 2007). The question of *what is* has a more straightforward relationship to the present; it is the purpose of nurse education, as we find it here and now. As nursing scholars in the United Kingdom, we use the United Kingdom as an indicative example to ground this initial aspect of the discussion. The question of *what should be*, by contrast, has a complicated relationship with temporality. It asks us to consider not only *what is* but also *what is not* and to think deeply about what education is *for*. As such, the question of *what should be* holds relevance internationally. Societies everywhere must decide how to 'bring into being' their nursing workforce. Thus, we anticipate that the points raised will apply widely and in other jurisdictions which, like the United Kingdom, have opted for intensely regulated models of formalised education.

This paper examines the implications of such models and questions their adequacy in preparing nurses for the demands, complexities and uncertainties of practice. Further, it argues that the binary framing that typifies approaches to the question of *what should be* only serves to constrain our thinking. The paper contributes to discussions about nurse education that have surfaced intermit-tently since nurse education moved into the university, with some calling for a bold re-examination of the current system (Jones et al., 2019; Leyshon, 2002; Rolfe, 2012; Tuckwood et al., 2022). Lipscomb's (2022a) assertion that we should forge and test arguments through dialogue and debate guides our approach. It is the willingness to pose rather than answer questions—too often found wanting in nursing scholarship—that we embrace. Our concern is to probe the question of nurse education's purpose; by doing so, we do not seek to provide 'answers' but, instead, to raise the profile of this question as something right and proper for the discipline to grapple with. *Complexity and Values* permits us to raise doubt against assumed or imposed certainty, and it is in this spirit that we offer this discussion.

2 | *WHAT IS* THE PURPOSE OF NURSE EDUCATION?

To begin our exploration, we consider the question of *what is*, a question that seeks positive answers describing observations about the world. Unlike normative claims, descriptive statements relate to matters of *what currently happens* rather than what should or ought to be (Hudson, 1969). For example, while *it is* a fact that, in the United Kingdom, all fields of nursing share common educational standards (Nursing and Midwifery Council [NMC], 2018b), whether this *should be* the case is a matter of conviction (Warrander et al., 2023). In this section, we highlight three stakeholders that, collectively, act upon the *what is* of nurse education: the regulator, the government and the university; while individually, emphasising particular aspects of the 'nurse' identity: as subject, worker and registrant. In so doing, we offer a description of the assumed purpose (s) of nurse education as it currently functions.

2.1 | The regulator and the 'nurse-subject'

Globally, the regulation of nurse education is varied and inconsistent (Flanders & Baker, 2020). However, competency-based approaches prevail, reflecting variations in 'credentialing' (Cowan et al., 2007). In 2009, the WHO advocated a universal shift to a university-level preregistration or prelicensure nurse education model, emphasising the preparation of nurses who can contribute to the professional workforce, strengthen health systems, and meet public health needs (WHO, 2009, 2015). Key themes introduced in the WHO standards define the purpose of nurse education: *preparation*; *professionalism*; *workforce demands*; *population demands*; and *protection of the public*, with a focus on producing nurses capable of meeting global healthcare challenges.

In the United Kingdom, nurse education has been university-based and degree-level since the late 1980s (Lauder et al., 2008). Since 2001, regulation of preregistration nursing programmes has been overseen by the NMC—an organisation established by the *Nursing and Midwifery Order 2001*. The NMC's objectives are to protect public health, maintain confidence in regulated professions, and uphold professional standards (Nursing and Midwifery Order 2001, 4A). Towards these ends, the NMC plays a central role in nurse education. It sets out standards that determine the content and design of preregistration nursing programmes with the aim that prospective registrants are prepared consistently across universities and localities (NMC, 2022).

The current standards for preregistration programmes, known as the *Future Nurse* standards (NMC, 2018b), detail 235 proficiencies, skills and procedures which the newly qualified nurse must 'know and be capable of doing safely and proficiently at the start of their career' (NMC, 2018b, p. 6). Universities must demonstrate that their programme 'meets' the demands of the *Future Nurse* standards, with the NMC acting as a gatekeeper, granting or withholding permission to become an 'approved education institution' (NMC, 2022). For a

programme to exist, its curricula and pedagogy must undergo initial and ongoing scrutiny processes determined and conducted by the NMC (NMC, 2018a).

