

The Advocate-Analyst Dialectic in Critical and Postcolonial Feminist Research Reconciling Tensions Around Scientific Integrity

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With increased attentiveness to social justice and the social and economic inequities that shape health, well-being, and health care access, nurse researchers, particularly those positioning their work as emancipatory, negotiate the dialectic of analysis and advocacy. Drawing on postcolonial feminism, we explore this dialectic and associated ramifications for scientific integrity. Staying true to critical foundations shifts the focus from advocacy as “speaking on behalf of” to rigorous reflexive analysis that decenters dominant discourses to open up the possibility for those who have been marginalized to exercise human agency and work alongside researchers toward social justice for all. **Key words:** *advocacy, critical inquiry, feminism, postcolonial, research methodology, rigor, scientific integrity, social justice*

THE topic of advocacy is now central in many nursing research discourses, particularly those formulated from a critical perspective. Structural constraints have become more clearly understood, with increasing recognition that attentiveness to social justice and the social and economic inequities that shape health, well-being, and access to health care is a key aspect of competent and effective nursing practice. The works of crit-

ical and feminist scholars (eg, see references 1–4) have directed us to examine reciprocity, intersubjectivity, reflexivity, and the coconstruction of knowledge as key features of a critical research process, to more fully understand the complex context of health, well-being, and health care. Alongside this, the development of qualitative research methods problematized the presumption of objectivity and “truth” for all research endeavors and provided frameworks for evaluation of the scientific quality of critical and interpretive research. As critical research methodologies have taken hold, we (as researchers employing postcolonial feminist research) have become increasingly aware of tensions that can arise from concurrent commitment to rigorous analysis and the advocacy that characterizes much of today’s critical nursing inquiry. This tension, particularly as it relates to scientific integrity, has arisen in our work on the topics of social justice and equity as we have explored the social determinants of health, including access to health care, and analyzed the social context of health,

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illness, and healing in various population groups.

The authors recognize that the generation of knowledge is not a neutral enterprise; we are mindful that the labeling of research as concerned with equity and social justice, might preselect research study participants who have been historically disadvantaged and thereby generate expectations that findings will contribute to the amelioration of human distress. Even the consent forms that are constructed for research, that state specifically the benefits to be derived from such research, may set up stakeholders' expectations about the outcomes of the research. Although as "analyst," we can never predict outcomes before we conduct our studies, we might unwittingly position ourselves as "advocates" to speak for those whom we construct as disadvantaged, and whom we might characterize as "vulnerable." In other words, advocacy for a particular group might precede the doing of the research, with unexamined ideologies and beliefs driving the research process. These issues, foremost in our minds for some time now, are explored in this article. The purpose of this article was therefore to engage in a reflexive discussion about the advocate-analyst dialectic in critical and postcolonial feminist research, and how we might reconcile related tensions around scientific integrity.

We ask, if one begins with preconceived notions about inequities in health and health care, might one construct the research question and interpret findings to support certain conclusions? And, might this undermine scientific integrity, as we have defined it from a postcolonial and critical inquiry perspective? When one is invited into a community to conduct participatory research, one might ask, "Why was *I* invited in the first place? Is it because of my scientific abilities, or might I be perceived as someone who *will speak on behalf of the community (as an advocate)*? What are the expectations of community participants of the research outcomes? And, what if the research findings run counter to people's expectations?" It is the (sometimes unspoken) tension between

analysis* and advocacy,[†] and the uncompromising need for scientific integrity, that we interrogate in this article.

In tackling the aforementioned questions, we begin by situating our discussion and our reliance on postcolonial feminist inquiry against the backdrop of contemporary discourses on critical perspectives. We draw on several examples where we have experienced a pull between advocacy and analysis to elucidate the nature of tensions that arise in relation to scientific integrity. With this discussion, we seek insight into the interface between critical social justice and advocacy, and how claims of advocacy may support or threaten the very nature of scientific integrity. We are cautious about how we use the term "advocacy" recognizing that this process sets up unequal power relations between advocates and those for whom they speak. We argue that, above all, getting to the root causes of social inequities—social justice—is what is needed to restore human dignity to those who have been inequitably treated. With this in mind, we turn to an examination of the advocate-analyst dialectic in current critical discourses.

