The Nursing Education Administrator: Accountable, Vulnerable, and Oppressed

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What can they do
to you? Whatever they want.
They can set you up, they can
bust you, they can break
your fingers, they can
burn your brain with electricity,
blur you with drugs till you
can't walk, can't remember, they can
take your child, wall up
your lover. They can do anything
you can't stop them
from doing. How can you stop
them? Alone, you can fight,
you can refuse, you can
take what revenge you can
but they roll over you.

But two people fighting
back to back can cut through
a mob, a snake-dancing file

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Poem reprinted with permission from Piercy M: The Moon is Always Female. New York, Alfred A. Knopf, 1980.

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can break a cordon, an army
can meet an army.

Two people can keep each other
sane, can give support, conviction,
love, massage, hope, sex.
Three people are a delegation,
a committee, a wedge. With four
you can play bridge and start
an organization. With six
you can rent a whole house,
eat pie for dinner with no
seconds, and hold a fund raising party.
A dozen make a demonstration.
A hundred fill a hall.
A thousand have solidarity and your own newsletter;
ten thousand, power and your own paper;
a hundred thousand, your own media;
ten million, your own country.

It goes on one at a time,
it starts when you care
to act, it starts when you do
it again after they said no,
it starts when you say We
and know who you mean, and each
day you mean one more.

The Low Road
Marge Piercy

DEANS OF NURSING have the right and the obligation to facilitate professional nursing standards through the control of the educational program. Deans of nursing are primarily accountable *to* students (who represent the future of nursing as a profession), and *to* the health care consumer. It is this obligation of accountability that leads to vulnerability. It is in the best interest of nursing to clearly envision the dean's choices of accountability and to make these choices in a way that will overcome the more pervasive forces of oppression that inhibit realization of human potential in nursing. For the purposes of this article, *university* is used synonymously with *college* or other terms indicating the institution in which the nursing academic unit is housed; *deans* with *chairperson* or other terms indicating the administrator of the nursing academic unit; and the female gender is used in recognition of the fact that almost all deans of nursing are women.

THE HISTORY OF ACCOUNTABILITY AND CONTROL IN NURSING

At the heart of the problem of accountability and vulnerability is the fact that nurses often forget to whom the profession is accountable. The inability today of the profession to control nursing education and practice, to truly exercise accountability to students and health care clients, has deep historical roots in nursing. The need for women to develop their own potential and the related concern for nursing to control its own destiny were primary concerns of Florence Nightingale during her years of founding professional nursing. Nightingale clearly articulated the need for women to develop their passion, intellect, and moral activity and the need for nursing to maintain autonomy and control over its own destiny as a discipline distinct from that of medicine.[1-3]

Following Nightingale's philosophy, several nursing schools were established in the United States as autonomous educational programs. Kock described how

Annie Goodrich lost the autonomy of the nursing education program at Bellevue, which was founded on Nightingale's model:

> In 1895, as a result of the financial problems and the problems of administering a separate school, the board of directors of the hospital decided to take over the control of the training school and establish it as an integral part of the institution. This step constituted one of the most important deviations in the Nightingale system in America and one which has been the cause of many of the problems which have arisen for nursing educators ever since.[4(p28)]

Shryock, writing about the history of nursing, concluded that both the Bellevue School and the New Haven School lost their autonomy because of financial difficulties.[5] However, a more recent historical analysis of these and other schools founded on the Nightingale model reveals that the overt problem of financial difficulty was rooted in the basic problem of autonomy for the school of nursing and the desire of more powerful and financially stronger groups to control nursing education.[6]

The intimate connection between alleged "financial difficulties" and "autonomy" for nursing education is recorded in remarkable detail in the historical records of the Cincinnati Training School of Nurses, founded in 1888. In a recent historical study of this school Bruhn[6] found that the school closed in 1896 because it could not renew the contract with the Cincinnati General Hospital for student learning experiences. The Board of Trustees of the hospital was faced with a financial crisis in the hospital and viewed the financially solvent school as a means to achieving financial solvency for the hospital. The Board insisted that if the leaders of the school would not agree to a merger under the authority of the hospital board, the students would be barred from clinical learning experiences. The nursing leaders would not agree to the school's superintendent becoming an employee of the Board, the school closed, and the hospital later opened its own school of nursing. This trend continues despite growing evidence supporting the need for autonomous nursing programs.

