

Advances in Nursing Science
Vol. 28, No. 1, pp. 50-57
© 2005 Lippincott Williams & Wilkins, Inc.

Linking Nursing Theory and Practice

A Critical-Feminist Approach

Jane M. Georges, PhD, RN

Situated in a critical-feminist perspective, this article describes a pedagogical approach to linking nursing theory and practice. The inclusion of the critical humanities is emphasized in creating an environment in which this linkage can be reified for learners. Implications for the future of nursing theory and its links to practice in the context of current political realities in academia are considered. **Key words:** curriculum, feminism, nursing, pedagogy, theory

AS the feminist writer bell hooks^{1(p13)} states in *Teaching to Transgress*, if we are to provide the necessary conditions where learning can most deeply and intimately begin, we must do more than just share information. We must also share in the intellectual and spiritual growth of our students. Perhaps in no other aspect of contemporary nursing education is this assertion more salient than in the teaching of nursing theory. Nurse educators are currently faced with multiple discourses identified as “nursing theory”—including prescriptive models of conceptual/grand theories^{2,3} and models informed by postmodernism and critical-feminist philosophy.⁴ To attempt to help students link nursing theory and practice in this discursive maelstrom can be a daunting task, at best. It is perhaps no coincidence that at this particular point in the history of nursing theory, many schools of nursing are choos-

ing to delete nursing theory courses from curricula, particularly at the master’s level. After all, what possible purpose could such putatively arcane nursing theory courses fulfill in master’s-level programs, given that graduates of these programs must function within managed care environments that place a high priority on the hard realities of cost analysis? Does, in fact, a link between nursing theory and practice still exist in any pragmatic way? I assert that such a link not only exists, but its nurturance in our students is essential to the continued development of nursing science. The purpose of this article is to describe a pedagogical approach to linking nursing theory and practice from a critical-feminist perspective.

Specifically, this article

- describes emancipatory approaches to pedagogy and the relevance of self, voice, and “the cultural politics of the sign” in the educational process;
- utilizes a critical-feminist self-reflective analysis to deconstruct the ways in which traditional approaches to teaching nursing theory silence the voice of the individual and rewrite the self-as-nurse; and
- proposes an alternative approach to teaching nursing theory in which a critical-feminist perspective guides the development of students’ authentic voices in linking nursing theory and practice.

From the Hahn School of Nursing and Health Science, University of San Diego, Calif.

The author is extremely grateful for the contributions of the students in NU202 Theoretical Foundations of Nursing at the University of San Diego, 1996–2003.

Corresponding author: Jane M. Georges, PhD, RN, Hahn School of Nursing and Health Science, University of San Diego, 5998 Alcalá Park, San Diego, CA 92110 (e-mail: jgeorges@sandiego.edu).

EMANCIPATORY APPROACHES TO PEDAGOGY

Emancipatory approaches to teaching, exemplified by feminist process⁵ and critical pedagogy,⁶ have as their philosophical underpinnings the work of such poststructuralists as Derrida⁷ and Foucault.⁸ Central to these approaches is the reconceptualization of what it means “to know.” If all our “knowing” has been transmitted to us within a Eurocentric context characterized by largely invisible sexism, racism, and classism, then our very sense-of-self has been rewritten and our voices silenced to conform with these unjust power relations. An emancipatory pedagogy seeks to render this oppression visible, particularly along the axes of gender, ethnicity, class, and sexual preference. In doing so, these pedagogical approaches present an alternative to traditional Eurocentric models of education, in which a passive, unknowing student as subject is, in a sense, colonized by a rational-technical body of knowledge accepted as “truth.”⁶ Using what deconstructionists term “the cultural politics of the sign”^{9(p222)}—understood as the transmission of oppressive power relations by means of symbols, such as a classroom arranged with students all facing a single, powerful authority figure—traditional approaches to education silence the authentic voice. Both students and instructors are caught up in the constant maintenance of a status quo of power relations, both in content and process. The content presented in such classrooms is inherently oppressive, in that it is presented as a “privileged text,” or a set of truths that may be questioned only using a rational-technical, logocentric worldview. That such a worldview is neither objective nor values-neutral is rendered invisible. Oppression within classroom processes (eg, the hegemony of the professor’s voice and the devaluing of students’ personal narratives) is so routine as to be rendered “natural”—this is, after all, what university education *should* be like so as to be considered valid.¹⁰