SITUATING THE ADVOCATE-ANALYST DIALECTIC IN CURRENT CRITICAL DISCOURSES

In recent decades, we have seen a remarkable expansion of nursing research with

*By "analysis" we refer to rigorously exacting a method of science designed to address a clearly differentiated area for investigation. Analysis encompasses processes such as comprehending, examining, synthesizing, evaluating, and theorizing. The analyst moves between an examination of the component parts, and their relationship within the "whole," in a systematic and predictable fashion for the purposes of understanding, evaluating, and making resultant recommendations.

[†]We reference Webster's definition of advocacy as "active support; especially the act of pleading or arguing for something."⁵ A central concern raised in this article is the risk of slipping into a colonizing speaking on behalf of "other."

criticalist aims,⁶⁻¹² a trend that is shared with other health and social sciences research. The ultimate ends of this type of research, sometimes referred to as “emancipatory” research,^{13,14} is liberation from oppressions, in particular those oppressions that lead to inequities in access to health care services and health disparities. Broadly put, critical inquiry is committed to social justice, often employing language such as praxis, social change, or advocacy to connote this orientation toward social justice. Building on nursing’s long legacy of emancipatory knowing—exemplified in historical figures such as Florence Nightingale and Lillian Dock; and derived from the evolution of critical social theories such as those developed by Karl Marx, Max Weber, members of the Frankfurt School including Jurgen Habermas, and other theorists such as Paulo Freire, and Foucault; and most directly the women’s movement—a growing number of nurse scholars have in the latter half of the 20th century aligned centrally with critical perspectives.¹³ With the expansion of nursing doctoral programs in the last 20 years that examine the philosophical foundations of nursing science and propose shifts in nursing, health care, and society to address entrenched health disparities and other social injustices in the purview of nursing, nurses are taking seriously the dual role of critiquing the status quo and imagining an equitable society. Reflecting this growing awareness of social justice in qualitative health research more broadly, Denzin and Lincoln posit that qualitative research has evolved from interpretive roots to embrace a commitment “up front to issues of social justice, equity, nonviolence, peace, and universal human rights. We do not want a social science that says it can address these issues if it wants to. For us, that is no longer an option.”^{15(p13)}

Sharing this commitment to praxis are many forms of participatory, community, and action research methods that often draw on theories such as poststructuralism, postcolonialism, feminism, critical social theory, and neo-Marxism. Although there are points of

connection, such as those deriving from epistemological claims and notions about relations of power, each perspective is distinct.* For example, some postcolonial and Black feminist scholars turn a critical gaze on postmodernism and an all-encompassing “critical perspective.” Finding herself, as she puts it, on the outside of postmodern discourse, looking in, bell hooks had this to say: “It is sadly ironic that the contemporary discourse [meaning postmodernism] which talks the most about heterogeneity, the decentered subject, declaring breakthroughs that allow recognition of Otherness, still directs its critical voice primarily to a specialized audience that shares a common language rooted in the very master narratives it claims to challenge.”^{17(p25)} We would echo a similar perspective today. Postmodernism, poststructuralism, and other critical discourses, we would argue, are for the most part located within Eurocentric theorizing, which is at the center, with postcolonial theories, Black feminist scholarship, and Aboriginal and decolonizing epistemologies on the margins.

The postcolonial feminist lens: Central tenets

In this article, we focus, in particular, on postcolonial feminist theory. This theory *calls for the inclusion of voices silenced in the social production of knowledge* and disrupts the history of the categorization of people according to their presumed race. It analyzes how historical and racialized relations have contributed to structural inequities along the axes of race, class, gender, and other social relations. These social relations have structured, and continue to structure, life opportunities (eg, see references 18 and 19). A distinctive and grounding element in postcolonial feminism is that of exposing and countering marginalizing practices and relations of

*We have written elsewhere about the commonalities and distinctions within the broad and diverse family of critical perspectives.¹⁶

power rooted in colonizing histories. In the process of doing so, the analytic method is one of linking individual experience with the social forces that structure that experience, in essence, oscillating one's focus between the micropolitics and the macrostructures of relations of power. To do so effectively, the researcher critiques taken-for-granted assumptions, analyzes discourses and structures that support the status quo, and also turns a critical eye upon self (self-reflexivity). Mainstream discourses are decentered to create space for subaltern voices and epistemologies. Like other critical methods, relationality, respect, and collaboration mark research relationships. Taken together, these methodological principles underline postcolonial feminist's social justice orientation. Social justice, as a 3-dimensional concept requiring a combination of redistribution, recognition, and parity of participation *depending on particular context and situation*,^{19,20} is brought about by various means conceived as a dialectic between analytic scholarship and action-oriented activism and advocacy (ie, theory and action).*