The current literature abounds with stated beliefs and mandates directing members of the nursing profession to dictate the future of the profession rather than being controlled by other individuals and groups. The current movement began with Brown who recommended in 1951 that deans and faculties of nursing insist on full academic autonomy as a distinct discipline within the university setting.[7] Bridgewater, supporting this position, stated in 1979 that "a nursing unit which lacks autonomy is stifled in its contribution of meaningful input to the total university. Such a unit also fails to attract well-qualified, innovative faculty who are challenged to find employment in autonomous, professionally progressive programs."[8(p6)] Aydelotte, in a recent issue of *American Nurse,* predicted that the critical issue of the 1980s will be related to nurses' exerting control over their practice and their professional affairs.[9(p4)] As Ozimek states in projecting the future for nursing in the year 2000: "To remain a viable entity nursing must become independent, maintaining its autonomy and control of its own destiny."[10(p17)]

THEORETICAL FRAMEWORK OF OPPRESSION

The history of nursing and the situation of nursing as a profession today are consistent with the theoretical position of Freire,[11] whose basic premise is that a central problem for humanity is the historical evolution of a state of oppression or the objective exploitation of one person or group of people by another. The following basic propositions of Freire's theory are particularly applicable to the profession of nursing:

1. Realization of full human potential is a basic vocation for human individuals and groups.

2. Negation of humanization occurs by acts of injustice, exploitation, and dominance and leads to a yearning for freedom and justice. Such negation is a tacit acknowledgement of the human potential of the dominated group.

3. The oppressed state creates a distortion of reality for both the oppressed group and the oppressor group, in that the consciousness of the more powerful and privileged oppressor group is absorbed and taken to represent reality in the world. That is, the powerful group tends to identify the values and structure of society, the worthwhile goals, and the means of reaching these goals. This distortion leads to dehumanization for both the oppressed and the oppressor groups.

4. Only the group that is negated or oppressed can liberate itself and its oppressors, a process that begins with perceiving the state of oppression and becoming committed to action and thoughtful reflection (praxis) aimed toward becoming more fully human. Liberation will not be initiated or supported by the dominant group.

5. The barriers to liberation or to achieving freedom and justice are primarily rooted in the consciousness of the oppressed. These barriers include the oppressed group's internalized image of the oppressor as "powerful," "right," or "good"; the internalization of the consciousness of the oppressor (the oppressor's view and definition of reality); the oppressed group's fear of freedom; the tendency to conform to the prescribed behaviors set forth by the oppressor and to become in turn the oppressor; and the inability to take risks in achieving freedom.

6. Because it is in the perceived best interest of the powerful group to maintain its privileges, and its privileges depend on the continued domination of the less powerful group, the oppressed use various devices to assure continued domination. These devices include limiting the quality and extent of education granted the oppressed group, keeping the oppressed group divided among themselves, and granting periodic acts of false generosity for the oppressed groups. Acts of false generosity take the form of token rewards for continued loyalty to the goals of the dominant group, elevating a member of the oppressed group to a high-status position or giving verbal commendations and recognition for the labor of the oppressed group. These actions increase and become intensified whenever the dominated group begins to exert effort in the direction of freedom.

7. Actions to achieve liberation usually begin with acts that appear to be violent to the oppressor group but are essential to

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initiate control by the oppressed group of their own destiny and to claim their right to be liberated. The fight to be free is actually an act of love for the humanity of all people and focuses on changing the unjust social order to a system of accountability to all people.

Deans of nursing, as accountable leaders in the profession, are in particularly sensitive positions when viewed from a framework of oppression. They are identified by the dominant groups as their direct link to the educators and students of the profession and may in fact be placed in the position as an act of generosity by the dominant group. At the same time, deans are viewed as members of the profession by nursing educators and students. As their leaders they expect the deans to represent their best interests to the dominant group. The accountability of deans to each of these groups and to society at large and their vulnerability to oppressive forces are the focus of this article.

CONTROL OF NURSING EDUCATION AND PRACTICE

Control is an important concept to examine in relation to accountability and vulnerability because it is essential to one's own destiny or the destiny of the profession. The concept of control conveys a sense of restraining oneself, yet it is also related to having power and influence over others. The exercise of control over one's own self or one's own destiny can involve the contradictory dimensions of discipline, freedom, and power. This control must exist if one is to be accountable to someone, as well as the ability to justify and explain the needs of educational programs based on the demands of the discipline. It requires the power to manage nursing education and practice without unreasonable restraint. This control does not seek to extend the boundaries of control to other disciplines, although the need to influence related disciplines is essential.