The NMC's power to set the agenda for nurse education is thus substantial and legally sanctioned. Through standards and approval processes, the NMC enshrines *its* vision for nurse education, considered twofold: (1) to ensure that nurses entering the profession 'are able to deliver safe and effective care'; and (2) to enable 'patients, service users and the public [to] have a clear understanding of what nurses, midwives and nursing associates know and are competent to do' (NMC, 2022). This recalls key themes from the WHO's (2009) purpose statement: *preparation*, *professionalism* and *protection of the public*. Standards and proficiencies compel nurse education to mould the nurse-subject into a particular image, with emphasis on what the nurse knows and can do. Constraining the nurse-subject is what the standards are designed to do; indeed, '[a]ll nurses, midwives and nursing associates are required to keep to our rules and standards' (NMC, 2019). Regulatory standards, although failing to explicitly define concepts like 'safety' and 'competency' that they rely upon, underscore concerns about harm minimisation, aligning with over-arching public safety objectives outlined in the *Nursing and Midwifery Order 2001*.

2.2 | The state and the 'nurse-worker'

Unlike the regulator, the state is not concerned with the nurse-subject per se but with the number of nurses in the workforce. Whereas the regulator focuses on the singular 'registered nurse', the government speaks of nurses and healthcare workers, plural, who can meet 'NHS workforce demand and supply' (NHS England, 2023, p. 12). State interests lie in adequately staffing the healthcare system to meet population demands. This requires a 'pipeline' of trained staff (NHS England, 2023, p. 53; Scottish Government, 2022, p. 33; Welsh Government, 2023, p. 22). Healthcare provision and policy are consistently key voting issues for the public (YouGov UK, 2023). Time is of the essence for governments in power who want to be seen to deliver 'the right number of people, with the right skills' to provide care (NHS England, 2023, p. 4).

Today, nurses make up the largest professionally registered group within the NHS workforce, making the government's stake in nurse education a matter of pragmatism (NHS Digital, 2023). Nurse 'training'—the vocational, work-related language used by governments across the United Kingdom—is a key mechanism for generating new nursing staff for the healthcare system (NHS England, 2023; Scottish Government, 2022; Swann, 2022; Welsh Government, 2023). In Scotland, the Scottish Government sets student intake numbers 'which account for turnover and growth' in the domestic workforce (Scottish Government, 2022, p. 33). In England, high numbers of nursing vacancies in the NHS (reportedly over 112,000 in March 2023) have led to government-backed plans to increase 'training places' by 65%–80% over the next 7 years (NHS England, 2023, p. 42). The language of 'training' reflects a desire for

reproducibility and standardisation within predetermined parameters. State interventions reflect the government's need to ensure a sufficient nursing workforce to maintain the expected functioning of the healthcare system (Waitzman, 2022).

For governments, the production of nurse-workers in numbers represents the purpose of nurse education. Commissioning nurse education serves political as well as social interests, and establishes a direct link between the state and nurse education. The government's investment in nurse education is not because of some abstract belief in the value of nursing but is driven by the current way in which healthcare is delivered and the associated *population* and *workforce demands* (World Health Organization WHO, 2009). For instance, the Scottish Government opts to commission ordinary-degree level nursing programmes, emphasising a 'pass' mark that facilitates graduates becoming NMC registrants, thus fulfilling the primary goal of adding to frontline numbers (Scottish Government, 2022, p. 76). This approach, while producing nurse-workers quickly, discourages student aspirations beyond 'worker' status and emphasises socialisation in the existing healthcare system, with students spending half their 'training' time in NHS practice placements (NMC, 2018b). NHS managers expect graduating student nurses to possess knowledge and skills consistent with the parameters of existing nursing practice such that they are employment-ready (Lauder et al., 2008). In essence, students are prepared by and for the system.

2.3 | The university and the 'nurse-registrant'

The regulator's mandate for the nurse-subject and the state's drive to produce nurse-workers converge in the university, the site where nurse education takes place. Approved education institutions (AEIs) are tasked with producing nurse-registrants—'competent' nurse-subjects, in numbers that meet government demands (NHS England, 2023; NMC, 2018b). Students enter as raw material, undergo moulding into the nurse-subject, and emerge as registered nurse-workers—it is the 'pipeline' in action (NHS England, 2023, p. 53; Scottish Government, 2022, p. 33; Welsh Government, 2023, p. 22). To realise this, AEIs interpret the NMC standards into a programme of theory-based curriculum and practice-based learning that expose prospective nurse-registrants to the values, knowledge and skills the standards prescribe (Leigh & Roberts, 2018). Incorporating all elements is a persistent challenge. Attempts to 'get everything in' to programmes suggest literal translation of proficiencies into curricula which the standard's dot point format likely does little to dissuade (Loveday, 2019, p. 160).

