

# **Emancipatory Pedagogy in Nursing Education: A Dialectical Analysis**

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Au cours des deux dernières décennies, le besoin d'élaborer un nouveau paradigme en enseignement des sciences infirmières a souvent été exprimé, traduisant une volonté d'affranchir professeurs et étudiants des contraintes imposées par les modèles behavioristes en usage. Plusieurs conceptions inspirées de la pédagogie émancipatrice ont été mises de l'avant, si bien que l'on n'a encore de ce courant qu'une compréhension fragmentée. Le but de la présente étude est donc de présenter un aperçu global et systématique des différentes approches concernées, en mettant en lumière les divergences soulevées à propos de l'existence d'une telle pédagogie, de sa nature et de sa valeur. Pour ce faire, la méthode dialectique mise au point par Adler a été employée. Quatre conceptions de la pédagogie émancipatrice ont été dégagées, à savoir qu'elles constituent des philosophies de l'enseignement qui visent à : (1) inculquer un sens critique; (2) établir des rapports de pouvoir égalitaires; (3) sensibiliser aux injustices systémiques fondées sur les différences entre les sexes; (4) transformer, au sein du champ élargi des sciences infirmières, les structures sociales oppressantes. Le terrain commun entre toutes ces approches, c'est que la pédagogie émancipatrice est nourrie par un projet politique, celui de libérer les infirmières de l'oppression. Les principaux points de convergence et de divergence entre les auteurs ont été repérés pour chacune d'entre elles, dans le but d'alimenter les débats futurs sur cette question.

Over the past 2 decades there has been a call for a new paradigm in nursing education that will liberate teachers and students from the authoritarian constraints of behaviourist models of nursing education. Different conceptions of emancipatory pedagogy in nursing education have been set forth, resulting in a diverse and fragmented understanding of it. The purpose of this study was to render this diversity of opinion more intelligible by constructing, from the literature, controversies concerning its existence, nature, and worth. The philosophic dialectic method developed by Adler was utilized. Four conceptualizations of emancipatory pedagogy were identified — teaching that functions to: (1) foster critical thinking, (2) construct egalitarian relations of power, (3) increase awareness of systematic gender-based injustices, and (4) transform oppressive social structures within the larger social context of nursing. Common to all is the notion that emancipatory pedagogy functions as a political endeavour to free nurses from oppression. Key points of agreement and disagreement (issue) among authors were identified for each conceptualization, laying the groundwork for future dialogue and debate.

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Over the past 2 decades there has been a call, by some nurse educators, for a revolution in nursing education. This call stems, at least in part, from a growing awareness that nurses have a social responsibility to work towards transforming the current patriarchal health-care system and a concern that the behaviourist paradigm, which currently underpins much of nursing education, is inadequate in preparing nurses to effectively work towards this goal (Moccia, 1990; Tanner, 1990). Many have argued that what is required instead is a paradigm that liberates teachers and students from the authoritarian constraints of behaviourist models of nursing education and empowers them to become agents of social change. Despite a seemingly shared view that nursing education should have an emancipatory function, considerable diversity of opinion exists as to what, specifically, this entails. Only rarely have the proponents of emancipatory forms of pedagogy engaged in explicit discussion or critique of the conceptions that have been set forth; as a result, the existing discourse related to it is diverse and fragmented.

### **The Dialectic Method**

The purpose of this study was to render this diversity of opinion regarding emancipatory pedagogy more intelligible by constructing, from the nursing literature, points of agreement and disagreement among its advocates (Romyn, 1998). To do so, the philosophic dialectic method developed by Adler (1958, 1961) was utilized. It entailed a systematic analysis of works published in English from 1975 to 1998 concerning the nature, existence, and worth of emancipatory pedagogy in nursing education. To aid in identifying the relevant literature, emancipatory pedagogy was broadly defined as teaching that has a freeing or liberatory function.

The initial step in the analysis was to determine whether emancipatory pedagogy was conceptualized in an identical manner by all of the authors whose works were examined. Four distinct conceptualizations (or subjects of special controversy) were identified — namely, teaching that functions to: (1) foster critical thinking, (2) construct egalitarian relations of power, (3) increase awareness of gender-based injustices, and (4) transform oppressive social structures. In some instances, authors were found to subscribe to more than one of these conceptions. Common to all four is the notion that emancipatory pedagogy functions as a political endeavour to free nurses from oppression, and it is this notion that unifies the discourse.

For each conceptualization, key points of agreement and disagreement among authors were formulated. Authors were said to be in

agreement if they were of one mind with regard to questions concerning the nature, existence, or worth of emancipatory pedagogy in nursing education and were said to be in disagreement (to join issue) if they could be construed, either explicitly or implicitly, as taking opposing positions on such questions. Together, these points of accord and disaccord (issue) constitute the special controversies concerning emancipatory pedagogy in nursing education and are highlighted in what follows. Included also is a brief analysis of some of the assumptions underlying the issues identified and their potential implications for ongoing discourse concerning the pursuit of emancipatory forms of pedagogy in nursing education.

### **Fostering Critical Thinking**

Consider first the conception that emancipatory pedagogy functions to foster critical thinking. As used by authors party to this special controversy, the term *critical thinking* broadly refers to thinking that calls into question commonly held beliefs and assumptions in nursing education and practice. Nurse educators are implored by these authors to redefine teaching and learning and to incorporate strategies to foster critical thinking in their practice. Among the authors who share this conception of emancipatory pedagogy are<sup>1</sup>: Allen; Bevis; Bevis and Murray; Bevis and Watson; Boughn and Wang; Clare; Diekelmann; French and Cross; Harden; Hawks; Hedin and Donovan; Jewell; Krieger; Owen-Mills; Perry and Moss; Rather; Spence; and Wilson-Thomas. Points of agreement among them include the fact that teaching which functions to foster critical thinking (1) involves the development of critical consciousness, (2) entails approaches to teaching and learning that exist outside the behaviourist paradigm, and (3) is characterized by dialogue.