Today administrators of academic units in nursing are not usually conscious of the inherent relationship between control of nursing education and control of nursing practice. Deans and faculties of nursing are deluded into thinking that the educational program is autonomous and free from the dominance of outside groups if the program gains token and illusionary autonomy within the structure of the academic institution. Regardless of academic structure, the dominance of nursing practice (particularly by medicine and hospital administrators) creates a source of control of the educational program. Thus deans and faculty lose their full ability to be accountable to students and to health care consumers.

Faculties of nursing work in classroom and clinical learning facilities that reflect a compromise with the standards of the profession. They are unable to educate within the true meaning of academic freedom and are compromised in their ability to maintain the professional integrity of nursing. Whenever faculties and deans choose to become more accountable and

in control of nursing education and nursing practice, they are subject to increasing attack by outside groups who are attempting to maintain control of the profession. The conflict arising from such confrontations is an essential ingredient in changing the basic structure of the professional social order and will lead to healthier outcomes as long as members of the nursing profession remain committed to reclaiming control of their destiny.

DEFINITIONS AND PERCEPTION OF QUALITY

One measure of reality that is frequently used to justify and defend control of nursing education and nursing practice is the definition of quality. All concerned groups, including students, health care clients, nursing educators, nursing service personnel, physicians, hospital administrators, and university administrators are concerned with quality of the nursing education program. Because these viewpoints may not be congruent, providing a quality program becomes a major challenge.

Academic viewpoint

From the university's viewpoint, a dean's ability to provide a quality education is based on the ability to recruit and retain faculty who hold credentials consistent with the standards of the university. Such faculty must demonstrate a commitment to research and publication as well as excellence in teaching. This expectation leaves nursing programs open to attack. With the present limited availability of qualified educators in nursing, universities can readily claim that nursing as a profession is not ready to meet the challenges and demands of the academic environment as autonomous educational units.

This state of affairs continues to leave nursing deans in a particularly vulnerable position for token generosity granted by institutions of higher learning. These tokens take the form of either lowering the standards of academic qualifications for nursing programs commensurate with the general level of academic qualifications available among prospective nursing faculty or supporting the appointment of better qualified scientists from other disciplines to assist the nursing program. In either case the strength of the nursing unit is compromised.

Whittemore, discussing faculty survival, wrote that no profession can be saved unless its faculty are empowered to accept responsibility for their own destiny, including the maintenance of professional integrity.[12] Given this dilemma, deans of nursing who maintain a commitment to professional integrity for nursing will exert the primary effort in developing a sense of power among their faculty groups—recruiting well-qualified faculty and guiding all faculty in developing their academic potential.

Community expectations

The expectations of the community for quality in nursing programs often differ considerably from those of the academic environment. The community includes both the health care consumer and the consumer who employs the graduate of the nursing program. These consumer groups want graduate nurses who fit the

image of the nurse that they believe will function effectively within the health care system. These groups expect production of practitioners at the lowest possible cost in the shortest possible time.

That portion of the nursing community that accepts the public image of the nurse wants a nursing graduate who is a "finished product," capable of functioning fully in today's hospitals and exhibiting behaviors based on the same set of values held by the general public. This image is reinforced by the demands coming from outside groups controlling nursing practice and is sometimes espoused by members of the nursing profession who represent interests other than that of the profession.[13] All of the demands coming from these groups may not necessarily be inconsistent with the standards of the profession, but the utilitarian goals and purposes of such demands require critical reflection by nursing educators and deans.

The nursing education profession and the standards set by leaders in nursing education and some leaders in nursing practice demand nurses prepared for leadership. These standards require nurses who are prepared to acquire advanced degrees, able to provide leadership for the profession, and able to exercise control over nursing practice.[14]

Incompatible standards

The standards of quality coming from each of these groups are often not compatible. The university values are generally neither accepted nor understood by the consumer or the nurse within the community. The expectations of the consumer and the community cannot be realistically met if the dean sets priorities based on the expectations of the university and on those of the nursing profession.