Despite moving into the university, nurse education remains intimately bound to the healthcare system that both facilitates and constrains it. AEIs rely on local healthcare organisations for student placements, with local needs and resources steering the interpretation of nurse education (Leigh et al., 2019). However, the bearing of the university setting—of academia—on the direction of nurse education is less clear.

Despite the university's potential to enhance nursing's theoretical scope and academic status, an 'anti-intellectual ethos' lingers, reflected in the lack of discourse about the purpose of nurse education in nursing scholarship (Thompson & Watson, 2006, p. 124). The nursing literature frequently rehearses the history of nurse education (see, e.g., Glasper & Carpenter, 2019) but fails to critique its purpose. Heavy teaching loads associated with 'the preregistration teaching machine' may be to blame (Taylor et al., 2010, p. 243), but whatever the cause(s), confusion persists about what nurse educationalists 'should or could be doing' (Rolfe, 2012, p. 733).

To the limited extent that the literature engages with nurse education's purpose, in the United Kingdom or internationally, it does so in two ways. Either a brief statement of purpose is given, commonly mirroring the language of regulatory and government stakeholders, or the purpose is inexplicit and hidden. Statements such as, 'nursing education is the basic education that a person must complete before becoming an RN [registered nurse]' (Flanders & Baker, 2020, p. 1036) and 'the function of nurse education is to produce a competent practitioner' (Helen Chapman, 1999, p. 131) convey, explicitly, an unequivocal and settled purpose for nurse education. On the other hand, statements like, 'it is time to boldly re-examine how we educate our future nurses' (Tuckwood et al., 2022, p. 20) infer purpose implicitly by assuming the causal link between nurse education and the production of nurse-registrants. Moreover, the terms 'preregistration' and 'prelicensure' function to hide the purpose of nurse education in plain sight.

Whether explicit or implied, the literature consistently equates nurse education with the production of nurse-registrants—qualified nurse-subjects ready for the workforce. This sense of an accepted 'common ground', as philosopher Robert Stalnaker (2002) terms it, effectively forecloses critical engagement with the pivotal question of purpose. Nurse educators and academics signal 'in-group' allegiance by adhering to the limits of the common ground, which, typically as registrants, they are legally obliged to do (NMC, 2019). The widespread requirement for nurse educators to be registered nurses themselves fosters an insular disciplinary environment— nurses educate nurses, who educate nurses, and so on (see responses to Algase et al., 2021, in *Nursing Outlook*). This policing of disciplinary boundaries is intriguing; while nursing borrows knowledge and theory from other disciplines, there is hesitancy to invite 'outsider' academics into nursing academia and education proper (Algase et al., 2021). Within the common ground, we have accepted that anything worth knowing and doing (no matter its disciplinary origin) can only arrive to new nurses through the intermediary of their nursing elders.

In summary, the regulator, the state and the university hang together around a shared purpose for nurse education comprising two key aspects: (1) *nurse education is about the production of subjects we call 'nurses'*; and (2) *nurses who are taught to think and act with reference to particular knowledge, values and skills essentialised into 'nursing'*. On the question of Lipscomb's (2022b) conundrum, the existing *what is* of nurse education in the United Kingdom moves firmly in the direction of students' professional enculturation into

group values and norms, solidified in the 'nurse' identity. By sharing a collective purpose, the three stakeholders reinscribe this vision and validate one another's role in achieving it. The current setup is characterised by cooperation, but the relationships are far from neutral or symmetrical. The regulator and the state rely upon universities to enact nurse education, but universities require regulatory approval, state investment and good relationships with NHS partners to do so. The regulator and the government act upstream of education, while the university is down 'in the weeds' of its delivery. In a fundamental way, the purpose of nurse education arrives at universities as a fait accompli—'settled' before questions can be asked.

Hence, purpose rarely receives more than a cursory glance in the academic literature. By virtue of registration or licensure, most nursing academics are beholden to the same standards as those being prepared for and working within nursing practice, and we should honestly appraise the effect this has on free thinking; the limits imposed on educators' agency are the same limits being passed on to the students they teach. However, nursing academics also possess the gift of academic freedom with which to reopen 'settled' questions, in theory, if not in educational practice.

In staking out *what is*, these invested parties do not merely reflect reality; rather, they play an active, constitutive role in shaping and perpetuating a vision of nurse education over time—a vision that comes to look natural but that has a lineage in history and tradition. Here, distinctions between *what is* and *what should be* are blurred; defining a purpose for nurse education makes it what it is and, simultaneously, implies how it ought to be (Putnam, 2002). To exalt certain knowledge, values and skills over others is to lay claim to their ascendancy; and to standardise the nurse-subject to a particular form is to rule out other ways of being and knowing. Appeals to 'evidence' further obscure the normativity of assertions by making them appear descriptive (NMC, 2023). At its best, academia sits uncomfortably with this kind of obfuscation. The academic task is not to flatten complexity, but to illuminate and unpick the assumptions, ideas and tensions that arise in choosing a particular course of thought and action. Thus, the university emerges as a potential disruptor within the stakeholder triad if it uses the tools at its disposal.