EXEMPLIFYING THE ADVOCATE-ANALYST DIALECTIC

Tensions in navigating the advocate-analyst dialectic have been a feature of many of the research studies we have engaged in, both as research supervisors of different graduate theses and as researchers in various research projects. We have learned over the years that even though research questions and approaches might be clearly articulated prior to setting out for the field, the pull between

"researcher as analyst" and "researcher as advocate" surfaces as we navigate the terrain of rapport-building with research participants, and as we adhere to the principles of feminist inquiry and interviewing. It is a fine balance between maintaining the analytic stance of a researcher, with a certain detachment, and slippage into advocacy, as we enter into a research participant's personal and social space. Yet, enter this space we must, if we are to do rigorous inquiry and apply good science—herein lies the challenge. Our sense of obligation to those who have allowed us to enter into their lives can be a strong force in tipping the balance toward advocacy; it is for this reason that critical reflexivity is crucial as we engage in such encounters.

Furthermore, we need to be cognizant that our own a priori agendas—stemming from our theoretical commitments and/or our social locations and the agendas of stakeholders such as funders or policy makers—might potentially shortcut analytic processes and, ultimately, threaten the scientific integrity of our work. On the basis of such experiences, we have frequently, in various research contexts, pondered the dialectic between advocacy and analysis. To illustrate the advocate-analyst tensions that can arise, we refer to several examples from our research.

Researcher positionality and its influence on advocate-analyst dialectic

Demonstrating how one's theoretical orientation might shape research, we draw on research where we have applied the theoretical lens of cultural safety^{22,23} (grounded in postcolonial assumptions regarding the historical legacy and ongoing oppressive structures of neocolonial relations) to the analysis of hospitalization and help-seeking experiences of diverse ethnocultural communities (Canadians of European, Chinese, and South Asian descent). Browne et al sum up cultural safety, developed in the bicultural context of New Zealand, as aiming "to counter tendencies in health care that create cultural risk (or *unsafety*)—those situations that

*Some caution must be taken in putting forward this type of conception to avoid reinforcing dualisms. Emphasizing the (interdependence) dialectic between politics (or action) and science, Harding explains: "We need not—indeed, must not—choose between "good politics" and "good science," . . . for the former can at least sometimes produce the latter, and the latter, at least in some cases, requires the former."²¹(p30)

arise when people from one ethnocultural group believe they are demeaned, diminished or disempowered by the actions and the delivery systems of people from another culture.^{24(p169)} We approached our research assuming that the concept of cultural safety would provide an appropriate analytic framework for examining the experiences of immigrant and indigenous populations. In a sense, our *a priori* notions about different groups had positioned us as advocates for those groups whom we considered to be most susceptible to experiencing inequities in health care delivery, given their historical location. Yet, as we were to find out through rigorous analysis of the data, and the examination of structural constraints, *in context*, and at *the intersection* of various social relations, we came to understand that cultural safety is relevant not only for groups that have been historically marginalized but for anyone.²⁵ Vulnerability is not a static or preexisting category belonging only to certain individuals affiliated with particular “marginalized” groups; rather vulnerability can be situational and dependent upon the negotiation or micropolitics of power in any given situation.^{18,26} Likewise, advocacy needs to be problematized as a concept located in unspoken power relations between researchers and research participants situated within histories of colonial relations, with the very real potential of undermining the agency and resilience of research participants. This rereading against the “script” of cultural safety reflects a process of resisting theoretical imposition through rigorous analysis.

As with theoretical allegiances, we have also felt the premature pull to advocacy based on our individual gendered, classed, and racialized social positions. We may claim to enter into research from a scientifically neutral position, yet there are no value-free positions. Research is an intensely political process, with no one coming from an apolitical position. One’s positioning is often at the root of the very questions one asks, and how one chooses to address them. Our own experiences, for example, of being from groups