This conflict is compounded by related forces that may define the quality of nursing programs differently, for example, legal bodies such as boards of regents and state boards of nursing, federal agencies that affect funding, and associations of accreditation, resulting effectively in a "divide and conquer" syndrome—all lead deans into a maze of confusion, demanding a fine, balancing act. The end result for deans of nursing is one that is beneficial to other controlling bodies. They have effectively divided the profession.

The magic ingredient of "quality" that provides a measure of the success of the nursing program is elusive and unattainable and cannot be used to assist in providing justification for controlling our personal and professional destiny. However, the ingredient of "quality" is an important, elusive measure of success that can be used to affect the dean's accountability and vulnerability.

Consciously selecting the definition of quality and the groups to which the program is accountable is a basic step in achieving control of the discipline of nursing. As McGriff has stated in speaking about effective leadership in nursing, "We must have the courage of our convictions. We cannot change our story according to the audience, rather we must tell it like it is—regardless of how unpopular and painful the truth may seem."[15(p59)] As deans of nursing demonstrate their accountability to students and to health care consumers, these deans will define the quality of their programs in terms of standards that will improve the state of the nursing profession

and of the health care of the community. Then sources of vulnerability can be analyzed and possible support sources identified.

SOURCES OF VULNERABILITY

There are four major sources of vulnerability generated by primary accountability to students and to health care consumers. Alternative sources of support can be developed in relation to each source of vulnerability. The choices made by deans in developing support are critical for the further development of nursing.

The university's economic and political environment

Stanton made the following statement concerning the importance of politics and power in policymaking:

> Politics, power and risk-taking must be present if nursing is to make an impact on health care. Politics is defined as the art of influence and is a part of everyday life. Power begins with the individual and evolves as an influence in relationships between people. Risk-taking means taking deliberate action where the consequences or outcomes are uncertain.[16(p20)]

It is almost impossible to separate the economic and political forces that affect the administering of an academic unit. Politics involves the total complex of relations between humans in a society and generally guides the making of social policy. Decision making involved in the development of policy is heavily laden with the use of power by those who control the environment. One of the most essential ingredients of politics, especially within a university, is having the power to control the economics of the institution and the educational unit. Piercy, a novelist and poet (see her poem at the introduction of this article),[17] defines politics as the exercise of values in society[18]—being able to define what is good and what is bad, who deserves and who does not deserve the resources of society and the environment.

As Taylor noted in 1934, nursing education has an equal right to the resources of the university, yet nursing programs are often viewed by university administrators as creating an undue economic burden on the institution. A program cannot be perceived as being an economic burden and have a strong influence or ability to control the decision-making process within the university.[19] Although other programs such as music or computer science may actually be more expensive than nursing, nursing education is generally considered one of the most costly programs. That is usually perceived as a negative fact, although until recently the cost of medical education has been less frequently discussed as an economic burden and has been accepted as a high priority.

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The economic and political dynamics affecting many nursing education programs today mirror almost precisely the recorded history of the early Nightingale School of Nursing. The alleged closing of these schools was for economic reasons,

although evidence exists that the real problems had to do with autonomy and the desire of politically powerful groups to control nursing education. The image of economic weakness is a powerful and oppressive force, placing nursing in a vulnerable position with academic peers, and provides a significant weapon for waging the war of control. The challenge for nursing deans once the reality of economic game playing is consciously analyzed, is to find ways to alter the perception of nursing as an economic burden on the institution and to demonstrate economic sufficiency based on realistic budgeting. Even though deans are largely measured by their ability to "wheel and deal" in the world of economic politics within the university, their basic task is to select strategies that will offset the power of the economic weapons used against them.

Political game playing involved in the exercise of accountability requires that political support systems be developed. Because the dean is a middle manager, such support systems need to come from many diverse groups that frequently have different goals, values, and commitments. The nature of the present social structure within and outside the university creates tremendous ideological and practical gulfs between various groups and subgroups. The dean is placed between the demands of the university administration and the faculty. Within the educational unit dichotomies occur between different faculty interest groups, such as graduate versus undergraduate faculty, the doctorally prepared versus the master's prepared, and tenured faculty versus nontenured faculty. The dean cannot expect to be all things to all people; in fact, the extent to which the deans attempt to satisfy the whims and demands of subgroups and opposing interest groups, the more they reinforce the continued existence of a "divide and conquer" syndrome. Decision making within such a context creates "wins" and "losses" among political supporters and leads to unhealthy conflict. This type of conflict can immobilize a group, negating progress toward any unified goal.