3 | *WHAT SHOULD* THE PURPOSE OF NURSE EDUCATION *BE*?

Let us turn, then, to examine the question of what the purpose of nurse education should be. *Should*, like 'ought to' and 'must', makes claims about what is morally good or socially obligatory (Hudson, 1969). Although couched in the present tense, such claims reach beyond the present moment to an enduring sense of what is desirable or 'correct' (Putnam, 2002). The NMC's claim, for instance, that '[nurses] must treat people with kindness, respect and compassion' is a normative one—it projects a version of ethical nursing practice in definitive terms (NMC, 2018c, p. 6). Similarly, the American Nurses Association states, '[n]urses must create, maintain

and contribute to morally good environments that enable nurses to be virtuous' (American Nurses Association [ANA], 2015, p. 23). Comparable statements will likely be familiar to readers within their own jurisdiction. Yet, because normative claims relate to the particular worldview that gives rise to them, they are open to disagreement and debate as differing worldviews collide. Despite their categorical appearance, terms such as 'compassion', 'good' and 'virtuous' are inherently contestable.

In examining *what is*, we have, up to this point, dispelled any claim that educators possess free choice when approaching Lipscomb's (2022b) dilemma. However, the question of *what should be* remains imperative, even if speculative. While the existing nurse education industry can, as we have demonstrated, lay claim to *what is*, the key stakeholders do not have an automatic claim to foreclosing the question of *what should be*. The point is to approach the question of purpose as a living question, keeping in mind that significant changes have been realised in nurse education before.

In what follows, we first examine the influence of a longstanding debate in modern education and how it frames the question of *what should be*. We then consider the limitations of this framing before raising alternative approaches that move us beyond the parameters of this framing. Throughout, we work from the premise that nurse education has something to do with the development of people who practice nursing (Barker, 2009); that is, we adhere to the finding that *nurse education is about the production of subjects we call 'nurses'*. We make this clear because although the conflation of object ('nursing') and subject ('the nurse') is ubiquitous in nurse education, it is something manufactured and reproduced in its industry. Our concern here, instead, is to question what kind of education this should be and to probe the current 'answer' that has come to be representative: *nurses who are taught to think and act with reference to particular knowledge, values and skills that have been essentialised into 'nursing'.*

3.1 | A longstanding debate in modern education

Lipscomb's (2022b) conundrum highlights the competing professional and academic enculturing forces in nurse education and asks which should take precedence. At the heart of the issue rests a concern about whether nurse education should reproduce nursing in its current state or create the conditions for new yet unknown ways of 'nursing' to emerge. This tension between education's duty to the present and the future is one previously raised in nursing scholarship (Leyshon, 2002). It also recalls a wider, longstanding debate in educational theory.

In 1949, Tyler published *Basic Principles of Curriculum and Instruction*, in which he considered the overarching objective of education and how curriculum and assessment design could align with, or 'live out', this objective. Though the language focuses on schooling, Tyler's interest in the big picture points to the crux of the dilemma: 'Should the schools develop young people to fit into the present society as it is, or does the school have a revolutionary mission to develop young people who will seek to improve society?'

(Tyler, 1949, p. 35). Here, Tyler explicitly urges us to consider what education is *for*, to strip back the layers of routine practice, and ask ourselves why education exists and the kind of subjects it seeks to produce—those that conform or those that might transgress.

This classic framing of a fundamental dilemma in education neatly distils the issue and provides a language with which to think and talk about the purpose—Tyler's, 1949, 'objective'—of education. And yet, its simplicity is also limiting. Framing 'answers' to the dilemma as binary, it narrows our imagination to only two possible options, oppositional in nature. At one pole, rigid adherence to tradition and allegiance to the status quo (manualisation); at the other, unmooring from tradition and traditional forms of knowledge with a view to radical social change (transgression).