Like many of her colleagues, Wilson-Thomas (1995) echoes the views of Habermas (1968/1971) and Freire (1970) and posits that central to emancipatory education is "'conscientization' or an awakening of critical consciousness" (p. 574). This "awakening" ensues from critical reflection on reality and permits examination of power relations embedded in the structures and functions of society that constrain one's actions. According to French and Cross (1992), through critical reflec-

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1. In this and subsequent sections of the paper, all of the authors who are party to a particular conceptualization of emancipatory pedagogy in nursing education will be listed even though their particular contributions to the discussion may not be noted in what follows because of space limitations.

tion nurses can gain knowledge about and "power over the forces which control and shape [their] lives" (p. 84).

Bevis (1993) asserts that critical thinking entails openness to alternative ways of viewing the world. Without such openness, "students and teachers accept oppressive ways unquestioningly and do not look for the assumptions that underlie them or the practices that uphold them" (p. 102). She eschews behaviourism because it fails to allow "for emancipatory education, for critical thinking" (p. 103). Allen (1990a) characterizes behaviourist forms of curricula as "mind-numbing and authoritarian" (p. 313) and posits that the fostering of critical thinking demands a shift from a "banking model" of education wherein "faculty deposit information in student receptacles" to approaches that empower students to "acquire and analyze information on their own" (p. 314). Harden (1996) is in accord with this view, noting that nursing's "obsession with the know-that form of learning" prevents students "from learning how to challenge and critique" (p. 35), while Bevis and Murray (1990) argue for approaches to teaching that are "congruent with a philosophy of emancipation" (p. 326).

One such approach said to foster critical thinking is dialogue. Echoing Diekelmann (1990), Jewell (1994) characterizes dialogue as more than mere conversation; it is "engaged listening, seeking to understand, and being open to all possibilities" (p. 301). Diekelmann (1990) posits that dialogue empowers students because it increases their powers of inquiry, self-knowledge, and critical thinking. Others argue that through dialogue "the structures and constraints which shape nursing education and practice [can be] critically examined" (Perry & Moss, 1988/89, p. 40) and nurses can "develop the critically reflective skills that are required to transform practice" (Spence, 1994, p. 188). Harden suggests that dialogue can be fostered by problem-posing, which allows students to "perceive critically the way they exist in the world [and] come to see the world not as a static reality, but as a reality in transformation" (p. 34). According to Hawks (1992), problem-posing "allows the teacher to situate learning in the students' own experiences, to challenge the present state of affairs, and to examine problems in social, historical, political and cultural contexts" (p. 615). It is for reasons such as these that Bevis (1993) sees problem-posing as an "antidote" to the banking model of nurse education.

Despite these points of agreement, some authors differ in their opinions regarding the appropriateness of other select teaching strategies in fostering critical thinking. Whereas some hold that lecture is appropriate because it provides the information needed for critical

thinking (Boughn & Wang; 1994; Diekelmann, 1993), others, while acknowledging a need for information, nevertheless argue that "lecture is, by its very nature, oppressive and counter-emancipatory [because it] does not teach [students] how to learn, how to critique, nor how to come to [their] own meanings" (Bevis & Murray, 1990, p. 327). Bevis (1993) concurs, making a distinction between information, which is factual, and knowledge, which she maintains results from "reason, deliberation, interpretation, insights, reflection, dialogue, and meaning-making" (p. 104). In her view, lecture is oppressive because it teaches students *what* to think rather than *how* to think.

The second issue in this special controversy considers the congruence of critical thinking with use of the nursing process. On one hand, Bevis (1993) suggests that the two are congruent *if* the latter is informed by critical reflection. On the other hand, French and Cross (1992) and Wilson-Thomas (1995) argue that the two are incongruent because they differ with respect to their ends: whereas critical thinking pursues emancipatory knowledge, the nursing process seeks instrumental knowledge in order to bring about particular outcomes. Like Nagle and Mitchell (1991), Wilson-Thomas argues that use of the nursing process serves to perpetuate paternalistic beliefs and assumptions related to power and control in nursing practice and, hence, fails to foster critical thinking.

Underlying these issues are assumptions related to how one comes to know, what constitutes knowledge, and the nature and place of emancipatory knowledge in nursing. The view that lecture is oppressive has been adopted by other nurse educators in formulating their conceptions of emancipatory pedagogy. However, the distinction between information and knowledge, upon which this view is based, has not been challenged to determine whether it is sound. How is it that information derived from lecture can, at one and the same time, be oppressive *and* be "used to raise consciousness, to alter perceptions, to shape criticisms, and to feed meanings," as suggested by Bevis and Murray (1990, p. 327)? Are there factors, beyond mode of delivery and perhaps intent, that influence whether information is oppressive or emancipatory?

Similarly, there is work yet to be done to determine the proper place of instrumental and emancipatory knowledge in nursing practice. Whereas French and Cross (1992) take the position that both are essential, implicit in the works of Wilson-Thomas (1995) and Nagle and Mitchell (1991) is the view that knowledge related to prediction and control has no proper place in nursing practice. Yet when one contem-



plates the nature of nursing practice it becomes evident that nurses rely upon such knowledge in decision-making regarding, for example, which one of several interventions is most likely to result in a desired outcome. If there is indeed no place for instrumental knowledge, on what basis would such decisions be made? Are there some instances, but not others, in which such knowledge is appropriate? Failure to answer questions such as these will result in continued confusion regarding how (or if) each of these forms of knowledge ought to be pursued.