Such visionary scholars as Belenky¹¹ have provided a growing body of literature doc-

umenting the enormous intellectual growth that occurs when learners are able to develop an authentic sense of self and voice instead of rewritten, silenced versions. While mainstream nursing education remains characterized by a discourse largely reflecting the assumptions of traditional Eurocentric pedagogy, an alternative discourse exists that asserts that the adoption of emancipatory pedagogies within nursing is not only desirable, but essential.¹²⁻¹⁴ For nurse scholars informed by a critical-feminist perspective, the development of an authentic self and voice is of paramount importance if nursing science is to address the political realities affecting health and illness in any meaningful way.

DECONSTRUCTING THE REWRITING OF THE SELF

Telling one’s own local narrative is an approach used by feminist-critical scholars to deconstruct the ways in which privileged texts are used to silence and rewrite the self.¹⁵ The narrative that follows traces ways in which nursing theory has been used as a pedagogical master narrative to silence and rewrite my own self-as-nurse, and the corresponding ways in which I went on to repeat the same silencing with my own students.

I am left with one startlingly clear memory of my first day in my professional nursing program. What the deconstructionists term “the cultural politics of the sign” has left an enduring mark. As a stranger to the culture of academic nursing, I was stunned both by the “signs” being given to me as well as their mode of transmission. On the surface, the event is so commonplace in North American schools of nursing as to be unremarkable. A Caucasian woman, identified as a professor of nursing and dressed in expensive clothing, displayed a diagram on a screen at the front of the room using an overhead projector. The diagram consisted of 3 interlocking circles, which were respectively labeled “Man,” “Health,” and “The Environment.” Her voice carried the assurance of certain truth as she

announced to the class that *this* (ie, the 3-circle diagram) *is nursing*. I was simultaneously baffled and ashamed. Prior to this event, I had been a nurses' aide in what had optimistically been called a *convalescent hospital*, in Southern California, although it was actually a place of last resort for dying, impoverished people. The other nurses' aides with whom I worked were a diverse group; many of them were women who had immigrated to the United States. The enormous commitment and exquisite level of care given by them justified their pride in referring to their work as *nursing*. One RN who supervised us likewise always referred to us as *nurses*, and somehow this appellation made all of us feel valued. My coworkers, no matter how tired or busy, had always taken the time to help me learn more about what I had thought was "nursing." And now that I had finally arrived on the threshold of formal nursing education, I found that I/they were wrong. The "cultural politics of the sign" were invisible to me at that moment, but a profound, lasting message became enormously clear: my sense of self-as-nurse was invalid. My former nurse mentors—many of them women of color from a low socioeconomic status, usually dressed in worn, stained polyester, holding and comforting dying persons—could not possibly compete with the truth claims made by this authoritative professor. The entire presentation of this new "model" of nursing—the circles with their perfectly drawn proportions, the glow of the technological wonder of overhead transparencies, the crisp, newscaster-style American accent of the professor—created an aura of unquestionable authority. I participated in this rewriting of self-as-nurse assiduously, and 2 weeks later received a high grade on a test in which I recreated the 3 circles in perfect proportion. That this entire exercise was so *alien* to my very self was not relevant; the unstated goal of this pedagogical enterprise was, in retrospect, to colonize my notion of nursing into a normative concept congruent with assumptions about the superiority of rational-technical, North American values. As Freire⁶ notes in his classic text, *Pedagogy of the Op-*

pressed, an oppressive model of education-as-colonization maintains the status quo by presenting the world as something given—something to which students, as mere spectators, must adapt. The rewriting and silencing of myself-as-nurse had begun.