3.2 | The binary: Manualisation and transgression

3.2.1 | Manualisation

In response to the mounting complexity and uncertainty of contemporary life, a plausible approach to nurse education—the one currently taken—involves intensifying efforts to standardise 'professionalism' in education and practice (Biesta & van Braak, 2020; Willis, 2015). This functions through processes of 'manualisation' characterised by an emphasis on protocol and predetermined outcomes. Lengthy documents containing lists of competencies and regulations seek to crowd out uncertainty by mandating ever more detailed rules for conduct and decision-making. This manualising approach makes content the primary object of education. Students learn the 'right' knowledge, skills and values, which, so the argument goes, lead to 'correct thought and action' (Lipscomb, 2022b, p. 7). Emphasis is given to technical mastery and the replication of skills (Jones et al., 2019). The Royal College of Nursing's (RCN, 2023) new definition of nursing exemplifies a technical-rational model of nursing focused on a linear model: 'assess, plan, implement and evaluate'. Within this logic, nursing students are directed by a false search for certainty and predetermined (replicability of) outcomes (Monteux & Monteux, 2020). The manualisation of practice 'offers guidance and direction, freedom *from* choice—and therefore risk' (Kurzwelly et al., 2020, p. 77); justification for action is outsourced to professional standards, protocols and codes of conduct that lend status to decisions made, rather than being internally located within the nurse's agency as an autonomous being. Student nurses are not just not educated to think but educated to *not* think. The removal of choice is also evident in the way that student nurses are compelled to engage in educational activities throughout their educational pro-gramme, coupled with the intense monitoring of attendance (Snelling, 2023).

Efforts to reclaim certainty through increased standardisation and manualisation of education mirror developments across health-care legislation, policy and practice, which have seen the growth of managerialism and evidence-based practice (EBP) (Thomas et al., 2010). The proliferation of EBP and outcome-focused interventions, in part, responds to widely publicised instances of institutional abuse and professional shortcomings (Goodwin, 2019). Periodic revelations of misconduct erode public trust in nursing and provide a rationale for redoubling efforts to standardise professional practice, particularly considering political and regulatory aspirations to ensure public safety and confidence (Hutchison, 2016). Education becomes a vehicle for the preservation of a system which the forces of uncertainty and complexity are always working to disrupt.

Greater standardisation appears to be a sensible way to mitigate these forces, but the messy reality of human lives and human relating resists neat diagrammatic descriptions that nurses can learn by rote. There will, inevitably, be a lot that the nurse does not know at the end of their 'training' (a term used consciously here to reflect the manualising approach). An excessively mechanised and standardised approach to nurse education will do little to prepare nurses who can deal effectively with *not knowing* and who can work *with* uncertainty (Barnett, 2004).

3.2.2 | Transgression

If manualisation treats 'professional commitments as sacrosanct givens rather than objects of study', then transgression views these same commitments as objects for critique (Lipscomb, 2022b, p. 21). Transgression, defined as 'action [...] going beyond or overstepping some boundary or limit' (Macintyre et al., 2020, p. 1), underpins critical pedagogies that use principles from critical theory to 'raise the consciousness of, empower and liberate students' (Fields et al., 2022, p. 2). Though the origins of critical theory can be traced to the *Frankfurt School*, critical pedagogy is exemplified in bell Hooks' *Teaching to Transgress* (1994) and the seminal work of Paulo Freire, who refuted the 'banking concept of education' in favour of education as 'the practice of freedom' and liberation (Freire, 1970).

Macintyre and Chaves (2017, p. 84) highlight how transgressive education attempts to address 'wicked problems'—complex, fluid and transient social issues—and 'disrupt structural hegemonies of power'. In nurse education, while traditional approaches seek to control complexity and maintain the status quo, transgressive approaches call educators to embody the role of 'agents of social change' (Fields et al., 2022), encouraging students to *act* in both critiquing and overcoming social injustice (Garland & Batty, 2021). As such, transgressive education is concerned with motivating students to believe and act on the belief that they can transform themselves and the world around them (Macintyre et al., 2020). Practically, this means doing things differently to highlight, as Foucault (1984) might say, that things can be different and that the way things are is not necessarily how they *should* be. A transgression is an act of refusal that ultimately seeks emancipation from given structures of knowledge and power. The aim is for the next generation to liberate themselves from the regulatory, professional and theoretical shackles (*real and/or imagined*) of the status quo.

Calls for transgression are, in part, a predictable response to the intensification of manualisation. As space for critical thinking,

creativity and dissent is squeezed out, frustration is inevitable, particularly for nurses operating in the academy (Warrender et al., 2023). This is compounded by the performativity of regulatory statements. While, for instance, the NMC advertises the ostensible aim of developing 'autonomous critical thinkers', the intense regulation is responsible for constraining nurses' ability to act as autonomous agents in any meaningful way (Collier-Sewell et al., 2023). Transgressive approaches resist this performativity by focusing less on content and more on the process—learning how to think, not what to think.