For the most part, authors party to this conceptualization of emancipatory pedagogy have been silent concerning the evaluation of critical thinking. Although most concur that current methods of evaluation reflect behaviourist traditions and, as such, are inappropriate with respect to emancipatory ends, there is a paucity of debate regarding potential alternatives. Nor have these authors addressed the larger question of whether it is possible (or desirable) to evaluate critical thinking and, if it is, the criteria by which it should be evaluated.

### **Constructing Egalitarian Relations of Power**

A second conception of emancipatory pedagogy concerns teaching that functions to construct egalitarian relations of power between teachers and students. As used by the authors who hold to this conception, this notion implies a sharing of power within the classroom. These authors agree that such teaching (1) is inconsistent with patriarchal views of power, (2) connotes giving "power to" students, (3) entails developing partnerships between teachers and students, and (4) involves mutual decision-making within the classroom. Among the authors who share this conception are: Allen; Bevis; Bevis and Murray; Bevis and Watson; Boughn; Boughn and Wang; Chally; Chinn; Clare; Diekelmann; Gray; Hedin and Donovan; Heinrich and Witt; Hezekiah; Jewell; Keddy; Nelms; Perry and Moss; Rather; Schuster; Symonds; Tanner; and Wheeler and Chinn.

Without exception, these authors argue that patriarchal views of power prevail in nursing education and are incongruent with emancipatory aims. Chinn (1989) characterizes most nursing education settings as "patriarchal institutions, arranged in power-over hierarchies" (p. 10). Teacher-student relationships reflect the view that the teacher "knows and gives," whereas the student "does not know and absorbs that which is given, preferably without questioning" (p. 10). Imbalances in power exist because "the teacher has the power to grade, to offer opinions and judgements, and to speak.... [The] student is institutionally

defined as a receiver of grades, a receiver of the teacher's opinions and judgements, and the listener" (Wheeler & Chinn, 1991, p. 90). Teachers are endowed with power and students must submit to that power in order to succeed (Chally, 1992). The authority of teachers gives rise to "reward, punishment, compulsion, and conformity" (Bevis, 1989b, p. 69) and reinforces passivity among students (Allen, 1990a).

The notion that teachers should give "power to" rather than assume "power over" students constitutes a second point of agreement among these authors. Giving "power to" is held to promote equality and sharing of one's influence; assuming "power over" is said to increase personal power by taking power away from others (Wheeler & Chinn, 1991). Boughn (1991) posits that educators "can transfer [their] power to the students" (p. 80), as a result of which students are empowered. This notion gives rise to a third point of accord, which calls for the formation of partnerships between teachers and students. Bevis (1989c) argues that students must become "partners in education, not objects of education" (p. 129) with "shared control of the learning process" (1993, p. 104). Within such partnerships "there is no strict dividing line between teacher and student" (Jewell, 1994, p. 362); faculty become "facilitators, sometimes guides, but most often partners in learning" (p. 364). Allen (1990a) opines that partnerships allow nurse educators to relinquish the "'burdens' of our current models of control and expertise" (p. 315) and to view students "not as 'raw material' to be hammered into a 'product' but as participants who share some of our goals (but not others) and with whom we can negotiate" (p. 314).

Yet a fourth point of agreement centres around the notion of mutual decision-making within the classroom. Bevis and Murray (1990) assert that emancipatory curriculum arises from "a philosophical context that provides that general directions be conjointly determined" (p. 328). Consistent with this notion, several authors advocate mutual decision-making in determining course objectives, methods of evaluation, and the assigning of grades as means of empowering students (Boughn, 1991; Boughn & Wang, 1994; Hedin & Donovan, 1989; Hezekiah, 1993).

Despite these points of agreement, disagreement exists among some authors concerning how the notion of shared power is enacted. One such issue centres around the question of whether it is possible for teachers and students to share power equally. Authors taking an affirmative position on this issue maintain that within egalitarian relations of power, teachers and students are equal (Boughn, 1991; Chinn, 1989; Hedin & Donovan, 1989; Schuster, 1993; Symonds, 1990; Wheeler &

Chinn, 1991) and hence, as Symonds succinctly states, "no one opinion or person is [held to be] more valid or powerful than another" (p. 48). Other authors argue that circumstances within educational settings in fact preclude the equal sharing of power. Included among these are potential sanctions that faculty control because of their power to assign grades (Boughn & Wang, 1994; Gray, 1995; Nelms, 1991; Tanner, 1990), student discomfort with notions of shared power (Gray; Hedin & Donovan), and patient safety concerns (Allen, 1990b). These authors hold that while action may be taken to reduce power gradients, equal power-sharing is not possible. These views give rise to a second, related issue, which concerns the underlying intent in constructing egalitarian relations of power. Whereas some authors argue that the intent is to *displace* hierarchical and authoritarian relations of power between teachers and students (Allen, 1990a; Bevis & Murray, 1990; Chinn; Moccia, 1988; Symonds; Wheeler & Chinn), others suggest that the intent is to render them *less* hierarchical and authoritarian (Beck, 1995; Hedin & Donovan).