During my early years as a nurse, I was, quite frankly, too busy and overworked to think much about what I have since named "the circle diagram," which symbolized for me a "higher level" of understanding of nursing. Someday, I promised myself, I would obtain a master's degree and fully grasp this higher level of knowing. It did not seem to matter that during my master's program, the content of the nursing theory course—a standard week-by-week description of one grand nursing theory at a time—remained entirely unconnected to my self-as-nurse. Surely, this disconnect was a failure on my part to study hard enough or think critically enough. I had gained enough "factual" knowledge of the grand theorists' work, however, to feel competent in teaching an undergraduate course in nursing theory after my graduation. The context of this course was out of the ordinary academic mainstream at the time. It was a course in an RN to BSN program offered in community settings as part of a state initiative to make the BSN degree more accessible to nontraditional students. My students were a group of immigrants from Vietnam, most of whom had been RNs there. The course was taught at a community hospital at 8 AM, when most of them had just finished a 12-hour shift. A truism in critical-feminist pedagogy is that teachers will replicate the power relations that existed in their own oppressive experiences of education, unless their horizons of understanding have been expanded. Thus, I felt quite comfortable handing out textbooks with a chapter-by-chapter summary of various grand nursing theories, and I enthusiastically announced that we would cover one of these theories each week. It was not until the third or fourth week of the semester that one of the students broke the usual silence that followed my brisk, "Are there any questions or comments?" with a statement that will forever remain etched on my soul. She quietly said, "We

didn't have any nursing theories in Vietnam. All we had was . . . death . . . and ourselves as nurses." I remember my feelings of fear and utter humility as I closed the book and managed to say, "Tell me about that."

The incredibly liberating experience of being in the classroom of Dr David Allen at the University of Washington during my doctoral program in nursing gave me the courage and the resources to deconstruct the many ways in which my self-as-nurse had been rewritten by a number of privileged texts in nursing. In the process of this deconstruction, however, a concern grew within me. What would happen to me in the "real world" of nursing academia if I dared to tell my own "truth" to my future students about the potential for using nursing theory as a colonizing device? I knew only too well the consequences of speaking one's own truth within a hierarchical system. The metaphor of "the emperor has no clothes" is a powerful symbol in Eurocentric culture. Like many folk narratives, it expresses a larger metanarrative inherent in the culture: do not question the voice of authority, even when all indicators would suggest that the voices of the powerful are simply not congruent with one's own lived experiences.

The challenge for me was 2-fold as I began a tenure-track position. How could I design a pedagogical approach that was *authentic*, not a rewriting of nurses' true selves, while simultaneously recognizing that a powerful discourse still exists within nursing academia that gives hegemony to prescriptive models of nursing theory? Could I, in reality, not force students to rewrite themselves as nurses, but instead facilitate their growth as nurse scholars by using their own, authentic practice experiences as a starting point for theory construction?

A CRITICAL-FEMINIST PEDAGOGICAL APPROACH

During the last 10 years, I have developed and refined a graduate-level course in nursing theory that uses a critical-feminist approach to make such a link between theory and prac-

tice. Using the work of Wheeler and Chinn⁵ as a starting point, I begin by giving students an opportunity to speak their own truth(s) in a safe, accepting environment. I ask students on the first day of class to take out a blank piece of paper without their names and write what they *really* feel about nursing theory. I make it clear that no one will see these statements except me, and I will not read them out loud to the class or try to identify the authors. I also assure the class that I will destroy the statements as soon as I have read them.

I have found that immediately students try to find out what I *want* them to say and will ask questions such as, "Should I talk about specific nurse theorists?" It is sometimes helpful to give them permission to take a narrative approach: "Tell me a story about something that happened to you in a nursing theory class," or "Tell me a story about a student in a nursing theory class. What is she or he really thinking and feeling?" I often add the encouragement of: "It's OK not to be nice. It's OK to be honest. You won't hurt my feelings." I then leave the room while the writing is going on. When I return, I ask that everyone shuffle all the papers in every row, so there will be no way I can know where various papers came from. I then put the papers in an unmarked envelope and tell the students that I would like to meditate on their statements at a later time.