historically racialized or otherwise marginalized, and how these factors interact on life opportunities to become determinants of one’s physical and psychological health, may, unwittingly, lie behind our work in the area of social and health inequities. Although this history and these factors may not be in the forefront of our consciousness, they have shaped us in particular ways. Likewise, our affiliations with the academy and our gendered, raced, and classed positionings serve as lenses through which we engage in scholarship. Passions and personal experiences indeed drive us to advocate, for example, for equity in health and health care, and access to health care for immigrants and Aboriginal populations. Memories of a grandmother who could not speak English, or of poignant forms of racism, operate as subtexts in our everyday lives. Our starting point can be shaped by these experiences. For example, in our research we have insisted on including different language groups in research studies. As we reflect on this, we suspect that there are many reasons for this. For example, this can be read as “doing good science.” Knowledge is always partial and incomplete but is even more incomplete if some voices are shut out of the discourse. How can knowledge be credible if some voices are excluded? But we cannot leave it at that. As we reflect on our own positionality, we recognize our deep-seated belief and commitment to giving voice to those who have been silenced through history, as grounded not only in science but also in our personal histories and narratives. We use this example to show the complexity of the issue.

Although extending our research beyond English-speaking participants can be seen as “doing good science,” we would argue that scientific integrity is also compromised when our ideologies are not held up to scrutiny, but are instead taken up and used to drive research so as to produce certain outcomes. Such would be the case, for example, if we were to decide *a priori* that *all* people who do not speak English are underserved or oppressed, and overlook the complex context

in which they experience health and illness. Hence, we argue for continuing critical reflection in our work to bring to explicit clarity the deep-seated beliefs that, inadvertently, might shape the ways in which we approach analysis and arrive at conclusions from our data. It was this kind of critical reflection that led us, in one of our earlier manuscripts,²⁵ to highlight that *those seen as privileged within our society can be made vulnerable through illness and aging*.

So, we argue that although we cannot avoid our positionality, we can critically reflect on it to know ourselves, so to speak, and what drives us, and to always hold this up as a mirror for reflexivity. However passionate we are about the work we do, it does not entitle us to abandon the rigors of science. For example, we cannot fall into the trap that the “immigrant or the Aboriginal person is always oppressed” and allow this to drive our research agenda. Collins²⁷ insights prompt us to recognize that the so-called marginalized, oppressed person can also be an oppressor, depending on context. We must therefore formulate research questions and engage in inquiry that allow us to examine, rigorously, the contexts of people’s lives, and the broader social processes that shape human experience. In fact, *because* we are acutely aware of our own positionality, we are particularly vigilant to ensure that passion does not trump science. Thus, although one might be driven to ask certain research questions based on one’s sociopolitical location, it is scientific rigor, not preconceived ideology, that crafts the position of advocacy. We do not deny that we come with certain presuppositions, but through critical reflection, we try to be aware of our biases and reflexively hold them up to scrutiny in our analytic work.

Stakeholder agendas

Stakeholder agendas, whether those of funding agencies, decision-makers, community members, or research participants, may also pressure researchers to move prema-

turely from analysis to advocacy. We have been in research situations where people indicated they volunteered to participate because they hoped our research would bring about certain ends (eg, improved resources for spiritual-care services in one study). Such situations speak to the ways researchers can be pulled toward advocacy, particularly, when conducting research informed by critical perspectives. We have come to question whether such predicaments are inherent to critical inquiry—and in part, perhaps that is so. But, more often, such dilemmas derive from lack of clarity in regard to methodological principles, resulting, ultimately, in threats to scientific integrity. In response to this question, we now discuss how we might reconcile the tensions around scientific integrity and advocacy from critical and postcolonial feminist perspectives.

RECONCILING TENSIONS AROUND SCIENTIFIC INTEGRITY

Scientific integrity, at its base, has to do with the ethical and rigorous conduct of research, regardless of paradigm or methodology. Clearly, it involves the classic protection of participants’ rights and meeting accepted standards for “rigor” in academic research. Generally, breaches in scientific integrity have been reported to fall most frequently into the areas of unethical treatment of research participants, fabrication and/or falsification of data, plagiarism, and failure to disclose conflict of interest.²⁸ Scientific integrity encompasses the “goodness” and trustworthiness of research in the broadest sense, with attention to dimensions such as intellectual and moral integrity.

In their précis on integrity in scientific research, the Institute of Medicine emphasizes a broad interpretation of scientific integrity: “Because of the complexity, variability, and nature of scientific inquiry, the concept of integrity in research can be elusive, and its value cannot be easily assessed or measured.”^{29(p16)} Our interest in the

notion of scientific integrity here encompasses the value of integrity in our engagement with all stakeholders in the research process and the rigorous analysis of data. Put simply, scientific integrity is evaluated on the basis of being “true” or consistent to one’s research method. It follows that adherence to the methodological principles should be of utmost interest to a critical researcher.