There is a dearth of discussion among authors who share this conception of emancipatory pedagogy regarding the assumptions upon which the notion of shared power is based. This is problematic because, in the absence of such discussion, it is not possible to determine whether their recommendations are sound. Gore (1992, 1993) notes that underlying the notion that teachers can give "power to" students is the assumption that teachers are powerful and aim to empower and that students are powerless and need to be empowered. Rather than displacing hierarchical and authoritarian views of power, these assumptions serve to reinscribe them. Clearly this is contrary to the stated intent of authors who advocate shared power. A second assumption is that altering the balance of power is sufficient to eliminate conditions of dominance and control within the classroom. Gore (1992) questions this on the basis that seeking to change the distribution of power maintains a focus on *who* is in power rather than on *how* relations of power function to perpetuate dominance and control. Yet a third assumption underlying the notion of shared power is that the *effects* of the exercise of that power by the teacher and the student are necessarily complementary (Gore, 1992). Although Allen (1990a) notes that teachers and students may not always have the same end in view, there is little indication in the works examined that authors who advocated shared power recognize that this may result in *net outcomes* that are less than, or contrary to, the intended outcome. Nor is there discussion about how potential conflicts between teachers and students concerning the ends to be attained, and the means to be used in attaining those ends, are to be resolved (or if indeed they need to be resolved).



In order to resolve the aforementioned issues, substantive debate is required regarding the proper place of authority in emancipatory forms of pedagogy and the circumstances (if any) under which it is appropriate for teachers to retain authority in their relations with students. Furthermore, there is a need for debate related to the notion of equality. What is meant by the notion of equality? Are teachers and students equal in all respects, or are they equal in some respects (e.g., their humanity) but not others (e.g., their level of expertise and their consequent authority in the educational process)? Questions such as these have important implications for delineating the principles governing the distribution of power in the classroom.

### **Increasing Awareness of Systematic Gender-Based Injustices**

Hedin and Donovan (1989) assert that a "freeing" or emancipatory education in nursing is concerned with the "identification and transformation of those structures and relations in society that lead to the oppression of women" (p. 9). This belief underpins a third conception of emancipatory pedagogy in which teaching functions to increase awareness of systematic gender-based injustices against nurses. Authors who share this conception agree that such teaching (1) reflects the fundamental belief that nurses, as women, are oppressed, (2) entails understanding how systematic gender-based injustices perpetuate their oppression, and (3) necessitates making teachers and students cognizant of their own oppression and ways in which they are oppressive of others. Authors who share this conceptualization include: Andrist; Beck; Bevis; Boughn; Boughn and Wang; Cameron, Willis, and Crack; Chinn; Gray; Harden; Hedin and Donovan; Heinrich and Witt; Hezekiah; Jewell; Keddy; Lenskyj; Mason, Backer, and Georges; Mason, Costello-Nickitas, Scanlan, and Magnuson; Millar and Biley; Nelms; Rather; Roberts; Ruffing-Rahal; Schuster; Symonds; Tanner; Valentine; Watson; and Wheeler and Chinn.

Common to all these authors is the fundamental belief that because of systematic gender-based injustices, nurses, as women, are oppressed. Substantiating this, Harden (1996) claims that the "history of the domination of nursing is inextricably linked to the domination and oppression of women" (p. 33). Perpetuating the oppression of women are "prevailing societal patriarchal hierarchies [which] have relegated women to the least rewarding and least powerful positions within society" (Jewell, 1994, p. 362). As a result of their oppression, nurses "lack autonomy, accountability and control over their own profession" (Harden, p. 33).

That emancipatory pedagogy entails helping women come to understand how systematic gender-based injustices perpetuate their oppression represents a second point of agreement among these authors. Ruffing-Rahal (1992) notes that confronting the socially constructed and gendered aspects of nursing helps explain many of nursing's collective experiences as "a consequence of patriarchy and the subordinate status of women" (p. 247). More specifically, Boughn and Wang (1994) call for a scrutiny of factors that perpetuate inequality within the profession, including "lack of professional autonomy, inequity in financial compensation, and lower social status of nurses, [none of which are] commensurate with the educational qualifications, the professional demands, [or] the working conditions required of nurses" (pp. 112–113). Boughn (1991) similarly advocates the "relentless questioning of policies that ignore or diminish the contributions of nurses in the health care system" (p. 77). Andrist (1988), who is in accord with this view, posits that coming to "recognize sexual politics in the medical care system as 'institutionalized relations of power'" will enable nurses "to reclaim the culture of the profession, ultimately politicizing them towards activism and change" (pp. 67–68). Hezekiah (1993) shares this view, noting that "educating women (nurses) to the reality of the structures that oppress them [helps them] take constructive action to change their lives" (p. 57).

Yet a third point of agreement related to this conception of emancipatory pedagogy is that it necessitates making teachers and students cognizant of their own oppression and the ways in which they are oppressive of others. Reflecting the work of Freire (1970), several authors note that nurses exhibit many of the characteristics of oppressed groups, including adhesion with the oppressor, horizontal violence, fear of freedom and emotional dependence, belief in the omnipotence of the oppressor, adherence to prescribed behaviour, self-deprecation, apathy and fatalism (Hedin, 1986; Hedin & Donovan, 1989; Jewell, 1994). Other characteristics include a lack of self-esteem, self-hatred, and disdain for other nurses and other women (Roberts, 1983). While Hedin and Donovan see such behaviours as "counterproductive and unintelligible," they suggest that conceptualizing nurses as an oppressed group helps explain many of their behaviours, including their oppressiveness towards each other.

Jewell (1994) declares that "some nurses, including [students and faculty,] are so submerged in their oppression that they are unaware of it" (p. 364). Because of this, Nelms (1991) declares, as nursing educators "we must come to know how we are oppressed as nurses, as women,

as blacks, and as other ethnic minorities and...how we have participated in our own oppression and the oppression of others...[in order to create] educational environments for liberation and emancipation" (p. 7). Jewell cautions that coming to recognize the "oppressor within [oneself] is a painful experience" (p. 363) but asserts that doing so is crucial, "lest we perpetuate the oppression that for too long has been part of the profession's reality" (p. 363). Tanner (1993) likewise implores nurse educators to think about "ways in which [they] reproduce the dominant paternalism in the classroom... and ways in which [they] might shape [their] teaching to change traditional power relationships" (p. 51). Like the foregoing authors, Bevis (1989a) believes that while "few teachers deliberately oppress students, oppression is a subtle, culturally accepted, and condoned way of conducting the educational enterprise" (p. 122).