The following class meeting, I gradually reintroduce the topic of the statements. I describe the general premises of feminist narratology and the identification of themes within texts. I then bring the focus back to what they wrote during the previous week. Without making any reference to specific statements, I talk about the themes I identified in their texts. Over time, I have seen the same themes regarding nursing theory classes emerge without fail: a sense of suffering, understood as an oppressive experience to be endured; and a sense of what is often referred to as *unreality* or *pretending*. When I begin to speak openly about nursing theory as "a source of suffering," there is usually laughter at first. But as the discussion then segues into a deeper level of analysis, and students

begin to share the personal cost of putting up a pretense of a silenced/rewritten self-as-nurse just to please an authority figure, the tone is often one of hurt and anger. "Why do we have to play this game that this crap matters, when everybody knows it doesn't?" is often blurted out. The powerful mask of women-and-nurses-as-nice then slips back: "I shouldn't have said 'crap,' I don't mean you personally." The stakes are high for these new graduate students; they are taking a huge personal risk and know only too well the consequences of challenging power relations, especially in a school of nursing classroom. It is my belief as a critical-feminist scholar that if a teacher takes learners to a place where they begin to question their own assumptions about power relations, the teacher is ethically obligated to be there to "pick up the pieces." And so time is built into the next few class sessions to do just that: helping students to reflect on their experiences and providing support for reevaluating the new consciousness that they find themselves living in. How, then, does this new understanding of nursing theory as a potential ideological tool shape the remainder of the course? Often, as students gain an awareness that they may speak more freely here than they have in other classrooms, they ask, "Does this mean we can just not come to this class, since nursing theory really doesn't matter?" There is something very poignant—and telling—about a situation in which persons are willing to pay a great deal of money for an entire course, then rejoice in their potential emancipation from it.

It is at this critical nexus of acknowledging the suffering caused by past experiences of nursing theory that a new idea can be introduced: the potential for the emancipatory power of nursing theory. Our work in the following weeks is focused on demonstrating the ways in which theories, as ideological constructs in a European metanarrative, have developed. I find that students in schools of nursing are often hungry for historical and sociopolitical context, as so much of their prior education has been in the form of largely acontextual discourse, exemplified by stan-

dardized care plans and clinical pathways.¹⁶ The use of a critical humanities approach, in which an entire range of cultural forms, including literary works, art, and film are analyzed using a critical-feminist perspective, is very useful in providing this context. The students' observations are often startling—and painful—as I show various forms of Eurocentric "texts." I have found that Western artwork depicting scenes in which "cultural politics of the sign" related to the human body are present are particularly resonant with the lived experiences of these nurses. For example, Rembrandt's "The Anatomy Lesson"¹⁷ is a stunning example of the body portrayed as an objectified construct, an exemplar of Foucault's view of the body¹⁸ as the ultimate site on which power is concentrated in Eurocentric culture. As we progress through a series of images that reflect the Western ideal of theory as a rational-technical device, derived in a deductive fashion and then used prescriptively to enforce or maintain power relations, theory becomes extremely "real" to these nurses who experience its silencing power every day.

The next step is to return to our "local" position as a speaking community of nurses and identify the ways in which nursing is situated within a Eurocentric model of theory construction and application. It is important to me at this point that the achievements of the early nursing theorists be put in a context that recognizes the power relations under which these scholars produced their work. That this group of women, such as Peplau,¹⁹ Henderson,²⁰ and Orlando,²¹ succeeded in writing and publishing their work in an environment largely hostile to the presence of nursing in the university setting during the 1950s and early 1960s is astonishing. Expressing to students both the Eurocentric philosophical assumptions that informed these scholars as well as the patriarchal system in which they worked is essential in providing a sociopolitical context. As we spend 2 to 3 weeks honoring these nurse theorists, I see students' faces come alive as they watch a video showing the unique, expressive style

of the late Martha Rogers. When the grand theorists are presented as real women achieving enormous accomplishments in the face of daunting situations, instead of disembodied authoritative voices, a sense of shared purpose begins to appear. "They wanted what we want," one student once reflected. "They wanted nursing to reach its full potential."

