

Being “Ec/Centric” in a World of Increasing Diversity

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Introduction

Nursing journal editors today face a major challenge — how to serve the needs of their primary audience while at the same time expanding the scope of content to reach wider global audiences, and in doing so challenge readers to consider realities beyond their own. In this paper I propose that meeting this challenge requires the courage to be ec/centric — to reach beyond what is assumed to be at the centre.

The word “eccentric” carries connotations of being a bit strange, unconventional, or off-centre. I have added the slash mark between the two *c*’s to suggest that it is important to consider just what is at the centre — what exactly we and our readers assume to be “true” or “given,” and how those assumptions limit possibilities in fulfilling nursing’s mission in the world. The worldwide colonization by Western medicine/nursing defines what might be thought of as the “centre” from which many nursing journals originate. The content of nursing journals reflects a worldview that is largely shaped by Westernized approaches to care of the sick and injured; a relative lack of emphasis on disease prevention, health, and health promotion; and bare mention of healing modalities originating from other cultural and thought traditions.

The problem with a colonized centre is that, once socialized to accept what is “given” in the process, that centre-ized view becomes hegemony — it is assumed to be the “way things are,” ingrained so that no other way is imaginable, and any challenge comes as a surprise — sometimes an unwelcome surprise. I recall an experience I had in an Asian country several years ago when I asked nurses I was working with about ancient forms of healing that might still be practised by their patients, and if they integrated those practices into their nursing care. Although the nurses I was working with were thoroughly “in” their local and national cultures (meaning not entirely Westernized), and very proud of this fact, they were surprised by the question and admitted that they had little familiarity with their own pre-Western ways of healing. To be fair, if someone were to ask me about Native American healing traditions, I would draw a complete blank as well.

This “missing link” in awareness of healing traditions beyond a Westernized perspective serves as an example of one meaning embedded in becoming *ec/centric* — the ability to ask questions about what is assumed to be true and stepping outside of that assumed way of thinking in order to see what has been overlooked or forgotten. Another meaning embedded in becoming *ec/centric* involves the ability to explore forces and factors that produce what occupies the centre of thought in a particular discipline, and carefully shaping editorial practices within a chosen context, not a context simply handed to us.

To illustrate the choice of context, consider several examples of forces that produce a particular way of thinking. In Westernized cultures, dominant ethical/moral codes tend to lean heavily on the assumption that saving a life at all costs is the highest “good.” Given this assumption or cultural moral code, nursing and medical practices tend to the “heroic” even when individuals and families might prefer a different way of approaching their experience of serious illness or injury. Linguistic conventions in the culture are another example. In Westernized medical and nursing cultures, euphemisms abound — “health”-care system is a euphemism for the “illness and injury”-care system that exists in reality. “Prevention” is often used to refer to practices that in fact are disease-detection practices, not prevention. The result — given what we assume to be “the good,” and the twist of meaning embedded in euphemistic language usage — is a way of thinking that reinforces what is at the “centre” of thought in the discipline, and in turn what constitutes a major proportion of content in professional nursing journals.

There are, of course, other “centres” that exist around the world, and in fact other “centres” from which some practitioners practise or towards which they aspire. Growing numbers of medical and nursing practitioners are shifting towards models of care that are known as “holistic” or “alternative” or “complementary” — all of which derive a way of thinking from traditions around the world that have been neglected in Westernized approaches to care. In the following sections I explore tensions between and among various “centres” that exist around the world, along with some examples to illustrate the editorial challenges inherent in producing nursing journal content. Then I explore some ways to consider becoming *ec/centric*, in the hope of furthering a “thinking out loud” global dialogue that opens doors and creates greater understanding and appreciation of different “centres.”

Global Cultural Tensions

I believe that it is fair to say that generally nursing journal editors have an implicit intent to publish content that is culturally sensitive and appro-

appropriate, and there are certainly many articles in nursing journals that address how to achieve cross-cultural sensitivity in practice. However, those who are invested in promoting the quality of nursing journal content need to engage in discussions about the most sensitive challenges in producing that content, the editorial policies in relation to these challenges, and to consider ways to shape nursing journal content for global audiences.

Consider, for example, the issue of nursing care for people who have sexual orientations and gender identities that are outside the realm of hetero-normative practice and issues surrounding family structures for these populations, including the issue of gay marriage. Among any group of health professionals there is probably a wide range of “centres” around these topics. When national and international “norms” or “centres” are considered, it is clear that, culturally and politically, some nations consider sexual and gender diversity an expression of a wide range of what is “normal,” while in other places sexual and gender non-conformity are crimes punishable by death.

While this may seem an extreme example, it brings to light the challenges that nursing journal editors face in selecting editorial content related to sexual and gender diversity. What are the consequences for nursing literature if editors take a stance to limit publication of sexual and gender diversity content in an effort to publish only that which is acceptable in any national context? What are the consequences if nursing journals publish content that is consistent with our own national policies, or the editor’s personal or organizational beliefs? What editorial principles or values best guide choices where important and far-reaching cultural differences exist? There are no simple answers to these questions, but it is vitally important to consider these kinds of questions in the interests of being ec/centric — of moving beyond unacknowledged assumptions about journal content to a realm that represents a “centre” or “centres” that are carefully chosen.