Boughn (1991) notes that "in [our] paternalistic society, most students arrive at academic institutions without a feminist perspective. Of those attracted to nursing, most feel comfortable with nursing's image as a traditional female profession" (p. 76) and many may resist courses that "challenge their expectations, ideals, and beliefs about nurses and nursing" (Cameron, Willis, & Crack, 1995, p. 337). Mason, Backer, and Georges (1991), however, argue that traditional roles must be challenged, because they "act as a means of social control...[restraining] nurses' expectations for power, privilege and access to self-determination...[and] keep the dominant groups in positions of advantage and power" (p. 75).

For the most part, authors who share this conception of emancipatory pedagogy are of like mind. Some disagreement is evident, however, and centres around questions concerning who can come to understand systematic gender-based injustices against women and whether teaching awareness of such injustices is valued. With respect to the former, several authors suggest that being a woman is neither necessary nor sufficient to understanding such injustices (Beck, 1995; Boughn, 1991; Hedin & Donovan, 1989; Mason, Backer, & Georges, 1991; Mason, Costello-Nickitas, Scanlan, & Magnuson, 1991; Miller & Biley, 1992; Tanner, 1993). In contrast, Ruffing-Rahal (1992) and Symonds (1990) suggest that only women, by virtue of having experienced such injustices, can do so. With respect to the second issue, Boughn (1991), Boughn and Wang (1994), and Schuster (1993) maintain that such teaching, because of its political agenda, is (or should be) valued by all nursing teachers and students. Contrary to this view, Heinrich and Witt (1993), Keddy (1995), Lenskyj (1993), and Miller and

Biley argue that despite its political agenda, such teaching is not valued by all and, as a result, resistance to it is evident.

These issues, and the positions taken on them, reflect differences in opinion as to whether women possess an essential nature. While both adhering to and letting go of notions of essentialism have important implications for political action aimed at eliminating gender-based injustices, essentialism has not been a subject of debate in the examined literature. Mohanty (1991) argues that in addition to reinforcing binary dichotomies based on gender, notions of essentialism also serve to define power relations in binary terms, locking them into the structure of powerful:powerless. Disrupting current social structures would consequently take the form of a simple inversion of the power relations that currently exist. She believes that this is problematic in that it does not deal with the social structures that allow inequities in power relations to occur. While none of the authors who are party to this subject of special controversy explicitly advocate such an inversion in power relations, the notion that female (feminist) views of power are to be preferred over male (patriarchal) views is evident in many of their works.

Essentialist views of gender also undergird the issue concerning the valuing of increasing awareness of systematic gender-based injustices perpetrated against women. Although some authors acknowledge that not all women value such teaching and some may in fact resist it, little evidence of in-depth analysis of the reasons for their resistance was found in the examined literature. This has important implications. If the reasons for students' (nurses') resistance are not known or questioned, how can effective teaching strategies be designed to increase awareness of and formulate political action to eliminate the oppression of women and of nurses?

### **Transforming Oppressive Social Structures**

A fourth conception of emancipatory pedagogy centres around the view that many of the social structures within which nursing education and practice are situated are oppressive and must be transformed, if nurses are to abolish the forces that "so powerfully perpetuate the conditions of their own domination" (Owen-Mills, 1995, p. 1192). Authors who concur hold that emancipatory pedagogy aimed at transforming oppressive social structures (1) requires critical awareness of the ideologies that uphold them, and (2) entails political action to transform them. These authors include: Allen; Bent; Bevis; Bevis and Watson; Chavasse; Clare; Diekelmann, Allen, and Tanner; Gray; Hagell; Harden; Krieger; Lenskyj; MacLeod and Farrell; Mason, Backer, and Georges;



Mason, Costello-Nikitas, Scanlan, and Magnuson; Moccia; Owen-Mills; Perry and Moss; Rather; Spence; Tanner; Watson; and Wilson-Thomas.

According to these authors, transforming oppressive social structures first requires that teachers and students become cognizant of the ideologies that uphold them. Rather (1994) defines ideology as a "system of ideas, values, or beliefs about social reality that serves to legitimate the vested interests of powerful groups" (p. 265). Clare (1993b) posits that in nursing "the dominant values and beliefs of policy and decision makers...permeate and shape the consciousness of teachers and students...and, in effect, [make them] unconscious participants in their own domination" (p. 285). Furthermore, nursing education "helps create and legitimize forms of consciousness which reinforce existing hegemonic structures" (Clare, 1993a, p. 1034). In this way, ideologies reduce "resistance to acts of power" (Diekelmann, Allen, & Tanner, 1989, p. 25).

Bent (1993) claims that nurses, in becoming aware of oppressive ideologies, can work towards "reclaiming the environment in which [paternalistic] mechanisms for oppression have worked against nursing" (p. 300). One such mechanism is the instrumental rationality of institutions that "has resulted in nurses having a preoccupation with means rather than ends; with method and efficiency rather than purpose; with the desire to control and exercise power over others" (Perry & Moss, 1988/89, p. 38). Moreover, this "ensures that actions nurses take are constrained by organizational factors such as time limits, tasks and procedures, individual workloads, staffing levels, relations of power and in many cases still, the demands of doctors" (p. 38). Bent suggests that to recognize "sexual politics in the medical care system as institutionalized relationships of power is to open those relationships to further analysis" (p. 299). Although Clare (1993a) does not disagree, she cautions that "it is easier to be radical at the level of ideology...than at the level of socio-political action where [nurses] are more effectively constrained by the daily exercise of power" (p. 285).