Once we have reached a place in which an understanding of the context of previous work in nursing theory has been achieved, we turn to its future. Knowing what we now know about the context of past theory development, where will we as nurse scholars go? Throughout the course, I have assigned an assortment of readings for students to discuss, including some classic work about theory from a variety of sources, including Chinn,⁴ Meleis,²² and Fawcett.² At this point, I assign Carper's 1978 watershed article in *Advances in Nursing Science*, "Fundamental Patterns of Knowing in Nursing."²³ Although I have previously introduced the concepts of epistemology and "truth claims," something about Carper's discussion of nurses' ways of knowing brings these otherwise esoteric ideas to life for many students. "Nurses know stuff! I always knew it!" is a common response.

That a group of university-educated professionals has been socialized to mistrust or devalue their own knowing is a critical realization, and leads to the students' sharing of narratives concerning the oppressive attempts at the "rewriting" of their knowing that have filled their professional lives. In these astonishing narratives, the principal theme is consistently the use of their own, authentic knowing to create an engaged, praxis-based interaction with a patients and families, *in spite of* authorities' attempts to control or silence them. The outcome of such interactions is always equally amazing: a baby saved from perinatal death "because I believed the mother, even though they told me not to"; a partner able to see a critically ill loved one just before dying, "even though they said I was breaking the rules about 'nonmarried' people not counting as family."

It was from listening to these narratives that I came to the realization that I had reached the heart of the matter: the development of self and voice is an essential step in linking the practice setting and the construction of new nursing theory. If nursing theory development is to become something that is more than just the uncritical acceptance of ubiquitous ideological constructs such as "health disparities," and their subsequent linkage with other ideological constructs based on funding priorities, nursing *theorists* must develop. We must give our students the space, time, and safety to discover their own voices, along with the intellectual resources to construct theories that seek to emancipate, rather than control.

When this realization dawned on me, I searched for ways to nourish more deeply the development of nurses' own voices as theorists. I wondered—if the narratives about the "truth" of nurses' own knowing were so powerful, what would happen if students reenacted these narratives? Would the psychological transformation that results when actors portray a different self in a drama render the link between the lived experiences of practice and the development of theory more real? I asked the students how they would feel about reenacting the narratives they had described to me. I was surprised (but should not have been) by the students' response: yes, they would like to reenact these narratives, but only if *I* also participated. If they had to take the risk, then so did I. If my professorial voice had been deconstructed and no longer constituted a privileged text to them, then neither could I be an all-seeing eye just observing them.

Over the years, our experiences in reenacting narratives in which nurses' own, authentic knowing is portrayed have been at times joyful, heart wrenching, and life changing for me. I have seen graduate students act out complex scenarios involving multiple levels of power relations, then go on to elucidate clearly the midlevel theories that emerged from their experiences. Their facility in making the linkage between nursing practice and theory

becomes incredibly adept, given a context in which their sense of selves-as-nurses is validated and their authentic voices are no longer silenced. As a final step, we end the course by discussing—and dreaming—the ways in which our newly emergent theories could be utilized in nursing practice, education, and research. We spend our last class session discussing possible theoretical approaches for their future doctoral dissertations (often with a bit of “that will *never* happen!” from these master’s-level students who can’t wait to graduate.) We end the course by forming a circle, with each of us completing the sentence, “I dream a world in which nurses . . .”

A DENOUEMENT

What deconstructionists refer to as *realpolitik*—that is, the lived political reality—of contemporary American academia is becoming increasingly more centered on a corporate model of production at the lowest possible level of cost to the institution. The capitalist ideology of the primacy of creating the lowest-cost product in minimal time has been adopted uncritically and defended by a model of “outcomes” research that focuses on specific characteristics of graduates such