Given the assumption that nursing is a relatively oppressed group within the university, the dean's major challenge is to inspire unity in the faculty group. Subgroups will continue to exist, and there will be individual differences and disagreements. However, to the extent that the dean and the nursing faculty agree on the basic commitment to maintain the integrity of the profession and can perceive the reality of oppressive forces undermining this goal, the group can move together to overcome such forces in a healthy manner. Conflict among the faculty groups can be used as a means of perceiving the contradictions inherent in the situation and of identifying and selecting problem-solving approaches.[11]

Deans ultimately increase their strength to the extent that they consciously and deliberately decide how to use their energy and resources to gain and keep a political support system. However, to do so with the expectation of assuring personal survival as a dean is foolhardy. Potential and actual political support systems create difficult conflicts, disputes, and political struggles. Groups are often comprised of people overwhelmed by their own problems, apathetic and disinterested. Partici-

pants in groups move in and out in a fluid manner depending on their circumstances and motivation. Deans of nursing come and go regardless of the political networks of support developed from administrators and outside interest groups. The ultimate goal of a dean should center on what an individual's tenure as dean accomplished in achieving integrity and strength for the profession of nursing.

The relationship between nursing and power groups

Within the university and especially within a health sciences center, it is generally believed that the top administrations of the university and the medical community both in and outside the university have the greatest amount of power. Deans are often measured by their ability to collaborate effectively with these groups. *Collaboration* can mean to cooperate with or willingly assist an enemy in one's own country, especially an occupying force.[20] The thrust toward collaborating with medicine is contaminated with the reality that nurses are not generally viewed as peers or even as having a distinct profession by most physicians. Taylor stated in 1934 that schools of nursing and medicine must grow together but could not do so until nursing was free to develop the fundamental body of theory essential to the practice of the profession.[19] Today gains in this regard are encouraging, but nursing has not made sufficient gains in developing a body of knowledge to achieve a collegial relationship with medicine. As recently as 1965 the following perception of nurses by physicians was published in the *Journal of Medical Education:* "She must feel like a girl, act like a lady, think like a man and work like a dog."[21(p767)]

In the face of both historic and current evidence, one cannot deny the dominance of nursing by medicine. The underlying reasons for the dominance of nursing by medicine may be related to deeply rooted philosophic differences between the two disciplines, a relative lack of sophistication on the part of nursing in dealing with the academic and political requirements of the university and the health care system, or the fact that nurses are primarily women and physicians are primarily men. It is enlightening and helpful to understand and perceive accurately the underlying dynamics of this dominance, but the major obstacle for nurses to overcome is that of recognizing that this dominance is not a right and natural phenomenon. Consistent with the theory of oppression, nurses have been led to believe that it is right or natural for medicine to maintain control of the entire health care enterprise. The freedom to develop nursing's own destiny can only come from nursing's own initiative; it will not be freely granted by other groups.

Within a health science center dominated by physician administrators who control the standards of nursing education, achieving actual autonomy and accountability for nursing may be close to impossible and often depends on the personalities involved. One strategy that deans of nursing attempt to use is to gain the support of the highest level of administration in a university. However, this avenue is usually futile because of limited access or difficulty in communicating effectively about the inherent philosophi-

cal and practical contradictions between the disciplines of medicine and nursing.

Consistent with the theoretical framework of oppression, medical school deans and health science center administrators have significant advantages both in gaining access to and communicating with the highest level of a university administration. Nursing's lack of adequate data to analyze, support, and explain the nursing program's needs makes nursing deans appear less accountable and increases their vulnerability. Realistically, efforts need to be made in gaining the support of medical groups and of top level administration. However, a careful assessment of the potential for development of support from the groups is needed before taking a position and attempting to gain their support. Once a dean recognizes that a negative system or one that will yield nonsupport exists, data can be gathered related to their political and social power so as to be prepared both offensively and defensively when a power struggle emerges. The tendency of nursing deans to gain medicine's support at all costs leads deans to compromise the nursing profession, and accept token gains giving the illusion of autonomy and control of nursing education. The end result is an increase in their vulnerability to attack and control by medicine.