A second point of agreement among these authors is the fact that nurses must not only critically examine but also engage in political action to transform oppressive social structures. Like MacLeod and Farrell (1994), Clare (1993b) charges that this action component is missing in the "current curriculum revolution rhetoric" (p. 285) in the nursing education literature. Spence (1994) concurs and maintains that nursing education must facilitate the development of nurses capable of shaping "the broader social and political context in which their practice occurs" (p. 188). Mason, Costello-Nickitas, Scanlan, and Magnuson

(1991), however, caution that "it cannot be assumed that nurses have the confidence or skills to make changes in the workplace in politically astute, effective ways" (p. 5). In keeping with this view, Krieger (1991) suggests that nurses need to learn how to be politically active early in their educational experiences if they are to determine, for themselves, the conditions of their practice.

Despite these points of agreement, disagreement exists among some authors as to what is entailed in taking action to transform oppressive social structures. Some authors question whether the power to do so resides within nursing. Taking an affirmative position, several posit that not only the power but also the responsibility to do so lies within nursing (Moccia, 1988; Tanner, 1990; Watson, 1989). In contrast, others hold that this is not necessarily the case because inherent within these social structures is the power to constrain the actions of those who seek to do so, thus rendering them resistant to change (Clare, 1993a, 1993b; Diekelmann, Allen, & Tanner, 1989; Gray, 1995; Spence, 1994). A second and related issue centres around the question of whether the individual's perception of the costs of taking action (the risk of potential sanction) constitutes sufficient reason *not* to do so. Although none of the authors party to this issue condone inaction, some acknowledge that the fear of sanction may in fact result in a conscious decision not to act (Clare, 1993a, 1993b; Perry & Moss, 1988/89; Spence). Clare, however, cautions that failure to act resigns nurses to being governed by them.

Underlying these issues are differing views of how power is exercised and its consequent effects on social structures. On the one hand, the exercise of power by nurses is seen as having a direct and positive effect. In this view, nurses are charged with sole responsibility for transforming these social structures and, by extension, blame if they fail to do so. Clearly, this view warrants further examination. On the other hand, the exercise of power is seen as taking the form of a struggle between opposing forces, both capable of wielding and resisting power and resulting in outcomes that are neither direct nor certain. This latter view represents a shift in thinking from a focus on *where* power resides to *how* power, in the form of real or anticipated sanctions, renders oppressive social structures resistant to change. The potential for sanction, from within as well as outside nursing, however, has only rarely been addressed in the works examined and gives rise to the question of whether the individual nurse has an obligation to put him/herself in jeopardy in the pursuit of the collective good of the profession. While issues such as these, which involve disputation with respect to moral oughts, are not easily resolved, they must be disputed if nurses are to

come to a fuller understanding of what is entailed in taking (or not taking) action against oppressive social structures in nursing education and practice.

### **The Controversy as a Whole**

Adler (1958, 1961) defines a controversy as consisting in the dispute of issues by way of arguments both for and against particular positions taken on them. In light of this definition, it can only be concluded, based on the findings of this study, that relatively few controversies exist concerning the nature, existence, and worth of emancipatory pedagogy in nursing education. It is important to note, however, that the issues set forth in this analysis include only those that have been explicitly or implicitly addressed in the examined literature, and, consequently, it would be erroneous to conclude that there are no other issues. Although a number of potentially contentious notions exist in the literature examined, in keeping with the dialectic method these notions cannot properly be termed issues because authors have not, as yet, engaged in either implicit or explicit dialogue on them or taken opposing positions on questions related to them. Yet other potential issues are embedded in the assumptions underlying each of the conceptions of emancipatory pedagogy, as is noted in the preceding discussion.

Although numerous conceptions of emancipatory pedagogy have been proffered, only rarely have nurse authors engaged in debate on them. Several explanations may account for this. First, it may be that because the notion of emancipatory pedagogy in nursing education is relatively new, insufficient time has been available for such dialogue. Second, it is possible that nurse educators are of like minds with respect to their conceptualizations of emancipatory pedagogy. Third, it may be that the conceptions that have been set forth have simply been accepted without critical examination. There may be yet other explanations. Whatever the case, in light of the issues and questions formulated in the preceding discussion, it does not seem unreasonable to suggest that there is no lack of substance for further examination and debate.

### **Limitations**

Despite the utility of the dialectic method in setting forth the controversies concerning emancipatory pedagogy in nursing education, this study is not without its limitations. Although the researcher endeavoured to ensure that the identification and selection of relevant

literature was comprehensive, some relevant works may have been inadvertently omitted. Furthermore, because works were selected *only* if they directly pertained to nursing education, the literature selected does not necessarily reflect the full range of thinking on emancipatory pedagogy among educators in general, nor does it necessarily reflect the breadth and depth of emancipatory thought in nursing as a whole. This thinking is reflected only inasmuch as the authors whose works were examined cited it in developing their conceptions of emancipatory pedagogy.

A second limitation stems from the fact that the analysis is confined to published descriptions of emancipatory pedagogy. These descriptions often contained ideas that were only implicitly stated by authors, and, as a result, a fair degree of interpretation was required on the part of the researcher in constructing the controversies. The degree to which the resulting interpretations can be considered valid is dependent on the degree to which they are supportable by reference to what the authors explicitly do say about emancipatory pedagogy.