However, while transgressive approaches claim to better prepare nurse graduates to collectively address complex global and professional challenges, they are not beyond critique. Leyshon (2002) expresses concern that emancipatory or critical pedagogies can become authoritarian regimes in themselves; critical pedagogy can be said to have done its work if 'students go on to apply their learning to a critical view of society'; however, '[w]hat is not clear from this is who decides which particular form of "critical development" is the right one and what happens to people who dissent from the prevailing view' (Leyshon, 2002, p. 467). Indeed, others have asserted that critical pedagogy crosses a threshold between criticality and indoctrination when teaching prejudices in advance, what the conclusions of criticality must be. Here, critical theory diverges from critical thinking; while critical theory can come to prescribe a particular viewpoint, critical thinking promotes the wider examination of all viewpoints, even those typically considered progressive (Burbules & Berk, 1999).

Certainly, there is much to be critical of in nursing and healthcare, particularly given their politicisation and the thinly veiled rhetoric of neutrality and apoliticism. However, Leyshon is right to point out that even critical viewpoints can become hierarchised. Through the educator's choice of topics, materials, discussion points and counterarguments, critical pedagogy can prize certain 'critical' views over others. We should be alert to a single critical perspective standing in for, or being presented as, *the* critical perspective, thereby denying students the opportunity to develop authentic critiques and reach their own conclusions (Kreber, 2014).

3.2.3 | The impasse in this binary

Although ideologically and practically distinct, both poles of the binary encounter the same impasse. Fundamentally, they imagine and instrumentalise a predetermined vision of what the educational 'output' will be. Whether 'conformist' or 'transgressive', education conjures an image of how—and according to which knowledge, skills and values—the ideal subject will think and act as an outcome of their education. In directing the subject towards be(com)ing a particular form, both exemplify what educational theorist Gert Biesta (2020a) calls cultivation-type education: deterministically organising education so that the educational programme (input) results in the desired outcome (output). The closer the match between expectations and results, the more successful the education is considered to be (Biesta, 2020a). Thus, cultivation chases a kind of certainty that is antithetical to the conditions of contemporary reality (Barnett, 2004).

Enculturation is a core process in education that seeks cultivation. Students are directed towards knowledge, skills and values that, cumulatively, foster a 'right view' of how to be in the world, the implication being that some ways are 'better' than others (Biesta, 2020a). Depending on which 'side' we are predisposed to, we might more easily see one vision of the subject as ideologically driven. But as Leyshon (2002) warns, in upending conventional nurse education hegemony, we must be alert to replacing one dictate with another wherein, again, some views are sanctioned while others are rejected or suppressed. We cannot lose sight that 'education always comes to the student as an act of power, even if it is well-intended and even if what is at the heart of th[e] intervention is interest in the student's freedom' (Biesta, 2020b, p. 103). By imposing what freedom means from without, we unavoidably constrain the subject's own freedom to self-determine.

3.3 | Moving beyond the binary

The conditions of uncertainty and complexity prompt a re-evaluation of education's purpose. They challenge nurse education to address preparedness for the here and now without side-lining the urgent need to future-proof nursing for the unknown. Drawing on the contemporary educational theory of Gert Biesta and Ron Barnett, we present two alternative responses to the question of education's purpose, which embrace uncertainty and complexity not as 'problems' to be overcome but as creative points of departure. These examples encourage exploration beyond both *what is* and binary perspectives on *what should be*, which have tended to totalise permissible responses.

3.3.1 | Education as encouraging a radical first-person question

The first alternative views education as the *drawing out* and *developing* of what is latent within the student's own selfhood; this, Biesta (2020a) calls existential-type education. Biesta (2020b) proposes that although a function of education has to do with the transmission of knowledge and skills (*qualification*), education also enables the (re)presentation of culture, traditions and practices (*socialisation*). Further to these two aims, Biesta argues that education significantly influences students, exerting either a facilitative or constraining effect on their capacities and capabilities. This third function he refers to as '*subjectification*' and, as a result, 'the three functions of education turn into the three 'purposes' of education' (Biesta, 2020b, p. 92). In the function of education characterised by '*subjectification*', the human capacity for freedom to act (or to refrain from action) is educed. This particular view of freedom, Biesta argues, is fundamentally a first-person, '*existential*' matter.