Women as deans

In describing the articles in the April 1980 issue of *Advances in Nursing Science* (2:3) dealing with the politics of care, the editor stated that

> It is critical to recognize the inherent relationship between the political problems of women and of nurses in today's culture. Although fewer than 2% of nurses are not women, well over 1.4 million nurses are women with political problems and challenges that are painful for any human to face, regardless of sex.[22(pxiv)]

Indeed, the problems that women deans face in male-centered universities are sufficient to drive the woman dean perfectly insane. An awareness of the reality of the dean's plight as a woman in universities is a giant step toward becoming "stark-raving sane." Denial of this fact does not contribute toward lessening the dean's vulnerability; denial only contributes to an increased vulnerability. The greatest vulnerability is blind acceptance of tokenisms that ultimately weaken the dean's accountability. Women scholars who have taken the plight of women in society seriously have begun to provide evidence that women tend to be basically powerless in terms of policymaking or influence as administrators. In a comparative analysis of governance within universities, faculty believed that deans have the broadest range of influence over decision making.[23] Inherent in this study is the fact that the majority of the deans involved were men and thus one cannot assume that women who were deans were perceived as having influence. Women who hold administrative or decision-making roles in academic institutions were documented as more likely than men to be unhappy and to have considerably less confidence in the top administrators of the institution than did their male colleagues.[23]

In the following statement Rich contrasted the current male-centered university with a potentially woman-centered university:

> Each woman in the university is defined by her relationship to the men in power instead of her

relationship with other women up and down the scale.... The structure of the man-centered university constantly reaffirms the use of women as a means to the end of male "work"—meaning male careers and professional success.[24(p137)]

Vance, in an analysis of women leaders, aptly described the overwhelming perceptual barriers (ie, distortions of reality) held by both men and women, particularly by women who attempt to achieve positions of power and influence in organizations:

It is my thesis that the woman who attempts to break out of the expected mold—who does not conform to the commonly accepted cultural feminine ideals and images—is often regarded as a *deviant*. Since in our society, professional leadership roles still typically fall within the male-assigned role, the woman who dares to be different—to be successful and exercise power in her own right—is a role breaker, an outsider. She fits into at least one or perhaps all of the definitions of deviance as conceptualized by Becker: varying too widely from the norm; something or someone essentially pathological; a symptom of social disorganization, and a failure to obey group rules.[25(p38)]

As women, nursing deans are vulnerable to being viewed with much the same sex stereotype as all other women in the university, including the majority of women employed by universities as secretaries, assistants, and clerks and literally functioning as a means to the end of male work. Because the deans' behavior often varies significantly from that of the stereotype, they are vulnerable to being viewed as deviant, to isolation from male power groups, and to isolation from other women in the university. Nursing deans are seldom appointed to prestigious and influential committees and are excluded from the most important decision-making groups. When women deans increase their influence and participation in decision making, they are vulnerable to a significant backlash. Diers proposed several axioms for nursing leadership, one of which speaks particularly to the problem of backlash and is consistent with the theoretical framework of oppression:

Paranoia gives one as clear and true a vision of the world as politics or religion.... what we are experiencing as nurses right now is backlash—an effect of the increasingly significant moves nursing is making both politically and in the delivery of services, and a reflection of the increasing power of women....

It is too easy to have one's nursing confidence undermined by backlash. But the other side of paranoia is to realize that we must be doing something right to be so important as to evoke these kinds of irrational responses. Backlash is a symptom of something else, and an implicit recognition that one's efforts have paid off.[26(p70)]

Dealing with the problems inherent in being a woman dean in a male-centered university creates a vicious cycle. The behaviors and actions that the dean might use to deal with this area of vulnerability increase her vulnerability because these behaviors are, by definition, role-breaking for the dean as a woman. Being a strong woman dean requires existential courage, "the courage to *see* and to *be* in the face of

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the nameless anxieties that surface when a woman begins to see through the masks of sexist society and to confront the horrifying fact of her own alienation from her authentic self."[27(p4)]

Solomon and Tierney, in a study of job satisfaction among college administrators, found that lower-level administrators were generally less satisfied with their jobs than were top-level administrators and that they made the best of the situation by setting limited and tangible goals.[28] Other mechanisms included recognizing strengths and weaknesses, laughing at oneself, seizing the opportunity to celebrate many occasions, and designating periods for reflective thought. The authors concluded that the best aid to general mental health is to find one's own rhythm or pattern of functioning that is productive and enhancing of one's sanity and depend on it for personal survival. Given the theoretical perspective of oppression, women in universities need not only recognize the problems of sexism in the university but also deliberately align themselves together as individuals and groups to begin to build a vital support system and overcome the divisions created by the existing social structure.