A third limitation relates to the dialectic method, which, as described by Adler (1958, 1961), seeks to identify issues that authors discuss with a view to resolving them. It demands that authors be positioned on one or another side of an issue. However, in constructing the issues that make up the controversies concerning emancipatory pedagogy, the researcher saw clearly that some authors viewed some of these issues not as requiring resolution but rather as dynamic tensions within which contradictory points of view can indeed coexist. Remaining faithful to the dialectic method limited, to a certain extent, reflection of these dialogical tensions.

### Conclusion

Over the past 15 years there has been a proliferation of works published by nurse educators concerning emancipatory forms of pedagogy, and these authors are to be commended for their efforts. Such thinking is different from, and oft times contrary to, traditional ways of thinking about nursing education. As is evident in the preceding discussion, authors often differ with respect to their understandings, which may in fact result in confusion and misunderstanding as others try to comprehend this new way of thinking about teaching (and learning) in nursing education. This study has contributed, albeit in a small way, to a clearer understanding of it by setting forth the points of accord and disaccord that underlie this diversity of thought. Ongoing dialogue concerning



the issues and assumptions inherent in these conceptualizations will assist nurse educators in forming critical judgements regarding the pursuit and development of emancipatory forms of pedagogy in nursing education.

## References

- Adler, M.J. (1958). *The idea of freedom. Vol. 1: A dialectical examination of conceptions of freedom*. Garden City, NY: Doubleday.
- Adler, M.J. (1961). *The idea of freedom. Vol 2: A dialectical examination of the controversies about freedom*. Garden City, NY: Doubleday.
- Allen, D.G. (1990a). The curriculum revolution: Radical re-visioning of nursing education. *Journal of Nursing Education*, 29(7), 312–316.
- Allen, D.G. (1990b). Critical social theory and nursing education. In National League for Nursing, *Curriculum revolution: Redefining the student-teacher relationship* (pp. 67–86). New York: National League for Nursing.
- Andrist, L.C. (1988). A feminist framework for graduate education in women's health. *Journal of Nursing Education*, 27(2), 66–70.
- Beck, S.E. (1995). Cooperative learning and feminist pedagogy — a model for classroom instruction in nursing education. *Journal of Nursing Education*, 34(5), 222–227.
- Bent, K.N. (1993). Perspectives on critical and feminist theory in developing nursing praxis. *Journal of Professional Nursing*, 9(5), 296–303.
- Bevis, E.O. (1989a). Clusters of influence for practical decision making about curriculum. In E.O. Bevis & J. Watson, *Toward a caring curriculum: A new pedagogy for nursing* (pp. 107–152). New York: National League for Nursing.
- Bevis, E.O. (1989b). Teaching and learning: The key to education and professionalism. In E.O. Bevis & J. Watson, *Toward a caring curriculum: A new pedagogy for nursing* (pp. 153–188). New York: National League for Nursing.
- Bevis, E.O. (1989c). The curriculum consequences: Aftermath of revolution. In National League for Nursing, *Curriculum revolution: Reconceptualizing nursing education* (pp. 115–135). New York: National League for Nursing.
- Bevis, E.O. (1993). All in all, it was a pretty good funeral. *Journal of Nursing Education*, 32(3), 101–105.
- Bevis, E.O., & Murray, J.P. (1990). The essence of the curriculum revolution: Emancipatory teaching. *Journal of Nursing Education*, 29(7), 326–331.
- Boughn, S. (1991). A women's health course with a feminist perspective: Learning to care for and empower ourselves. *Nursing and Health Care*, 12(2), 76–80.
- Boughn, S., & Wang, H. (1994). Introducing a feminist perspective to nursing curricula: A quantitative study. *Journal of Nursing Education*, 33(3), 112–117.
- Cameron, P., Willis, K., & Crack, G. (1995). Education for change in a post-modern world: Redefining revolution. *Nurse Education Today*, 15, 336–340.

- Chally, P.S. (1992). Empowerment through teaching. *Journal of Nursing Education*, 31(3), 117-120.
- Chinn, P.L. (1989). Feminist pedagogy in nursing education. In National League for Nursing, *Curriculum revolution: Reconceptualizing nursing education* (pp. 9-24). New York: National League for Nursing.
- Clare, J. (1993a). A challenge to the rhetoric of emancipation: Recreating a professional culture. *Journal of Advanced Nursing*, 18, 1033-1038.
- Clare, J. (1993b). Change the curriculum — or transform the conditions of practice? *Nurse Education Today*, 13, 282-286.
- Diekelmann, N.L. (1990). Nursing education: Caring, dialogue, and practice. *Journal of Nursing Education*, 29(7), 300-305.
- Diekelmann, N.L. (1993). Behavioral pedagogy: A Heideggerian hermeneutical analysis of the lived experiences of students and teachers in baccalaureate nursing education. *Journal of Nursing Education*, 32(6), 245-250.
- Diekelmann, N.L., Allen, D.G., & Tanner, C.A. (1989). *Part One: The NLN criteria for appraisal of baccalaureate programs: A critical hermeneutic analysis*. New York: National League for Nursing.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Herder & Herder.
- French, P., & Cross, D. (1992). An interpersonal-epistemological curriculum model for nurse education. *Journal of Advanced Nursing*, 17, 83-89.
- Gore, J.M. (1992). What we can do for you! What *can* "we" do for "you"? Struggling over empowerment in critical and feminist pedagogy. In C. Luke & J. Gore (Eds.), *Feminisms and critical pedagogy* (pp. 54-73). New York: Routledge.
- Gore, J.M. (1993). *The struggle for pedagogies: Critical and feminist discourses as regimes of truth*. New York: Routledge.
- Gray, D.P. (1995). A journey into feminist pedagogy. *Journal of Nursing Education*, 34(2), 77-81.
- Habermas, J. (1968/1971). *Knowledge and human interests* (J.J. Shapiro, Trans.). Boston: Beacon.
- Harden, J. (1996). Enlightenment, empowerment and emancipation: The case for critical pedagogy in nurse education. *Nurse Education Today*, 16, 32-37.
- Hawks, J. (1992). Empowerment in nursing education: Concept analysis and application to philosophy, learning and instruction. *Journal of Advanced Nursing*, 17, 609-618.
- Hedin, B.A. (1986). A case study of oppressed group behavior in nurses. *Image: Journal of Nursing Scholarship*, 18(2), 53-57.
- Hedin, B.A., & Donovan, J. (1989). A feminist perspective on nursing education. *Nurse Educator*, 14(4), 8-13.
- Heinrich, K.T., & Witt, B. (1993). The passionate connection: Feminism invigorates the teaching of nursing. *Nursing Outlook*, 41, 117-124.
- Hezekiah, J. (1993). Feminist pedagogy: A framework for nursing education? *Journal of Nursing Education*, 32(2), 53-57.

