Deviance and Education for Leadership

LETTIE TURNER
Associate Professor, Faculty of Nursing
University of Toronto

Direction is the primal tension of a human soul which moves it to choose and realize this and no other out of the infinity of possibilities.

The man of direction does not possess the world yet stands in its love; for he realizes all being in its reality. He knows no security, yet he is never unsure; for he possesses steadfastly that before which all security appears vain and empty: direction and meaning. (Buber, 1964, pp. 56 and 94).

Confronted with profound change, nursing must look within its ranks for direction and meaning and choose its pathway out of the innumerable possibilities. Nursing is in need of a movement forward and a reinvigoration of its caring, independent role. This venture will entail risk-taking for the pace-setters, or innovators, who will need to deal with change as a continuous process, having a will to change purposefully and the reality to respond to the immediacy of need.

Nurse educators have always been aware of the discrepancies between the approach to care and nursing intervention as fostered within students, and the type and quality of care which graduate practitioners are in a position to provide.

Graduate practitioners express frustration at not being able to practise nursing, as they have come to define it, within the structure of the hospital or health agency. Because the system forces graduates into a different approach, they cease to have a good feeling about themselves and their role. The result of this frustration is expressed in various ways: frequent transfers between agency and hospital; withdrawal from hospitals to positions in education or community health agencies, or in fields other than nursing; psychological withdrawal resulting in apathy, lower productivity, anger, and so on.

We must view this situation as a serious failure of our educational efforts. Nurse educators are caught in a dilemma. They know that they cannot educate to the status quo, that is, nursing as it is widely practised; at the same time, they are aware that their approach produces nurses who are deviant to the prevalent norms of care as it is practised.

64
This paper will focus on showing the student nurse that her deviance is something to be valued, that it has a positive component, and that it can be used to make a positive contribution to the system. Some consideration of the role of the deviant in society, and how society controls its deviants is necessary. We can use this knowledge to give the student the armour, both internal and external, to protect herself in situations where she will be defined largely in terms of the deviant reaction. Deviance for our purposes, then, is seen as an attitude fostering flexibility, adaptability, continuous innovation and innovative non-conformity. Being creative means in a sense to be deviant, as it is a move away from the norm.

**ROLE OF THE DEVIANT IN SOCIETY**

Behaviour, including deviant behaviour, can only be understood in light of the values that give it meaning and the institutions that provide channels for the achievement of these values. A study of the values of nursing and of organizations within which nurses practise can give us some indication of the problem areas.

Generally, the specified values of the hospital — preserving life, combatting illness, protecting the community, training personnel, doing research — are easily assimilated to the corresponding values of individual organization members, as they are also expressions of general cultural values in the society.

The hierarchy of these values, however, depends upon the particular perspectives of the various members and groups of the organization and the community. Discrepancies may and do develop. These may lead to conflict among members of the organization and with the outside community. They tend to result in a multiplicity of conflicting official and unofficial goals or values, each with its own special adherents. The amount of power each of these groups wields (we might identify these groups as the board of directors representing the community, line or administrative authority, and professional groups) will influence procedural values affecting such things as budget, staffing and allocations, which will in turn affect the type of care provided.

We observe that an established system tends to become rigid, with adherence to written and unwritten rules and regulations to ensure the continuity of the system. The system also imposes patterns of social control on its members to ensure their commitment. But change, mainly technological, is occurring at a rapid rate, so rapid in fact that we can be aware of it, often in spite of the organization. Therefore, we can assume most organizations can accommodate some varying degree of change without collapse of the system.
As stated previously, change requires deviants or innovators. Whenever someone is different from the rest of the group, for that moments she is deviant. A deviant response forces others to do something; that is, to react to the challenge. Being deviant increases the person’s concern about how others will treat her. When a member deviates markedly from group standards, the remaining members of the group bring pressure to bear on the deviant to bring her back to conformity. This concern, of itself, serves as a determinant of behaviour. Further, people have a need to compare themselves with others, that is, with those similar to themselves. “Because of the reward in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent.” (Goffman, 1963, p. 74). This phenomenon has been observed and documented by Reisman (1950) in our society. But an individual is not just the role or identity that society thrusts upon her; when the individual no longer confuses herself with the definition of herself that others have given her, at this point she becomes a unified self. Yet we are faced with the continual need of an experiential transaction with other individuals in order to “confirm ourselves”, in Buber’s terms. For the inmost growth of the self is not accomplished, as people like to suppose today, in man’s relation to himself, but in the relation between the one and the other, between men, that is pre-eminently in the mutuality of making present in his own self by the other together with the mutuality of acceptance, of affirmation and confirmation. . . . The human needs confirmation, because man as man needs it.” (Buber, 1965, p. 71).

APPLICATION TO NURSING EDUCATION

How can this philosophy and its implications be integrated into our teaching and made supportive to the graduate when she finds herself confronted with demands for conformity in her work conditions?

Perhaps we may consider six approaches: Preparative, in sharing certain values and interests, as students need the support of others, both their peers and their teachers in the development and continuation of the role of deviance. Praise, encouragement and stimulation are helpful in sustaining creativeness and change. Counteractive, in having students confront the administrative and organizational system from the beginning, instead of protecting them from it, with the support of faculty in working through the difficulties that arise. The same problem-solving method of approach as students use in planning intervention with patients could be used. Reflective, in
providing guidance and assistance in internalizing the positive feelings that accompany being deviant, so that deviance becomes a treasured identity. *Prospective*, in guiding the student to seek the means of taking a greater part in the definition of her own role by knowing and utilizing sources of information, by exercising her leadership capacities in seeking positions of responsibility, power and influence. *Interpretative*, in being helpful in the student's development as a person: such self-examination aims to enable the student to be more spontaneous and to participate in experiences. This aspect of education directs the person's attentiveness or involvement to being congruent within herself and also in her dealings with others. Moustakes (1967) states that we cannot be bound by any system whether social or intellectual; instead we must continue to be real within ourselves and to those with whom we interact. Lastly, *Nurturant*, an approach encompassing and forming an umbrella over the other aspects, in providing enrichment of the mind through caring, for and about, which signifies investing part of oneself. “Respect for one's own integrity and uniqueness, love for and understanding of one's own self, cannot be separated from respect and love and understanding for another individual.” (Fromm, 1956, p. 49).

**CONCLUSION**

Dealing with emotional responses can be facilitated through group learning and peer support. Teachers in faculties of nursing can help prepare their students by the use of some anticipatory guidance as indicated in this paper. By actively confronting and dealing with their own conflicts, the new graduates will through self-integration have developed some armour to protect themselves in the role of deviance.

**REFERENCES**