For a critical researcher, including those drawing on postcolonial feminism, methodological principles that serve as benchmarks for determining the worth and validity of emancipatory knowing/knowledge are put forward by Chinn and Kramer¹³: (i) sustainability—how well the envisioned social change survives and thrives; (ii) social equity—a demonstrable elimination or reduction of conditions that create disadvantage for some and advantage for others; (iii) empowerment—the growing ability of individuals and groups to exercise their will, have their voices heard, and claim full human potential; and (iv) demystification—making things that were formerly hidden from understanding visible and openly disclosed. When anchored to these methodological requirements for scientific integrity, we gain new insights regarding our involvement in advocacy and analysis as researchers. In our earlier work, we have articulated a method for postcolonial feminist research³⁰⁻³² that offers reference points for scientific rigor to the degree that one stays “true” to these methodological principles in the research endeavor.

From a postcolonial feminist perspective, we see the fundamental importance of embracing rigorous inquiry—regardless of whether we use qualitative, quantitative, or mixed methods—to clearly elucidate the social organization of health disparities and social injustices in ways that carry credence in academic and community settings. We recognize that the postcolonial scholar runs the risk of having her work marginalized and dismissed as serving the interests of particular groups; it is therefore imperative for us to demonstrate the rigor of our analyses. So, at

this point in our scholarship, we take the position that postcolonial feminist research *as a legitimate form of critical inquiry and knowledge generation holds to standards of scientific integrity similar to other critical perspectives*. We recognize, however, that our knowledge and perspectives are always evolving and, in time, we may develop other “yardsticks” for judging the scientific integrity of our work.

We take the stance that all research can lead to advocacy; the biomedical scientist can be as much of an advocate as the social scientist or health researcher who works within the tradition of a critical perspective. For example, the results of research about smoking and cancer, or pesticides and cancer, have led to advocacy for certain groups, and some of the scientists who do this research are strong advocates for groups that are at risk. Ecofeminists, such as Vandana Shiva,^{33,34} who is a physicist, philosopher, and feminist, demonstrate to us that science and advocacy can go hand in hand. In fact, rigorous science is often a precursor of advocacy. Critical inquiry, in particular postcolonial feminist inquiry, needs to be based on data that are unassailable because it may provoke controversy and contested conclusions.³⁵ Importantly, the call for unassailable data is not to argue for a value-free science or knowledge in some objective, reified sense, but, rather, to recognize fundamental tenets of rigorous scholarship.

RE-EXAMINING THE ADVOCACY AND ANALYSIS DIALECTIC: TOWARD CRITICAL SOCIAL JUSTICE

So far, we have attempted to elucidate the types of tensions a researcher informed by critical and postcolonial feminism might encounter in regard to the dialectic processes of advocacy and analysis. Here, we move to a closer reexamination of the advocacy-analysis dialectic. We argue that although the topic of social justice is now relatively commonplace in nursing,³⁶ the call for critical

social justice from a postcolonial feminist perspective provides one angle for refocusing on advocacy.

As illustrated in the earlier examples, both of us have experienced situations where the premature pull to advocacy could have undermined scientific integrity while we seek to reconcile science with praxis. The philosophical frameworks and corresponding methodological commitments of postcolonial and other critical inquiry typically place high value on deep engagement and reciprocity with participants and giving voice to marginalized perspectives and indigenous knowledges, resulting in rich knowledge generation. This same engagement and “giving voice” inherently results in the heightening of these incongruities between advocate and analyst roles. Although concerned with people whose voices have been marginalized and who have had to survive inequitable social relations, to say that one is conducting research to promote social justice and equity does not inherently mean you are “speaking for” a certain group. Nor does it mean using *a priori* notions of oppression, for example, as an analytic framework for the data.³⁷ As researchers working from a postcolonial feminist perspective, we are well aware of oppressive structures within society, yet we guard against seeing oppression everywhere in our data, lest our research simply becomes about “getting the proof.” Oppression is not the starting point of inquiry; rather we start with everyday experience and work backwards, as it were, to analyze how social forces such as oppression shape these everyday experiences. We argue that rather than constructing analysis and advocacy as distinct or perhaps even contradictory processes, we need to hold up for questioning what we mean by advocacy, and whether advocacy paradoxically emphasizes the researcher’s “superior” social location in relation to the research participant—that is, the researcher “has the power” to speak on behalf of the other, reinscribing colonizing relations in the process. The methodology of postcolonial feminism, with its obvious imperative of decolonizing

research processes,³⁸ cautions us in promoting advocacy uncritically.