- Jewell, M.L. (1994). Partnership in learning: Education as liberation. *Nursing and Health Care*, 15(7), 360–364.
- Keddy, B.C. (1995). Feminist teaching and the older nurse: The journey from resistance through anger to hope. *Journal of Advanced Nursing*, 21, 690–694.
- Krieger, S.K. (1991). Nursing-ed and feminism. *Canadian Nurse*, 87(9), 30–32.
- Lenskyj, H.J. (1993). Nurse education and feminist challenges. *Registered Nurse*, 5(4), 15–17.
- MacLeod, M.L.P., & Farrell, P. (1994). The need for significant reform: A practice-driven approach to curriculum. *Journal of Nursing Education*, 33(5), 208–214.
- Mason, D.J., Backer, B.A., & Georges, C.A. (1991). Toward a feminist model for the political empowerment of nurses. *Image: Journal of Nursing Scholarship*, 23(2), 72–77.
- Mason, D.J., Costello-Nickitas, D.M., Scanlan, J.M., & Magnuson, B.A. (1991). Empowering nurses for politically astute change in the workplace. *Journal of Continuing Education in Nursing*, 22(1), 5–10.
- Millar, B., & Biley, F.C. (1992). An exploration of issues relating to feminism and nurse education. *Nurse Education Today*, 12, 274–278.
- Moccia, P. (1988). Curriculum revolution: An agenda for change. In National League for Nursing, *Curriculum revolution: Mandate for change* (pp. 53–64). New York: National League for Nursing.
- Moccia, P. (1990). No Sire, it's a revolution. *Journal of Nursing Education*, 29(7), 307–311.
- Mohanty, C.T. (1991). Under Western eyes: Feminist scholarship and colonial discourses. In C.T. Mohanty, A. Russo, & L. Torres (Eds.), *Third world women: The politics of feminism* (pp. 51–80). Bloomington: Indiana University Press.
- Nagle, L., & Mitchell, G. (1991). Theoretic diversity: Evolving paradigmatic issues in research and practice. *Advances in Nursing Science*, 14(1), 17–25.
- Nelms, T.P. (1991). Has the curriculum revolution revolutionized the definition of curriculum? *Journal of Nursing Education*, 30(1), 5–8.
- Owen-Mills, V. (1995). A synthesis of caring praxis and critical social theory in an emancipatory curriculum. *Journal of Advanced Nursing*, 21, 1191–1195.
- Perry, J., & Moss, C. (1988/89). Generating alternatives in nursing: Turning curriculum into a living process. *Australian Journal of Advanced Nursing*, 6(2), 35–40.
- Rather, M.L. (1994). Schooling for oppression: A critical hermeneutical analysis of the lived experience of the returning RN student. *Journal of Nursing Education*, 33(6), 263–271.
- Roberts, S.J. (1983). Oppressed group behavior: Implications for nursing. *Advances in Nursing Science*, 5(4), 21–30.
- Romyn, D.M. (1998). *Emancipatory pedagogy in nursing education: A dialectical analysis*. Unpublished PhD thesis, University of Alberta, Edmonton.

- Ruffing-Rahal, M.A. (1992). Incorporating feminism into the graduate curriculum. *Journal of Nursing Education*, 31(6), 247-252.
- Schuster, E.A. (1993). Greening the curriculum. *Journal of Nursing Education*, 32(8), 381-383.
- Spence, D.G. (1994). The curriculum revolution: Can educational reform take place without a revolution in practice? *Journal of Advanced Nursing*, 19, 187-193.
- Symonds, J.M. (1990). Revolutionizing the student-teacher relationship. In National League for Nursing, *Curriculum revolution: Redefining the student-teacher relationship* (pp. 47-55). New York: National League for Nursing.
- Tanner, C.A. (1990). Reflections on the curriculum revolution. *Journal of Nursing Education*, 29(7), 295-299.
- Tanner, C.A. (1993). A feminist pedagogy in nursing education. *Journal of Nursing Education*, 32(2), 51.
- Watson, J. (1989). A new paradigm of curriculum development. In E.O. Bevis & J. Watson, *Toward a caring curriculum: A new pedagogy for nursing* (pp. 37-49). New York: National League for Nursing.
- Wheeler, C.E., & Chinn, P.L. (1991). *Peace and power: A handbook of feminist process*, 3rd ed. New York: National League for Nursing.
- Wilson-Thomas, L. (1995). Applying critical social theory in nursing education to bridge the gap between theory, research and practice. *Journal of Advanced Nursing*, 21, 568-575.

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