The dean as a person

The last source of vulnerability is perhaps the most important, that of the dean as a person. Vulnerability is perhaps most strongly influenced by the ability to maintain a sense of self-confidence. It is commonly assumed that the woman dean's personal life must be separated from the political and professional context in which she works and that emotions are irrelevant to the historical record created during one's tenure as a dean. Such an assumption and attempts to shape one's behavior based on it are unrealistic if the dean is to significantly contribute to the profession. The isolation created is one of the most powerful ways of undermining the dean's political strength, making the dean misunderstood and defenseless.

Cook, a contemporary historian who specializes in the study of women leaders of the nineteenth century and early twentieth century, has examined the relationship between the emotional support network and the political activism of women during that time period. In a recent article, she devoted a significant proportion of attention to the life and political impact of Lillian Wald, whom Cook recognizes to be one of the most significant women of her time period. Wald's personal support systems consisted of the long-term residents of Henry Street, including Annie Goodrich (who was involved in the loss of autonomy for nursing at Bellevue), Lavinia Dock, and other well-known nursing leaders of the time. Wald aligned herself with several affluent women who were involved in her work at the settlement and held close friendships with women who contributed financial support to her efforts. The records that Cook has examined indicate that these were not merely superficial friendships established for professional or political support; these women held strong emotional ties that nurtured and supported their professional and political successes.[29]

Deans frequently isolate themselves from the faculty on the assumption that the distance will facilitate objectivity in professional matters. Women deans also

isolate themselves from the male-dominated higher administrative officers because any other way of relating may be viewed as inappropriate behavior having sexual overtones. Thus the female nursing dean typically hides behind her work, staying intensively active and supporting the rationalization that the inability to develop a satisfying personal support system is circumstantial.

Given the circumstances under which most nursing deans have developed personally and professionally in the existing social structure, it is predictable that the dean's behavior patterns in relation to the nursing faculty foster personal distance. A nursing faculty's struggle for freedom and their resistance to support a structure that dominates and inhibits optimum functioning create an environment in which the dean becomes the oppressor. Dominated and influenced by the ideologies and demands of the top-level administrator and other power groups, the dean tends to model her behavior after theirs, as Freire points out, to achieve privileges and power similar to those exhibited by the more powerful groups. Only when the dean discovers the reality of the situation in which she finds herself and begins to act in a humanizing way toward the faculty group will she begin to liberate herself and her coworkers.[11]

Consistent with the theory of oppression, leaders in nursing seem to hope for freedom while at the same time being afraid to attempt to achieve it. The fear can only be overcome by developing a support system, achieved through nurturing a sense of comradeship with peers, a willingness to give up the security of conformity, and a sense of who nurses need to be during the struggle for personal and professional identity. Confrontation with our own reality and expulsion of the myths that have been created and developed in the past can help transform a group, which in turn will free individuals within the group.[11] It is through a sense of unity and organization that the strength to recreate the world in which nurses live and work can be generated.

RESEARCH AND THEORY DEVELOPMENT

The theoretical framework of oppression has been used to analyze experiential observations made regarding the role and function of nursing deans in their efforts to establish accountability for nursing education and to identify the resulting vulnerabilities. Research is needed to verify these observations and interpretations, and to further develop theory that explains and predicts the social and political phenomena inherent in nursing education. The following specific research problems are suggested.

- What historical evidence exists regarding the social and political oppression of nursing as a health care discipline? What are the traits of nursing leaders who have historically contributed to the development of the discipline?
- What economic and political resources are actually available to nursing education programs in universities compared to other academic units? What are the processes by which the

distribution of resources is decided and what are the traits of individuals who tend to be the most influential in this process?

- On what basis is the "success" or "failure" of nursing deans judged, and do these criteria differ for different groups within the university and the community?
- What political support systems tend to be developed by nursing deans? What is the effect of the different sources of support on the nursing education program? Do these factors differ for deans in other disciplines?
- Are there different subjective responses or measurable outcomes to the same behaviors exhibited by men and women deans?
- On what model(s) do nursing deans base their political and social strategies? Do these differ from those of other academic deans or for male administrators?
- How do nursing faculty perceive and interpret nursing deans' behaviors? Which behaviors are perceived as enhancing the effectiveness of the group in achieving development personally and professionally?

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