The focus in existential-type education is on exploring and deepening the student's relationship to the 'I' of their subjectness. Unlike cultivation-type education, what this 'I' will look like is not predetermined—it results from the student's own discovery through the process of education. This distinction is represented in the etymological roots of 'education': the contrast between *educare*, meaning to train or to mould, and *educere*, meaning to draw out or bring forth (Bass & Good, 2004). Following the educere principle, existential education makes room for the subject to develop its own shape—its own unique ideas and contributions— that preconceived imaginings would otherwise constrain. This involves foregrounding the 'I' of the student in the educational process and focusing educational activities on enabling this 'I' to step forward and meet (the resistance of) the world (Biesta, 2020a). Parallels can be drawn with Barker's (2009) conception of nursing as a practice that enables the conditions for human growth and flourishing on the subject's own terms.

The aim of existential education is not to be confused with developing 'identity' or popular conceptions of 'being yourself' in the simplistic sense of just doing what you want to do' (Biesta, 2020b, p. 94). Rather, it sees the 'I' as always living an existence in and *with* the world. The purpose is to encourage student's self-development and an appetite for living *as that self in the world* (Biesta, 2020b). Importantly, this is not some idealised version of the world, but the world as it is, with all its constraints and opportunities. *Subjectification*, then, is about a kind of 'qualified' freedom; freedom integrally connected to our existence as a subject in the world. Biesta (2020a, p. 1020) describes the question of how to be, ontologically, in the world as a 'radical first person question' and one that 'ultimately each of us has to engage with for ourselves'. Education's role is not to dictate a response to this question but to support students to see that there is a question to be answered.

This approach differs radically from nurse education, which prescribes the right thought and action, turning the subject into a conduit for a particular worldview (Biesta, 2020a). Biesta (2020a, p. 1021) distinguishes between moralising education and education that calls the student to develop as a 'subject of moral action'. In the moralising mode, the unique 'I' of the subject remains in the shadows, its ideas and its influence more or less known. If the only recourse for decision-making is an external authority, this has grave implications for genuine 'autonomy' in nursing. By contrast, existential education seeks to develop subjects who can act (and refrain from action) with recourse to their inner agency (Kreber, 2014). To be sure, ethical tensions and social pressures weigh upon the subject's decision-making, but existential education considers the subject capable of navigating these tensions without having to rely exclusively on an externally derived compass. This involves a kind of 'dynamic authenticity' associated with the messy interplay of internal and external dynamics attendant to living life as a multilayered human being (Thompson, 2015).

The notion of 'encounter' is important in existential education (Rumianowska, 2020) and diverse care contexts (Monteux & Monteux, 2020). Educators can support students to deepen their relationship to self by framing encounters with others, with new and familiar ideas, with media, and so on, as opportunities to dig deeper rather than 'learning' moments with predetermined outcomes. Biesta (2015a) describes a process of encouraging students to 'adopt' a concept for a period of time—to try it on and live it out—disrupting the tendency in higher education to valorise *comprehending* over *being*. Now, you might be thinking: 'but this is what nurses do. This is what we teach them to do'. Compassion, for example, is not something abstract, it is how we expect student nurses to behave, and we reflect this in their assessment. But what freedom is there for students to develop their own relationship to compassion via this framing: How do we introduce compassion? To what extent do we enable students to encounter compassion on their own terms? What room is there for students to explore what differing versions of compassion, as well as what compassion might miss or be in tension with?

Deepening one's relationship to oneself is an interruptive, sometimes disorienting, process (Biesta, 2020a; Rumianowska, 2020). Education, in the existential mode, is not about ameliorating this disorientation by imposing illusory certainties or metastasising our commitment to particular identity categories, including that of 'nurse'. Instead, existential education permits the 'I's commitments and choices to evolve through experiencing the self in the world, with all its attendant uncertainty and strangeness—a point we explore next.'

3.3.2 | Education as becoming familiar with uncertainty

If we accept uncertainty as an omnipresent condition of today's world, we open the door to conceiving education as a process of becoming familiar with uncertainty (Thompson & Dowding, 2001). The goal shifts from avoiding uncertainty to developing students' capacity to face up to its discomforting effects (Kreber, 2014). Ron Barnett (2007), like Biesta, emphasises the 'person' dimension of education and advocates for its role in supporting students to meet the challenges of 'our time'. Utilising the concept of 'super-complexity', Barnett (2004) describes the multifaceted challenges students encounter when attempting to make sense of their experiences. Faced with the relentless evolution of knowledge, students must grapple with a heightened sense of the future's unpredictability as 'truth/s' are seen to be less reliable or challenged/transgressed.