In reflecting on some of the central tenets of postcolonial theorizing, we have often drawn upon Homi Bhabha’s words, “it is from those who have suffered the sentence of history—subjugation, domination, diaspora, displacement—that we learn our most enduring lessons for living and thinking.”^{39(p172)} An interpretation of Bhabha would suggest to us that engagement in the research *enterprise is not about speaking for others*, but, instead, *learning from voices that have been silenced*. What is called for, then, is not speaking on behalf of those constructed as “oppressed” and “vulnerable” as associated with advocacy, or using the familiar notion of empowerment as if we had power to give to others, but recognition of human agency, individual responsibility, engagement, and analysis. Social justice, from a postcolonial feminist perspective, calls for an engagement with voices that have not been listened to, to bring these voices to the forefront.^(19,20,40) It is about writing in the notion of human agency, and exploring the tensions between agency and structural constraints located in histories of colonization. The emphasis is on unmasking the taken-for-granted, and producing new knowledge that allows us to address social structures and correct inequitable social relationships. As we noted elsewhere, “Postcolonialism is one of the critical theories that provides a theoretical lens that allows access to the everyday experiences of marginalization, as structured by the micropolitics of power and the macrodynamics of structural and historical nature,”^{32(p2)} thus fostering a “paradigmatic shift of thinking inclusively about other oppressions, such as age, sexual orientation, religion and ethnicity.”^{27(p225)} We suggest that it may not be advocacy per se that is required, as much as social justice that addresses the complex historical, economic, social, and political processes shaping the micropolitics of power and injustices, and that puts forward the strategies that are needed to mitigate them. From a postcolonial feminist perspective, *speaking on behalf of the*

other is seen as a reproduction of colonial relations; empowerment comes through the processes of finding one's voice, articulating one's perspectives, and engaging as a person of equal worth with those who have been "privileged" by their social location.²⁰ So, it is not that those with privilege advocate for the "oppressed" Other; rather through the processes of dialogic engagement, researcher and research participant engage in reflexive discourse to explicate *oppressive structures* that influence health and well-being and plan ways to move forward to address them. Quoting Bishop who writes about research in the Maori context:

Researchers are repositioned in such a way to no longer need to seek to give voice to others, to empower others, to emancipate others, to refer to others as *subjugated voices*, but rather to listen and participate . . . in a process that facilitates the development in people as a sense of themselves as agents and of having an authoritative voice A Kaupapa Maori approach to research . . . challenges colonial and neocolonial discourses that inscribe "otherness." (cited in 41, p14)

A point to be reiterated here is that, from a postcolonial feminist perspective, the purpose of research and scholarship is not to serve particular "interest groups"; rather, the agenda is to unmask historically embedded, taken-for-granted social structures that support the status quo, that positioned people in particular ways, and that are major determinants of health and well-being. These deep-seated historical relations and their reproduction in everyday life are among the root causes

of social and economic inequities. To this extent, postcolonial feminist scholarship applies to everyone, as we are all positioned in history. The discipline of nursing has a moral, ethical, professional, and social responsibility to understand and address inequitable social relations, to provide competent, effective, and efficient nursing care.

CONCLUDING COMMENTS

As critical methods gain momentum within nursing, it is timely to reflect on the dialectic of advocacy and analysis. We have mulled over this dialectic for several years, and we hope that this manuscript will engage others in a continuing dialogue. We anticipate that subsequent conversations will extend this critical analysis of the advocate-analyst dialectic, perhaps with a resignification of the very notions of scientific integrity itself, and whether it might be constructed differently through a postcolonial feminist, decolonizing lens. Undoubtedly, the most important point to be made here from a postcolonial feminist perspective is that the advocate-analyst dialectic enables the decentering of dominant discourses and promotes rigorous reflexive analyses that open up the possibility for those who have been marginalized through their historical positioning to speak for themselves. In so doing, they can exercise their human agency and work alongside researchers toward social justice for all.

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