Tensions Around Professional Issues

There is a host of reasons for varying expectations, standards, licensure, and practices around the world, with vast differences in licensure practices, registration, and educational requirements — not to mention technological capacities, resources, and so on. Large portions of the world’s health care are far less technologically oriented than is typical of the contexts that give rise to the content of most nursing journals. If journal content were driven by the approaches to health care that dominate in much of the world, it would be much more focused on community health (as opposed to individual disease conditions) and disease preven-

tion and health promotion (as opposed to disease detection and treatment). There are tensions between the needs and demands of high-tech-driven health care (representing many nursing journal readers) and low-tech-driven health care (readers whom nursing journals might also want to reach). These tensions may not be at the forefront in selecting journal content, but they represent a possibility well worth considering in light of the power of nursing journals to shape the future of health care. The fact that nursing journal content is weighted in the direction of high-tech-driven approaches signifies the hegemony that shapes the editorial world — the centre-ized view that prevents substantive recognition of the pressing needs of low-tech-driven models, and the vastly important insights and knowledge that are missing from nursing journal content.

Political Tension

In the first 20 years after the founding of the *American Journal of Nursing*, the United States was embroiled in political tensions around the emergence of World War I. Sophia Palmer, the editor of the *AJN*, opposed the entry of the United States into the war, as did the avid anti-war activist Lavinia Dock, who was in charge of one of the departments of the journal. Dock would not permit any mention of the horrors of war in her department, but wrote extensively of her solidarity with nurses in countries ravaged by war. Eventually, Palmer permitted publication of columns reporting war news and encouraging nurses to support the war effort, even though she herself held primary allegiance to Dock's anti-war stance (Wheeler, 1985).

This is not simply an artifact of nursing history. Recently we at *Advances in Nursing Science* published an article titled "The Politics of Nursing Knowledge and Education: Critical Pedagogy in the Face of the Militarization of Nursing in the War on Terror" (Perron, Rudge, Blais, & Holmes, 2010). This article prompted threats against the journal and calls for retraction. I presented the situation to the *ANS* advisory board along with my editorial decision to stand by the publication of the article; the board agreed wholeheartedly with my position but also engaged in a lively and very important consideration of our review policies and editorial stance on issues of policy and politics.

These examples, occurring a century apart, illustrate the tensions that nurses in general, and editors of nursing journals in particular, face where political tensions are concerned. Political actions, from the aggression of war to large and small negotiations affecting the distribution of resources that determine health and human welfare — all of these influence not only how nursing practices unfold worldwide, but also the responsibilities of nursing journal editors. What are these responsibilities? How do we

resolve the tensions between our personal political commitments (which are often also moral and ethical responsibilities) and the often opposing political commitments of our colleagues and our governments? How do these tensions influence editorial roles? Again, there are no easy or “correct” answers. Rather, it is the asking of the questions and the exploring of the alternatives inherent in them that lead us into ec/centric territory where potentials for the future can be discovered.

Possible Ec/Centricities

I am a long-time fan of an article published in *Nursing Outlook* in 1996 titled “Men Researching Women Working” (Porter, 1996). In this article, Sam Porter responds to criticisms that, as a man, he cannot adequately conduct research on women. Porter takes the criticisms to heart and provides a most thoughtful response based on feminist approaches to scholarship. His response provides an apt model, from which I have adapted possible ways in which those who produce nursing journal content (editors, publishers, authors) can shape an ec/centric dialogue that facilitates cross-cultural and global relevance in our editorial content.

Porter’s (1996) first principle is humility — recognizing that perhaps the best we can do is understand, reach out, and respect the “centres” in which many others are situated. Porter calls this “hermeneutic understanding” — taking a stance that aims for the best understanding possible of another perspective but that does not fully address or resolve the tensions between our own perspective and that of others.

The next principle that Porter (1996) proposes is what he calls “breaking with patriarchy,” which, translated to the challenge of producing nursing journal content, means recognizing that as editors, publishers, or authors we are situated in a nursing/medical/political/economic context of relative privilege. At the same time, we can recognize the relatively disadvantaged perspective of many around the world who consume the content published in nursing journals. These recognitions do not solve the problems we face, but they do increase our capacity for finding common ground with those who do not share a relatively privileged perspective.

Next is the recognition that knowledge is socially and culturally produced, and therefore that the content of nursing journals is influenced by the social and cultural context in which it is produced. This means that while the contexts from which journal articles are produced are at times worthwhile and important, at other times they are much less relevant. Further, those contexts that are not expressed in journal content quite possibly could offer more knowledge, more expertise, in certain areas

than we can even imagine. Realizing that perhaps something is missing could be one of our most important recognitions.

Finally, and perhaps most importantly, we can acknowledge the perspective from which we are writing/editing/publishing. This may be the most important “lesson” from the content in the first 20 years of the *American Journal of Nursing*. The women who participated in producing the content of the journal in those years provided clear and explicit explanations of what they were thinking, and why. If we acknowledge the perspective, the stance, the context from which nursing journal content arises, we also share a sense of humility and recognition that there are other perspectives from which to view our content.

Let the global dialogue begin!

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