Amidst super-complexity, Barnett (2004) contends that universities have a special obligation to nurture student capacity to navigate epistemological uncertainty and complexity, which, combined, result in the experience of ontological 'strangeness'—a concept closely related to, yet more profound, than uncertainty. While epistemological uncertainty implies incomplete understanding that might become 'complete' pending further information, ontological 'strangeness' implies that understanding will always be partial, contingent, evolving, and held in tension with one's 'being'-ness in the world. From this vantage, there is rarely one 'right' course of action (only

varying degrees of compromise), nor one absolute course of action (rather, 'it depends'). Barnett (2004, p. 252) argues that education's task thus reaches beyond critical thinking towards 'critical being': 'It is the task of enabling individuals to prosper amid super-complexity, amid a situation in which there are no stable descriptions of the world, no concepts that can be seized upon with any assuredness'.

To do this, Barnett (2004, 2007) sees the educator's role as supporting students to experience and explore risk by remaining in the 'problem space' for longer. Rather than move quickly to 'solutions', students are challenged out of their comfort zone when the educator steps back and resists the urge to provide. Again, this approach aligns with the expectations of contemporary nursing practice, which calls for anti-paternalistic forms of *being with* rather than *doing to* or *for* (Hanson & Taylor, 2000). Using concrete examples, students can be encouraged to explore the application of abstract principles. Moving back and forth between the concrete and the abstract develops practical reasoning and the capacity to wrestle with competing ideas and discourses (Barnett, 2007). This is particularly pertinent where a plurality of evidence, truths, perspectives and preferences impinge on shared societal spaces and, therefore, must be actively negotiated (McCaffrey, 2022). The educator's role is to model openness and demonstrate confidence in students—to affirm and invest in *their* capacity to reason and evaluate problems, not *our* capacity to provide 'right answers' (Kreber, 2014). This signals to students that they can cope with uncertainty; that the inevitable strangeness they will experience in practice is not something to fear, but something they can meet the challenge of. This paves the way for a more genuine kind of autonomy in our future nurses.

In considering *what should* the future of nurse education be, the approaches outlined above call into question the current emphasis on a 'professionalism of certainty' and intensified efforts to regulate and manualise. Further, they trouble any project that would seek to predetermine the subject that results from education, whether in a conformist or transgressive image. Both approaches invest in a different kind of ambition: the growth of subjects into dynamically authentic beings who meet the world ready to explore, wrestle with and make decisions even when there is (and can be) no certainty.

4 | CONCLUSION: RETURNING TO THE INSPIRATION

Building on Lipscomb's (2022b) conundrum of *Complexities and Values*, we have strengthened the case for taking purpose seriously in nurse education. After all, the question of purpose is fundamental 'for the simple reason that if we do not know what it is we are seeking to achieve with our educational arrangements and endeavours, we cannot make any decisions about the content that is most appropriate and the kind of relationships that are most conducive' (Biesta, 2015b, p. 77). Differing purposes lead to very different educations and educational 'outcomes'. It is, therefore, incumbent on us—as a profession, a discipline and as a society—to think carefully

about what we are *for* and to examine if, where and how the current setup impedes us from moving in that direction.

The constraints on nurse education become visible when we thoroughly appraise the current situation. By disaggregating *what is* from *what should be*, we have demonstrated both the triad of forces acting upon nurse education and shown that their vision is not the only one available. A highly regulated situation creates conditions in which, at the macro level, only certain responses to the question of purpose become permissible, and, at the micro level, educators are denied any meaningful freedom in their teaching. This paper encourages reclamation of the question of purpose. It airs the unspoken bind that nurse education is caught in—the tension between preparing nurses 'fit' for today's healthcare system and those who have the capacity to function in uncertain futures. The discussion also makes clear that uncertainty might be a more pervasive feature of the present than we care to admit.

Drawing upon the educational theory of Gert Biesta and Ron Barnett, we have offered alternative framings for the question of *what should be* by distinguishing between cultivation and existential types of education. While cultivation starts with an 'end product' in mind, existential education leaves room for the subject to emerge, un-predetermined. It positions education as the process of supporting subjects to surface and develop their own dynamic authenticity and autonomy. It urges them to embrace the challenges of strangeness and complexity without seeking false certainties and yet still be able to meet the world as it is. Doubtless, implementing such existential approaches would require widespread buy-in, not only from nurse education but also from all stakeholders who 'shape' nursing into what it is. This is a critical point. Without buy-in, such subjects would, by their nature, find themselves in conflict with the healthcare system; a reality we cannot gloss over. But as an intervention, we offer these alternatives speculatively with a view to questioning the ideal(s) handed down to us and encouraging dialogue about our vision(s) of purpose. This paper contributes to the literature by putting purpose front and centre where it has otherwise been side-lined or absent. Only by taking purpose seriously will we know if we are satisfied with *what is* and if it embodies our would-be response(s) to *what should be*.

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