as income level. Congruent with many graduate nursing programs in North America, the school of nursing at which I teach has decided to delete the nursing theory course from our master’s-level curriculum. My colleagues tell me that a separate course in nursing theory is not cost-effective and no longer needed to “produce” (as they put it) advanced practice nurses. I agree that any course with a major focus on the uncritical acceptance of nursing theory is no longer appropriate for our discipline, and is even unethical if its outcome (intended or unintended) is to rewrite the voice of the student. But I offer my colleagues some questions to consider: how will our students become truly advanced clinicians, innovative theorists, and cutting-edge researchers if they are never challenged to question the power relations inherent in a Eurocentric model of theory formulation? How will they learn to articulate transformative, emancipatory theories unless they are given the opportunity and the resources to develop a voice that draws from their practice to create such theories? And finally, what will be the future of a nursing science whose theory base is limited to a privileged text of ideologically driven research priorities, instead of the richness—and truth—of our authentic selves as nurses?

REFERENCES

1. Hooks B. *Teaching to Transgress: Education as the Practice of Freedom*. New York: Routledge; 1994.
2. Fawcett J. *Analysis and Evaluation of Contemporary Nursing Knowledge: Nursing Models and Theories*. Philadelphia: FA Davis; 2000.
3. King I, Bower FL, Beaumont E, Fawcett J, eds. *The Language of Nursing Theory and Metatheory*. Indianapolis, Ind: Sigma Theta Tau International Center for Nursing Press; 1997.
4. Chinn PL, Kramer MK. *Integrated Knowledge Development in Nursing*. 6th ed. St. Louis: Elsevier; 2004.
5. Wheeler C, Chinn PL. *Peace and Power: A Handbook of Feminist Process*. New York: National League for Nursing Press; 1991.
6. Freire P. *Pedagogy of the Oppressed*. New York: Continuum; 2003.
7. Derrida J. *Positions*. Chicago: University of Chicago Press; 1981.
8. Foucault M. *The History of Sexuality*. Vol 1. New York: Pantheon; 1978.
9. Trifonas P. Toward a deconstructive pedagogy of difference. In: Trifonas P, ed. *Pedagogies of Difference: Rethinking Education for Social Change*. New York: Routledge; 2003:220–235.
10. Mourad R. *Postmodern Philosophical Critique and the Pursuit of Knowledge in Higher Education*. Westport, Conn: Bergin & Garvey; 1997.
11. Belenky M, Clinchy BM, Goldberger NR, Tarule JM. *Women’s Ways of Knowing: The Development of Self, Voice, and Mind*. New York: Basic Books; 1997.

12. Allen D. The curriculum revolution: radical re-visioning of nursing education. *J Nurs Educ.* 1990;29(7):312-316.
13. Bevis E. New directions. In: *Curriculum Revolution: Mandate for Change*. New York: National League for Nursing Press; 1988:27-52.
14. Diekelmann N. Narrative pedagogy: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Adv Nurs Sci.* 2001;23(3):53-71.
15. Lanser S. Toward a feminist narratology. In: Warhol R, Herndl DP, eds. *Feminisms*. Houndmills, England: Macmillan; 1986:610-629.
16. Georges JM, McGuire S. Deconstructing clinical pathways: mapping the landscape of health care. *Adv Nurs Sci.* 2004;27(1):2-11.
17. van Rijn RH. The anatomy clinic of Dr. Nicholas Tulp. Available at: <http://www.usc.edu/schools/annenberg/asc/projects/comm544/library/images/084.html>. Accessed July 14, 2004.
18. Foucault M. *Discipline and Punish: The Birth of the Prison*. New York: Random House; 1979.
19. Peplau H. *Interpersonal Relations in Nursing*. New York: G.P. Putnam's Sons; 1952.
20. Henderson V. *The Nature of Nursing*. New York: Macmillan; 1966.
21. Orlando I. *The Dynamic Nurse-Patient Relationship: Function, Process, and Principles*. New York: G.P. Putnam's Sons; 1961.
22. Meleis A. *Theoretical Nursing: Development and Progress*. Philadelphia: Lippincott Williams & Wilkins; 2004.
23. Carper B. Fundamental patterns of knowing in nursing. *Adv Nurs Sci.* 1978;1(1):13-23.